Chapter 4: Care and Welfare in Training

Chapter version 3.4 (Oct 26)

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Chapter 4: Care and Welfare in Training

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1 Defence Direction for Care and Welfare[1] in the Training Environment

1.1 Introduction

1.1.1 Initial Training (Phases 1[2] and 2[3]) transforms civilians into professional Service personnel (SP), capable of operating in challenging global environments. Training **must** be progressively[4] challenging, balancing difficulty, pressure and complexity with the ability of the SP to develop the required level of knowledge and develop the right skills, attitudes, and behaviours. Key training-focused outcomes include:

- An optimised training environment.
- Realistic, robust and operationally focused training with minimal risk.
- Maximise support to training workforce (trainees and training staff).

1.1.2 Commanders[5] play a vital role in setting, monitoring, and assuring these outcomes across all individual training establishments.

1.1.3 This Direction details how trainees[6] in Phase 1 training[7] and Phase 2 training[8] are to be cared for, developed, trained, and managed from basic military training, through preliminary trade training to career courses and operational deployment. It remains relevant to Phase 3[9] training and candidate preparation courses[10]. The direction provides guidance for commanders on fulfilling their obligations regarding the safeguarding, management, care and welfare of service personnel in initial training, including trainees under 18 years of age and care leavers. Safeguarding requirements apply to all trainees, not just those under 18.

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[1] As an employer, the MOD has Care and Welfare obligations for all the trainees in its charge; this duty has legal, moral and presentational components**.** Welfare is defined in JSP 770 and footnote 12 of this publication.
[2] Phase 1- The period of time a trainee is undergoing initial basic military training. This period extends from the day they are attested and enrolled for military service to the day they successfully pass into Phase 2 training.
[3] Phase 2 – The period of time a trainee is undergoing initial specialisation, sub-specialisation and technical training following Phase 1 training.
[4] Progressive training ensures the gradual development of trainees, balancing intensity to support physical and mental wellbeing while reducing the risk of injury. It is essential for maintaining safe and effective training.
[5] Commanders cover those commanding/in-charge of any form of Phase 1, 2 or 3 formal training organisations (including Training or Education Establishments, Defence Colleges, Training Schools and Training Units. This includes Reserve units and units which are delivering distributed Phase 1 and Phase 2 training).
[6] The term 'trainee' encompasses all those in the receipt of training across Defence, for both individual and collective training, and encompasses such terms as 'Student', 'Learner', 'Officer Cadet', 'Exercising Troops' etc.
[7] Also referred to as Basic Training.
[8] Also referred to as Initial Trade Training.
[9] Known as Subsequent Trade Training (STT) in the Army.
[10] Often referred to as Phase 0, candidate preparation courses, selection courses or similar pre-Phase 1 courses provide an introduction to Service life, building ethos, values, and standards. Candidates are still within the recruiting pipeline and are not attested into the Armed Forces but may be accommodated overnight in military accommodation.

1.1.4 Service personnel under 18 are legally considered children[11] and have specific care and welfare needs, along with additional legal protections. Their maturity and experience may vary, making them potentially more vulnerable than older trainees. The transition from civilian life through initial training to operational units presents challenges that may require additional support, particularly as younger trainees may be less confident in seeking help or raising concerns.

1.1.5 Commanders **must** ensure care and welfare are consistently provided throughout all training phases. Relevant information about trainees - such as performance, health, injuries, mental well-being or learning differences - is a key aspect of care and welfare particularly for U18s and those identified as a risk. This information **must** be promptly passed to subsequent units. Unavoidable periods of holdover or unprogrammed time during training **should** be minimised and if trainees are away from their main unit, points of contact **must** be established and maintained between the main unit and the temporary receiving unit to ensure proper care and welfare provision.

1.1.6 Commanders **must** ensure that this Direction is followed and that their personnel understand their responsibilities. Directed tasks and the Defence Care & Welfare Framework are outlined in Table 1 Care and Welfare Directed Tasks.

1.2 Scope

1.2.1 This Direction applies to all involved in Defence training and education for Phase 1 and 2 trainees, with relevance to Phase 3, especially for U18s, or where U18s are regularly part of the pipeline or where Military Commands (MC) direction exists.

1.3 Overview

1.3.1 Defence has a formal obligation to ensure the provision of consistent Care & Welfare[12] in Initial Training. The Commander **must** own and improve this *provision, ensuring* compliance or *mitigating* risks where necessary, with all mitigation actions *appropriately* recorded.

1.3.2 Initial Training has attracted much public attention over the last few decades. Reports such as DHALI/B[13] revealed not only how things can go wrong in training but also how challenging they can be to correct if allowed to develop ungoverned.

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[11] The Children Act 1989 defines a child as any person under the age of 18 years. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.

[12] The MOD's definition of Welfare is: The provision of a widely recognised and accessible personal and community support structure that secures and improves the well-being of serving personnel and the Service community, is capable of adapting to societal, legislative and operational change and, in so doing, optimises the military capability and motivation of all Service men and women.

[13] The programme of work instigated to address Duty of Care criticisms in the reports by the **D**irectorate of Operational Capability, the **H**ouse of Commons Defence Committee, the **A**dult **L**earning **I**nspectorate and Mr Nicholas **B**lake QC, collectively known as DHALI/B.

The findings of those reports have resulted collectively in extensive remedial action and a substantial injection of resources. There is now much closer scrutiny including external 3 Line of Defence Assurance (LoDA) inspections of training establishments with reference to Care and Welfare by the Office for Standards in Education (Ofsted)[14] governed by a Memorandum of Understanding (MoU) managed by Talent Skills Learning and Development (TSLD) on behalf of MinVP.

1.4 Aim

1.4.1 The aim of this Direction is to detail the specific responsibilities and obligations concerning the conduct of the training and provision of Care & Welfare for Phase 1 and Phase 2 Trainees. In particular:

- Risk Assessment and Supervisory Care (section 2)
- Safeguarding (inc personnel U18 in training) (section 3)
- Trainee Management (section 4)
- Personnel & Training (section 5)
- Assurance of Care & Welfare in Initial Training (section 6)

1.5 Governance

1.5.1 Initial Training in Defence is governed by MC and Defence policies. TSLD periodically reviews and updates Defence-level Direction and Guidance for Training, Education and Skills, in conjunction with the MC and on behalf of MSHQ/DOS[15]. Governance is exercised through MC 1 and 2 LoDA process and through the Defence Care & Welfare Working Group (DCWWG) to the TSLD Training and Education Steering Group. 3 LoDA/external assurance is provided by Ofsted under a commissioned inspection regime.

1.5.2 TSLD staff will provide advice to Commanders on policy interpretation and implementation as well as comment on the suitability of proposed mitigating actions where compliance is not possible.

1.6 Assurance

1.6.1 The assurance of Care & Welfare, as required by Chapter 3 of this JSP, is detailed in section 6 of this Chapter.

[14] https://www.gov.uk/government/organisations/ofsted.
[15] It has still to be determined who has primacy for training, policy would naturally reside with DOS, with functionality vested in the MSHQ.

1.7 Definitions

1.7.1 The following definitions relate to Care & Welfare in Initial Training:

- **Initial Training**. Training delivered throughout Phase 1 and Phase 2 to reach Gains to Trained Strength (GTS) / Gains to the Trade Trained Strength (GTTS) .

- **Training Establishment.** A single school or site comprising multiple schools or units under a common command where the operational purpose of that site is predominantly or entirely to deliver training to personnel. In some cases, multiple schools within a training establishment may have separate commands. Where an establishment has responsibility for more than one school/unit there will be a need for some level of coordinated activity and mechanisms across the establishment which may be based on geographical area rather than independent school/unit activity. Some frontline units may be deemed for the purpose of this policy, as a training establishment, for part or parts of its output, for example Operational Conversion Units within a Main Operating Base.

- **Duty of Care**. The MOD's legal and moral obligation to exercise such a degree of care towards an individual, as is reasonable in all circumstances, to ensure their well-being and that of their property.

- **Care & Welfare**. MOD's legal and moral obligation to the provision of care and support for the well-being of trainees.

- **Defence Care & Welfare Framework[16]**. A MOD developed framework to consolidate policies and expectations associated with delivery of Care & Welfare provision found at Figure 1 Defence Care & Welfare Framework. Its assessment criteria facilitate an executive summary of unit self-assessment reporting as directed in section 6 of this Chapter.

- **Care & Welfare Directed Tasks.** All mandated tasks included in this Chapter are summarised at Table 1 Care and Welfare Directed Tasks.

- **Supervisory Care**. The expression used to define the moral component of the MOD's Care & Welfare provision. Supervisory care involves the conscious overseeing of trainees by an authorised person to ensure the delivery of an appropriate military, pastoral and welfare regime. Supervisory care goes beyond the delivery of military, technical or specialist training and/or education carried out during the normal working day. It includes the inculcation of professional military ethos, the maintenance of values and standards, ensuring appropriate behaviour, providing assistance or advice on welfare and administration, and the mentoring of trainees by military or suitable civilian staff.

[16] The principles of this framework remain extant for all provisions of Care & Welfare in Initial Training within Defence including University Service Units (USUs) and Reserves.

- **Supervisor**. A member of staff specifically authorised and responsible for the supervisory care of trainees. Commanders may nominate and authorise supervisors from all permanent staff (both military and civilian) on the strength of the establishment, as deemed suitable. This normally excludes Military Provost Guard Service/MOD Guard Service staff and MOD Police unless specifically required[17]. Civilian duty staff on the establishment during out-of-hours periods may be expected to carry out supervisory care responsibilities, subject to compliance with the Working Time Regulations 1998[18], where applicable. Commanders are to appoint a lead for the recording of Supervisory Care qualifications (including Basic/Advanced Care of Trainees (Basic/Advanced COT)) for those staff in the Supervisor role, as directed in section 5 of this Chapter.

- **Normal Working Hours**. Typically, 0800 to 1800 hours when trainees normally undergo formal periods of instruction (Class Contact Time), planned sporting or other organised activities. This period would include the time for lunch and any other short breaks between instructional periods[19].

- **Out-of-Hours (Off Duty)**. The time spent outside Normal Working or Silent Hours; typically:

  Monday to Friday:
  0630-0800 - the time between Reveille/Call the Hands and First Parade/Turn to.
  1800-2300 - the time after periods of formal training and before Silent Hours/Lights Out.

  Saturday and Sunday:
  0630-2300 - in the event of no formal training taking place.

- **Out-of-Hours (Training).** Out-of-Hours Training refers to the formal periods of instruction conducted outside - Normal Working Hours. This may occur during Out-of-Hours (Off Duty) or Silent Hours and includes activities such as night-time shoots and night-time exercises.

- **Working Hour Limitations.** A trainee in Initial Training **must** not undergo more than 10 hours[20] of organised training (including Normal Working Hours and/or Out-of-Hours (Training)) in any 24-hour period. Training staff **should** not deliver more

[17] For example, when trainees are detailed for Guard Duty/Fire Piquet under the supervision of MPGS, MGS or MOD Police, but noting the requirements of the extant Direction on Armed Guarding of Phase 1 and 2 Establishments contained DCDS (MSO) Operational Directive (Cat Two)- Arming Directive 02/24 for the Carriage of Firearms by Service Personnel on General Security Duties in Non-Operational Environments.
[18] https://www.legislation.gov.uk/uksi/1998/1833/contents/made. Elements of these regulations do not apply to members of the Armed Forces.
[19] During this period trainees are deemed to be in employment for the purpose of direction of Defence Baring Service disclosures requirements - see Chapter 4, Section 4.6.
[20] Where specific exercises in Initial Training mean that a trainee will spend more than 10-hours undergoing organised training in any 24-hour period, this **must** be formally recorded alongside associated risks, safety requirements and appropriate mitigation to reduce all to ALARP whilst meeting training outputs.

than 12-hours of formal training in any 24-hour period, excluding Out-of-Hours (Training).

- **Out-of-Hours (Silent Hours)**. The time when trainees are expected to sleep; typically from 2300 to 0630 hours.

- **Child**. The Children Act 1989 defines a child as any person under the age of 18 years. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection[21].

- **Adult at Risk**. Defined[22] as 'an individual aged 18 or over who:

    - has care and support needs (whether or not those needs are being met by the local authority) and;
    - is experiencing, or is at risk of, abuse[23]; and
    - as a result of those care and support needs, is unable to protect themselves from either the risk of, or experiencing, abuse or neglect.[24]

[21] Working Together to Safeguard Children 2023.
[22] Care Act 2014.
[23] Abuse can be physical, sexual, or emotional or involve neglect, perpetrated in person or online. It can occur both within and out with the military environment.
[24] As stated in JSP 834.

Defence Care & Welfare Framework

Policy	Leadership	Staffing	Safeguarding	Trainee Management	Infrastructure	Access to Facilities	Assurance and Governance
Clear direction and guidance shall exist within units to ensure Care and Welfare is afforded to all under training.	Leadership at all levels will ensure the right resources, personnel and training is in place to facilitate the required Care and Welfare for all involved.	Training will be staffed with specific consideration given to the recruitment, training and continual professional development of staff.	All staff are able to recognise, respond and report concerns of a safeguarding nature and provide suitable Care & Welfare 24/7.	Trainees will be effectively and appropriately managed throughout each stage of training, including any periods between stages.	Recruits and trainees have suitable infrastructure to facilitate safe and effective training in preparation for operational employment.	Where possible and practical regular accessibility of a wide range of facilities will be supported both in and out of working hours.	Care and Welfare Policy and Provision will be assured at the local level, regularly reported and held to account by TSLD on behalf of CDP.
Outcomes							
1.1 Every Commanding Officer/Sch OiC is to have their own Supervisory Care Directive (SCD).	2.1 Commanding Officer holds a live Commanders' Risk Assessment (CRA) with clearly articulated likelihood, impact and mitigating actions defined.	3.1 Recruitment of trainers and support staff is conducted in line with Safer Recruitment and pre employment suitability confirmed. Inc DBS checks/records.	4.1 Designated Care & Welfare / Safeguarding lead with defined role and responsibilities in relation to safeguarding and Care & Welfare.	5.1 Provide suitable remedial training or developmental employment, and supervisory care for trainees not under training.	6.1 Provision of warm, safe, well maintained accommodation for sleeping and relaxation.	7.1 Provision, with options, of nutritious affordable food supportive of calorific need whilst under training.	8.1 Self Assessment Report is conducted annually and summary of grading reported through sS/TLB rep to TSLD.
1.2 Every Sch/unit will have a clear Diversity & Inclusion Policy directed by the Commanding Officer.	2.2 All Commanding Officers or OiCs for Initial Training will complete the CO of Training Establishment Course.	3.2 Training staff will be sufficient in numbers to ensure safe, efficient and effective training to recruits and trainees.	4.2 Each Sch/unit will direct, record and manage ratios of supervisory staff to recruits/trainees.	5.2 Ensure numbers of trainees not under training remains at a manageable number.	6.2 Sufficient provision of bathrooms and toilets to facilitate personal hygiene with sufficient access to hot water.	7.2 Opportunity to access food provision options outside of core meal times.	8.2 A culture of Continuous Improvement is established and managed through a live Quality Improvement and Action Plan.
1.3 Each Sch/unit shall have a clear Health and Safety policy to include any robust training, and designated lead.	2.3 Schools/units will ensure clear and regular lines of communications with all staff and students are maintained.	3.3 All trainers will be trained in line with Defence Trainer Capability requirements.	4.3 Provision of Anti-radicalisation programme to inform all and identify/support those at greatest risk.	5.3 Unit ensures timely and effective communications with parents/family.	6.3 Provision of well maintained and fit for purpose training spaces/classrooms.	7.3 Access to offsite leisure, recreational and retail facilities close to unit location.	8.3 Views of recruits and trainees are sought, heard and actioned on issues surrounding training and Care and Welfare.
1.4 Every Sch/unit will have a clearly defined failure policy which will sit above each courses' assessment specification.	2.4 Commanding Officers will have established chain of command to report and escalate any Care & Welfare risks.	3.4 All staff will have routinely refreshed basic or advanced Care of Trainee training.	4.4 Provision of out of hours Care and Welfare, with initial contact available 24/7 through suitable duty personnel.	5.4 Ensure efficient, effective and timely passage of information between units relating to trainees.	6.4 Access to kitchen facilities in order to hygienically prepare and store food. (Phase 2 only)	7.4 Access to physical training facilities inc suitable equipment to ensure physical and mental fitness can be maintained.	8.4 Internal assurance activities, including 1st Party Audit for training activity is conducted at least annually.
1.5 Every Sch/unit will have a clear policy on bullying and harassment, inc management of any allegations.	2.5 Where applicable HQs will provide direction on any additional policy or requirements above that detailed in JSP822.	3.5 Staff are supported throughout employment, inc induction programme covering all trg processes and Care & Welfare.	4.5 Support to mental well being is promoted and supported throughout initial training and beyond.	5.5 Support trainees withdrawal from training whether due to suitability, medical or personal reasons.	6.5 Access to suitable space to practice religious/non religious reflection, inc out of working hours.	7.5 Provision of all required kit and equipment for training, including storage and upkeep facilities.	8.5 Internal assurance activity, including 1st Party Audit, for Care & Welfare is conducted at least annually.
	2.6 Leadership will ensure active liaison with contractors to ensure standards and facilities are maintained.	3.6 Each unit is to have a Sch/unit code of conduct for all staff and trainers, which is published, publicised and promoted to all.	4.6 Specific consideration of Care & Welfare provision is to be afforded to U18, and those with protected characteristics.	5.6 At risk' trainees are identified and managed appropriately.	6.6 Modern learning IT infrastructure including access to Wi-Fi for personal and professional development.	7.6 Access to educational support inc support for those with SpLD or English as second language.	8.6 Training materials are regularly reviewed/refreshed and remain DSAT compliant.
						7.7 Provision of high quality medical and dental facilities, in and out side of working hours.	

Figure 1 Defence Care & Welfare Framework

Care & Welfare Directed Tasks	
Short Title	Directed Task **(must)**
Risk Assessment & Supervisory Care	
CRA	conduct and record a Commanders Risk Assessment for all aspects of training and its environment under their responsibility.
SCD	provide a comprehensive Supervisory Care Directive, accessible and disseminated to all staff and trainees.
H&S	ensure health and safety related processes are robust and in accordance with JSP 375.
PoI	remain aware of other services/policies which directly relate to the provision of Care & Welfare within Initial Training.
Safeguarding (inc personnel U18 in training). * For Training Establishments/Schools/Units with U18s only	
At Risk	ensure that processes exist to identify and manage trainees at risk.
PREVENT	ensure PREVENT policy is enacted within Initial Training.
U18s	ensure elements of the law affecting U18 are adhered to at all times. *
DBS	posts requiring Defence Barring Service (DBS) checks are justifiably identified, actioned and outcomes recorded centrally. *
Armed Guarding	ensure U18s do not conduct duties of Armed Guarding whilst in Initial Training. *
Parental Contact	direct clear policy and processes for contact with parents of U18s whilst in Initial Training. *
Trainee Management	
Trainee Induction	ensure a comprehensive induction of all trainees into the establishment or unit.
Welfare	ensure the provision of Welfare support throughout Initial Training,
POI	ensure that the unit staff actively support the passage of information (POI) relating to trainees between phases of training and on into front-line units.
Unprogrammed Time	ensure that unprogrammed time[25] is planned, structured, and monitored by supervisory staff.
ECAST,UTPs	ensure that exertional collapse policy contained within this chapter is applied, and adhered to, within all physical activity, including training, across all phases.
Personnel & Training	
COTE	ensure Commanders and if appropriate their representatives charged with executing executive responsibility for the provision of Care & Welfare attend the Commanding Officer of Training Establishment Course (COTE within 3 months of taking up post and must do so within 6 months.
Staff Induction	ensure staff are inducted into the training establishment and are fully briefed on the Supervisory Care Directive and its contents.
Staff Training	ensure all Training staff are suitable for instructional duties[26] trained, developed, and monitored iaw with Defence Trainer Capability requirements set out in Chap 3 of this JSP.
COT	ensure all positions with routine interaction with trainees are identified and the incumbents attend, and remain in date for, Care of Trainees (COT) training (Basic/Advanced)
D&I	all mandated single service individual training inc Diversity & Inclusion (D&I)
PREVENT Trg	ensure PREVENT training is conducted iaw with PREVENT policy.
Assurance of Care & Welfare in Initial Training	
SAR	complete a self-assessment report at least annually based on all assurance activity of the provision of Care & Welfare.
QIAP	manage a live Quality Improvement and Action Plan, directly linked to the Self-Assessment Report.
CI	support a culture of Continuous Improvement (CI).
C&W Assurance	ensure internal assurance of Care & Welfare provision is conducted.
RTS/OCS	ensure trainees have an opportunity to complete the Recruit Training Survey (RTS) or Officer Cadet Survey (OCS) and that the unit reviews findings.
Ofsted	be aware that the MOD commissions Ofsted Inspections as part of the assurance of Care & Welfare within the Armed Forces. All Initial Training establishments/schools/units **must** have an appointed Senior Nominee and Nominee (point of contact) to facilitate the inspection and review and action findings.

Table 1 Care and Welfare Directed Tasks

[25] Including holdovers and those service personnel awaiting trade training.
[26] JSP 757 Part 1 Annex C to Chapter 6 – Guidance to ROs on Making Recommendations for Employment on Trainer Duties.

2 Defence Direction for Commander's Risk Assessment and Supervisory Care Directive

2.1 The Commander's Risk Assessment

2.1.1 The Commander's Risk Assessment (CRA) should not be confused with the separate requirements of Defence Risk Management and Duty Holding Responsibilities (JSP 375)[27].

2.1.2 Commanders **must** complete a CRA that covers all aspects of training in their establishment, identifying concerns related to trainee and staff welfare and the training environment. Developed from the 'bottom up', the CRA highlights risks requiring command action and forms the basis of the Supervisory Care Directive (SCD). The CRA is a detailed and complex document requiring the commander's personal involvement, alongside trainers, administrative, and welfare staff. This collaborative approach helps identify risks, develop mitigation measures, and enhances understanding and ownership of risks. The CRA **must** thoroughly explain the unit's role, environment, and risks to trainees and staff, considering local factors, trainee demographics (including Phase 3 trainees, U18s, or those at particular risk), and the nature of training. It **must** also address issues affecting permanent staff morale, welfare, and support.

2.1.3 Each identified risk **must** include reasoning and mitigation measures to reduce it to As Low as is Reasonably Practicable (ALARP). The CRA **must** clearly link risks to factors such as staff supervision levels (e.g., number, gender, competence) relative to the trainee population's size, age, maturity, and diversity, as well as the location and nature of activities. This **must** be informed by incident records, surveys, inspections, and reports. Commanders **must** also consider the impact of staff factors like inexperience, work/life balance, medical needs, career progression, or recent operational deployments:

2.1.4 The CRA **must** be reviewed annually but remain a live document, updated as changes occur. A template is provided at Annex A, though its use is not mandatory. Commanders **must** ensure that their chosen template effectively records risks related to care and welfare obligations and demonstrates a clear link between the CRA and SCD. Grouping risks by themes (e.g., personnel, risk to life, reputation, output) may aid in maintaining this link.

2.2 The Supervisory Care Directive (SCD)

2.2.1 The SCD outlines the commander's intent for providing appropriate levels of support, assistance, or advice to trainees during Initial Training. The SCD **must** be comprehensive, linked to the risks and adjusted as needed to ensure all measures remain effective. Military judgement **should** account for local circumstances and

[27] JSP 375: Management of Health and Safety in Defence MOD Form 5010.

trainee needs. All permanent staff, trainees, visiting staff[28], and contractors[29] are to have relevant details of the Directive explained during their induction.

2.2.2 The SCD is a living, practical document that **must be reviewed in a rolling 12-month period,** or earlier when CRA or risks change. It provides an overview of how the unit discharges its Supervisory Care responsibilities, sets standards and assigns responsibilities. It **should** establish and direct appropriate levels of supervision and welfare cover required at all times including, out-of-hours, weekends, during leave or stand-down periods, unprogrammed or holdover time within Initial Training and during periods where trainees are undertaking training off-site or at another unit location. The SCD **should** reference procedures, processes, and policies to ensure compliance with higher level requirements, and alignment with other activities.

2.2.3 The SCD **must** include details of the unit's welfare structure, governance, including welfare forums, their roles, membership, meeting frequency, passage of information, escalation routes and confidentiality protocols.

2.2.4 Annex B provides factors for consideration in developing a Supervisory Care Directive, though this list is not exhaustive.

2.3 Staffing Process – Commander's Risk Assessment and Supervisory Care Directive

2.3.1 The CRA and SCD may be produced on behalf of the Commander with input from staff across the establishment, however, it **should** not be produced in isolation by a single desk officer.

2.3.2 Where several training units are located on a single site, whose sole role is the delivery of Phase 1, or Phase 2 training or a combination of both types of training, unit risk assessments and supervisory care processes **must** feed into a central establishment CRA and SCD that covers the entire site.

2.3.3 For multi-unit or multi-school training establishments delivering Phase 3 training alongside Phase 1 or Phase 2 training, or for schools operating across multiple sites, this direction **should** be adapted to ensure a coordinated, coherent approach is taken towards all individuals on site or within organization. When external organisations, headquarters, or contractors are responsible for delivering functions or services that support the CRA and SCD, they must be consulted during creation and review of these documents. Where necessary, formal agreements, such as Memorandums of Understanding (MoU) and Command Level Agreements (CLA) must be established to define these supporting roles. Likewise, Heads of Establishments who do not deliver training but may have training units on their estate **must** be consulted during creation and review of these documents.

[28] Including staff delivering training to cadets, sporting fixtures, specialist training serials or supporting wider training serials.
[29] It is recommended that non-permanent contractors as well as being briefed are accompanied by a permanent member of staff especially when working in sensitive areas e.g., female accommodation.

2.3.4 In addition to policy relating to health and safety, Commanders **must** ensure that U18s are included in standard Health and Safety at Work Risk Assessments and **must** take particular account of risks applying to them. The Management of Health and Safety at Work Regulations 1999 places additional duties on an employer to ensure that young persons (defined as any person who has not yet attained the age of 18, but above school leaving age) are protected at work from 'any risks to their health and safety, which are a consequence of their lack of experience, or absence of awareness of existing or potential risks.

2.4 Death or Serious Injury

2.4.1 Commanders **must** be familiar with the initial action to be taken when receiving a report of a serious incident, in particular involving death or serious injury. Adherence to Defence Direction will ensure that the establishment, unit, or group can deal swiftly and effectively with such incidents.

2.5 Impact of Contracted Support on Provision of Care and Welfare

2.5.1 Commanders **must** be fully aware of all contracted services that impact on the provision of Care & Welfare in Initial Training, as these services are often essential to the running of a training establishment. Developing positive relationships with contractors through participation in working groups or forums can help contractors to better understand the unit's needs and support Commanders in delivering effective solutions. Contracted services include but are not limited to:

- **Infrastructure and Accommodation**. The maintenance of good order and discipline in accommodation, communal training areas and recreational spaces is vital for Care & Welfare. Any issues with the condition, maintenance or repairs should be recorded in the unit SAR /QIAP[30]. If these issues increase risk to trainees, they **should** be noted in the CRA and appropriate mitigations applied through the SCD and escalated as necessary. Commanders, and those responsible for Care & Welfare, **should** have a clear understanding of key aspects of infrastructure and accommodation contracts including defect rectification timelines and prioritisation, escalation routes, contractor staff training and security requirements (e.g., PREVENT and DBS), and procedures for accessing facilities and accommodation.

- **Provided Services**. Services such as the provision of kit, equipment washing facilities, through to the provision of Wi-Fi directly impact trainees' Care & Welfare. While many of these services may not be under the Commander's direct control, they **should** remain aware of their impact on trainees. Commanders **should** actively communicate their Care & Welfare requirements to ensure contracts meet unit's needs.

[30] Further details on the Self-Assessment Report (SAR) and Quality Improvement Action Plan (QIAP) can be found in section 6 of this Chapter.

- **Catering, Retail and Leisure (CRL) in Initial Training Establishments.** CRL service in Initial Training establishments may differ from operational units, ships or groups. Commanders **must** ensure that CRL facilities in Initial Training establishments comply with JSP 456[31].

2.5.2 Where a Contractor does not mandate PREVENT training for their staff this could represent a risk to the unit, its staff, and trainees. Such risks **should** be recorded in the CRA and procedures for managing contracted staff **should** be clearly outlined in the SCD or via other appropriate mechanisms. All contracted services staff **should** be made aware of key areas of the SCD on induction to the site or Unit.

3 Defence Direction for Safeguarding (including Service Personnel U18 in Training)

3.1 The Law on Trainees

3.1.1 Commanders are responsible for the care of all personnel under their command and are accountable accordingly. A 'duty of care' is the legal and moral obligation to exercise such a degree of care towards an individual, as is reasonable in all circumstances, to ensure their well-being and that of their property. Breach of the duty of care will give rise to legal liability for loss or damage suffered in consequence. Duty of care also includes statutory duties as set out at Section 2 of the Health and Safety at Work Act 1974, which states that it is the duty of *"every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees."*

3.1.2 All those in a position of authority[32] owe a duty of care to those under their command. This includes but is not restricted to Service personnel U18. Commanders are responsible for ensuring all policies and procedures, including those contained in this Chapter, are communicated to those within their chain of command to support the discharge of this duty. MOD 'duty of care' responsibilities arise from the employment of individuals, including those U18, not from acting *in loco parentis* to those within the 16-18 age group. A Commander does not have the rights and obligations required by a parent or guardian (such as a local authority looking after a child in care) in respect of a Service person who is U18. Commanders are to comply fully with JSP 834 on Safeguarding.

3.2 Trainees – Under 18s

3.2.1 The age of the Service person, the all-encompassing nature of Service life (in particular, Initial Training), and other factors, particular to the individual, such as

[31] JSP 456: The Defence Catering Manual, Vol 4.
[32] This includes but is not limited Commanding Officers, COTE, Unit OCs, Cdrs within the training environment.

their maturity and intelligence are relevant to the degree of care & welfare required to meet the duty of care. Although the Services are not in *loco parentis*, the care & welfare of U18s requires particular attention.

3.2.2 Under the provisions of the Children Act 2004, structures have been put in place to ensure the well-being[33] of children and young people. This includes the establishment of a Children's Commissioner, with a remit independent of Government, to look at all issues concerning those U18. The powers of the Children's Commissioner include the right of access to any premises in order to interview a child or young person and a right to review the circumstances of children and young people, including any individual cases. Given the unusual nature of service in the Armed Forces (including such things as frequent moves and security), the MOD has agreed a protocol with the office of the Children's Commissioner. In particular, this focuses all initial contact for any such cases through the MOD Directorate Children and Young People (DCYP), which will facilitate any contact or requirement for cooperation.

3.3 Trainees – Care Leavers

3.3.1 There will be individuals who join the Armed Services who are 'looked after' children. In England and Wales statutory responsibility for looked after children and children leaving care rests with Local Authorities (LAs). In Scotland this falls to the Social Work Department and in Northern Ireland to the Health and Social Care Trust. Each has different responsibilities to provide on-going support to young people when they cease to be formally looked after, in some cases up to age 25. Further information and guidance on the roles and responsibilities can be found in JSP 834. Care leavers may not have the family support that others enjoy, and this may make them more at risk. Seeking advice from the single Service welfare services, if required, Commanders **must** ensure that, when informed that an individual is a care leaver or a looked-after child under 18, they:

- offer the support of the single Service welfare services who may also liaise with the appropriate local authority on their behalf if necessary.

- ensure that care leavers, if they request it, are given access to the responsible local authority services to which they are entitled. As far as possible, the care leaver **must** not be disadvantaged by the inevitable moves that they will experience as a member of the Armed Forces; and

- recognise a local authority's statutory responsibility to 'take reasonable steps' to keep in touch, or to re-establish contact if lost, with their care leavers (up to the age of 25) and are to affect a mail forwarding system for correspondence from a local authority to the individual concerned. They are also to encourage care leavers to maintain contact with their responsible local authority.

[33] Well-being in relation to an individual is defined in the Care Act 2014, Section 1 and relates to (not complete list) personal dignity, physical and mental health and emotional well-being, protection from abuse and neglect, suitability of living accommodation etc.

3.4 Trainees – 'At Risk'

3.4.1 Commanders **must** have systems in place to identify and protect those trainees who may be particularly at risk of harassment, bullying or discrimination; those who have personal or welfare problems that could affect their performance or health; and those potentially at risk of radicalisation, self-harm, or suicide[34]. Such individuals **must** be identified and monitored using an 'At-Risk Register' system and clear directions on what actions **must** be taken following the identification of these individuals **must** be given to both (military and civilian) staff and trainees within the establishment.

3.4.2 'At Risk Registers' **should** provide a formal record of individual trainee issues, and people highlighted at risk during recruitment whether personal or professional, and the actions taken, and by whom, to support the individual. Registers **should** be routinely updated, and within appropriate boundaries of confidentiality and detail, be accessible to the individual's chain of command. Where individuals are discussed within a Welfare Forum, the meeting **should** have Terms of Reference which **should** be included as annexes in the SCD. Formal linkages between welfare forums and training/trainee performance mechanisms should also be considered, given that welfare issues and poor training performance are often interlinked.

3.4.3 When individuals identified as being at risk pass from one training establishment to another (e.g. from Phase 1 to Phase 2) and from training to operational units, a suitable method of informing the gaining unit of any concerns relating to an individual **must** be established, so that the gaining unit can ensure that the level of supervisory care is maintained[35]. If U18s are required to operate outside a training establishment, Commanders **must** be aware of their potential vulnerability and that systems for the identification and protection of trainees at risk are in place.

3.5 Levels of Supervision in the Training Environment

3.5.1 The minimum acceptable levels of supervision (the number of supervisors to the number of trainees in their charge), determined from the CRA, **must** be clearly articulated in the SCD, having taken into account relevant serials both on-site and off-site during the working day[36], out-of-hours, weekends and leave periods. Commanders **must** pay particular attention to the supervision of U18s to ensure that supervision levels are set at an appropriate level, particularly during out-of-hours periods and at weekends.

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[34] Guidance on self-harm and suicide is available for the RN in BR3 Part 5 Annex 24E; for the Army in AGAI Vol 3, Ch 110; and for the RAF in AP 9012 Ch 6 and the Armed Forces Suicide Prevention Strategy and Action Plan 2024.

[35] All RN personnel are to be transferred to new units in accordance with MC policy.

[36] On-site and Off-site serials include where the trainee is being trained by another unit e.g. Adventure training or completing a training serial with another unit with specialist skills or equipment or subject matter expertise such as Defence Academy Shrivenham or DRIU (Damage Repair Unit) Ship Team Training.

3.6 Disclosure Checks and the Defence Barring Service

3.6.1 IAW JSP 893[37] single Services **must** ensure that the relevant suitability checks[38] have been conducted for staff[39] selected to work in the training environment and who have routine contact with U18s. The blanket checking of all staff just because U18s are within the trainee population is not appropriate unless previously agreed by single Service headquarters.

3.6.2 Commanders **must** appoint a Unit Disclosure Officer and ensure that any posts in the establishment, unit or group that require the incumbent to be disclosure checked have been properly identified and annotated. All applications **should** be processed iaw with MC direction and that the unit register regularly monitored. When applicable, a check **must** be completed prior to an individual starting in the role. Commanders **must** monitor the progress of disclosure checks to ensure they are acting iaw JSP 893[40].

3.7 PREVENT

3.7.1 PREVENT is the legal duty placed on public bodies by the Counter Terrorism and Security Act 2015. JSP 345 provides full details but as a minimum Commanders **must**:

- ensure permanent staff, trainers and trainees receive PREVENT training[41].
- ensure that training staffs and trainees are made aware, of the UK's counter-terrorism strategy CONTEST, particularly the 4 Ps: Prevent, Pursue, Protect and Prepare workstreams.
- have appointed a PREVENT lead who is to be responsible for liaison with internal Defence PREVENT stakeholders and external PREVENT Partnerships including the police and Local Authority safeguarding teams.
- provide regular PREVENT content reminders to staff and trainees, following their initial PREVENT training.
    - understand the **local** risks of radicalisation unique to their unit as well as the wider risks articulating them in their CRA.

[37] JSP 893: Safer Recruitment and Employment.
[38] Such as Disclosure and Barring Service checks (previously Criminal Records Bureau (CRB) checks) and their equivalents in Scotland and Northern Ireland.
[39] This encompasses Regular and Reserve personnel, MOD Civil Servants, and civilians, including the Ministry of Defence Police and contractors.
[40] Defence policy for disclosure checks is given in JSP 893.
[41] Trainers and trainees can be made aware of the PREVENT pillar of the Government's CONTEST strategy via free PREVENT training which is available online at Prevent duty training - GOV.UK (www.gov.uk).

- share information about individuals upon moving to next phase/front line unit, with each case assessed on case-by-case basis to ensure protection to individuals.

- have processes in place for investigating, reporting, and referring[42] those identified as at risk of radicalisation to local PREVENT partnerships through the Channel panel process and Police.

- understand the level of PREVENT training that has been delivered to contract services staff working in their unit, capturing any associated risks in their CRA and SCD accordingly.

- refer to additional MC direction were provided[43].

3.8 Elements of Training Away from the Training Establishment

3.8.1 Commanders **must** ensure that any elements of Phase 1 or Phase 2 training that are conducted away from the main training establishment provides an equal level of supervisory care to that of the training establishment. Where this is not possible, these elements of training **should** be detailed in the CRA and SCD. Where the training away from the establishment is for a period of more than one week an MoU with that establishment **should** be appropriate to ensure that there is agreement over care and welfare responsibilities and lines of communication. Staff delivering training 'off site' or away from the main training establishment are still subject to Basic/Advanced COT training requirements as detailed in section 5 of this Chapter.

3.9 Adventurous Training

3.9.1 Commanders **must** ensure that additional supervision is provided to U18s during Adventurous Personal Development Training (APDT) or Adventurous Training (AT), Force Development (FD) and Challenging Pursuits alongside conducting appropriate Risk Assessments. U18s undergoing AT/APDT/FD/Challenging Pursuits will be away from their normal environment and therefore Commanders need to pay particular attention to their needs. Such rules and regulations that normally apply to U18s **must** continue to be applied including staff to be Basic/Advanced COT trained in accordance with section 5 of this Chapter.

3.10 Additional Policies Relating to Trainees – Under 18s

3.10.1 **Alcohol**. U18s are not permitted by law to purchase alcohol or to consume it in a bar. It is also a criminal offence to sell alcohol to U18s, to purchase alcohol on their behalf or for U18s to buy or attempt to buy alcohol. Whilst individuals aged 16 or 17

[42] Contact details for the PREVENT referral pathways are listed in Annex B of JSP 345.
[43] Single services have published PREVENT directives & Quality Manuals (Royal Navy RNTM03-032/24 Countering Extremism-Prevent Directive, RNTM02-005/25 RN PREVENT, RAF 20200306 RAF Prevent Directive, Army ACSO 2905 Army Prevent Policy, 20200501 ARITC Training Quality Manual Prevent Policy).

may consume beer, cider or wine with a meal in a designated dining area that is not a bar, provided the alcohol is purchased by someone over the age of 18 and the U18 is accompanied by someone over 18. Commanders are responsible for providing detailed policy on the consumption of alcohol in their unit. However, as a minimum, Commanders **must** have in place systems and instructions to ensure that U18s are unable to purchase alcohol whilst undertaking Initial Training.

3.10.2 **Smoking**. It is illegal to sell tobacco products to U18s. This includes cigarettes, cigars, loose rolling tobacco and rolling papers and applies both to over the counter and vending machine sales. Electronic cigarettes are to be treated the same as tobacco smoking products. Commanders are to ensure that notices stating '*It is illegal to sell tobacco products to anyone under the age of 18'* are displayed at all premises at which tobacco is sold within the unit. A notice displaying the following statement, *'This machine is only for the use of people aged 18 or over',* **must** be displayed on every tobacco vending machine within the unit.

3.10.3 Commanders should be aware that, in accordance with JSP 375[44] in all MOD wholly or substantially enclosed public places and MOD workplaces and vehicles, smoking of tobacco products and the use of electronic cigarettes or other devices that produce secondary vapour clouds etc. that can be passively inhaled is prohibited, and **should** develop policies, accordingly, including disciplinary procedures for anyone caught smoking tobacco products.

3.10.4 **Gambling**. U18s are prohibited by law from playing gaming machines, which are classified as games of chance with prizes, e.g. 'fruit machines'. Any gambling machines in a unit[45] **should** not be in areas frequented by U18s. The minimum age to engage in online gambling, including the single Services sports lotteries and National Lottery, is 18. Commanders **should** provide all trainees, but especially those U18, with clear advice and guidance regarding gambling restrictions and any associated disciplinary actions that will be taken against anyone U18 found engaged in gambling. Commanders **should** make trainees aware of the potentially negative impacts of gambling, ensuring all associated risks are captured in their CRA and they have the appropriate support and welfare mechanisms in place, articulated in the SCD, for anyone experiencing gambling related challenges[46].

3.11 Arming and Armed Guard Duties

3.11.1 **Weapon security**. Training in the handling of weapons and understanding the responsibilities for weapon security are vital elements of Initial Training. Trainees – regardless of their age – may handle weapons systems (the weapon and relevant ammunition) in a controlled and supervised environment. Commanders are to

[44] JSP 375 Vol 1 Chapter 13.
[45] Iaw Army Briefing Note 10/2022 all gambling and gaming machines should have been removed from the Army estate by 30 Jun 22. RNTM 03-002/2 directs the requirement to remove Fixed Point Gambling Machines (FPGM) from all parts of the Royal Navy Estate by 31 Mar 23.
[46] https://www.beGambleAware.org and the National Gambling Helpline (0808 8020 133) can provide advice and guidance alongside unit welfare provision.

comply with JSP 440[47] regarding the access to and storage of firearms. Online Attractive to Criminals and Terrorist Organisations (ACTO) training[48] is available for both trainees and training staff.

3.11.2 **Armed guarding**. U18s are not to carry out Armed guarding duties[49].

3.12 Welfare, Mentoring and Interviewing

3.12.1 When individuals deemed at risk pass from recruitment into Phase 1, one training establishment to another (particularly, from Phase 1 to Phase 2) and from training to operational units, a suitable method of informing the gaining unit of any concerns **must** be established by the **losing unit**, so that the gaining unit can ensure that appropriate supervision is maintained.

3.12.2 **Welfare**. Welfare is a function of command, and its provision is articulated within JSP 770[50]. There is a comprehensive welfare system at a commander's disposal, including Unit Welfare Officers, chaplains, Service welfare organisations, RVS and sometimes elements of the Council of Voluntary Welfare Workers (CVWW)[51]. Whilst the chain of command is usually the initial point of contact for an individual with welfare concerns, all Service personnel, including U18s, **must** be made aware that they have the freedom to approach any welfare agency directly if, for any reason, they do not wish to approach the chain of command. Trainees **must** be able to use the welfare and support facilities on a 'drop in' basis without hindrance or fear of reprimand once they have brought their requirement to the attention of any member of the training / support staff during Normal Working Hours, Out-of-Hours (Off Duty) or Out-of-hours (Silent Hours) or within 4 hours of completion of Out-of-Hours (Training). Commanders **should** seek advice from the MC welfare services, as appropriate, in dealing with the specific welfare concerns of those under their command.

3.12.3 **Mentoring**. Units that have instituted a mentoring regime for new arrivals have reported considerable benefits, including happier and more effective U18s as well as improved retention. Commanders **should** consider the appointment of a suitably screened mentor for each U18 (of the same sex where possible). Mentors **should** not normally be an U18's direct supervisor. All Mentors **should** be briefed / trained on the role and process[52], have access to specialist resources, such as chaplains, for advice and form part of an establishment mentoring network. Mentors **should**

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[47] JSP 440 Part 2 V7.2 Leaflet 7A Security Requirements for Firearms, Ordnance, Munitions & Explosives (OME) and ACTO Items.
[48] Department Of State - ACTO Information
[49] DCDS (MSO) Operational Directive (Cat Two)- Arming Directive 02/24 for the Carriage of Firearms by Service Personnel on General Security Duties in Non-Operational Environments.
[50] JSP 770: Tri-Service Operational and Non-Operational Welfare Policy.
[51] CVWW includes Church Army (CA), Church of England Soldiers, Sailors & Airmen's Clubs (CESSAC), Dame Agnes Weston's Royal Sailors' Rest (Aggie Weston's), Methodist Force Board (MFB), The Mission to Military Garrisons (MMG), Salvation Army, Sandes Soldiers' & Airmen's Clubs and Soldiers' & Airmen's Scripture Readers Association (SASRA) & Miss Daniell's Soldiers' Homes (MDSH).
[52] Including confidentiality, recording of discussions and own support networks.

meet their charges individually at an appropriate frequency, ideally weekly, and discussions **should** cover:

- work-related issues, including relationships within the chain of command (an essential part of the new arrival's education and induction into the team).
- bullying and harassment[53].
- homesickness.
- hygiene.
- finance, gambling, debt, alcohol abuse.
- any other concerns or problems such as relationships, upcoming tests/evaluations, retests, and other training interventions they may have received or disciplinary issues.

3.13 Contact with Parent or Guardians of Under 18s

3.13.1 Contact with Parent or Guardians – Routine Matters

3.13.1.1 Individuals, including U18s, have a right to respect for their private life in accordance with Article 8 of the European Convention on Human Rights (incorporated into UK domestic law by the Human Rights Act 1998). Further, the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) protects the personal data of a Service person. Therefore, personal information or data **should** not be shared with a third party without the consent of the individual concerned except in accordance with the law. If in doubt, legal advice **should** be sought.

3.13.1.2 Commanders **must** seek to establish, and sustain, links with the parent(s)/guardian(s)[54] of those under Initial Training. This can be achieved by writing to them on the arrival of an U18 giving details of how the unit can be contacted, providing details of the training to be undertaken, and encouragement for parent(s)/guardian(s) to contact the unit if they have any questions or concerns. This **must** be repeated at the commencement of Phase 2 training if the trainee is still U18. Visits by parents/guardians at appropriate times **should** also be encouraged. These can be of real value to the trainee, encourage a supportive family atmosphere and promote a better understanding of the Armed Forces. If the guardian of an U18 is the Social Services, but the U18 has been in the long-term care of foster parents or become very close to their foster family then, for minor issues, Commanders **should** consider whether it is more appropriate to contact the foster family in the first instance. Any serious issues will need to be discussed with the local authority.

[53] As defined in JSP 763: The MOD Bullying and Harassment Complaints Procedures.
[54] includes any person who has a parental responsibility order under Section 8 of the Children's Act 1989.

3.13.1.3 The legal age of consent for medical, surgical, and dental treatment is 16 (Section 8 Family Law Reform Act 1969). There is therefore no requirement to obtain parental consent for medical treatment of Service personnel over the age of 16. However, where high risk procedures or elective surgery is being considered, or where a trainee U18 is pregnant, it is advisable to seek medical advice on the basis that the circumstances **should** be discussed with the parents of the individual, unless that individual refuses permission for such a discussion to occur.

3.14 Contact with Parents of U18s – In the Event of an U18 Seeking to Voluntarily Withdraw from Training

3.14.1 In the event of an U18 seeking to voluntarily withdraw from training, the Commander **should** establish if the U18 has discussed this with their parent(s)/guardian(s). Any decision to approach the parent(s)/guardian(s) of an U18 in these circumstances **should** include an assessment of the situation of the parent(s)/guardian(s) and that of the U18. Their personal circumstances **should** be respected and protected before an approach is made; the starting point should be that no approach is made. In exceptional circumstances, if it is considered necessary in order to protect the health, safety, and welfare of an U18 then their parent(s)/guardian(s) may be approached without consent from the U18. However, great care **must** be taken to avoid unnecessary disclosure of personal data or of any information received in confidence. A decision matrix to assist is provided at Annex C.

4 Defence Direction for Trainee Management

4.1 Trainee Management

4.1.1 Induction / Initial Briefing

4.1.1.1 On arrival all trainees **must** be briefed on the right to leave the Service policy and consequences of drug use and health issues and nutrition. In addition, and specifically where U18s are part of the trainee cohort in the unit, Commanders **must** further brief all trainees on U18 specific policies regarding:

- the penalties connected with underage drinking and illicit drug taking, the purchase of alcohol and the purchase of tobacco products and the smoking policy (including electronic-tobacco products and policy) included in section 3 of this Chapter.
- arrangements for identification of U18s in the social and welfare facilities on the unit.
- the obligation to undertake a regular interview with a nominated mentor.

- the need to obtain parent(s)/guardian(s) agreement to an alternative leave weekend address (if not obtained, the U18 is only able to take leave with parent(s)/guardian(s) if appropriate).

- the rules applying to the use of gaming machines and online gambling.

- procedures for the reporting of bullying and harassment and the role of the Service Complaints Commissioner.

- zero tolerance on unacceptable behaviour and sexual misconduct policy and process.

- the right to dial 999 if they feel there is an immediate threat to life.[55]

These points **must** be reinforced regularly throughout training either in further briefings or in an aide-memoire.

4.1.2 Welfare Provision

4.1.2.1 The sharing of concerns over trainees among welfare practitioners and the chain of command **must** be formalised within units. Trainees who are at risk or potentially at risk **must** be identified as early as possible and appropriate action taken to care for their well-being[56]. Training units **must** have a formal Welfare Forum with Terms of Reference and regular, centrally co-ordinated meetings. Welfare points of contact **must** be widely publicised[57] and trainees appraised of all avenues of complaint, including the Service Complaints Commissioner (SCC)[58].

4.1.2.2 **Equality, Diversity, and Inclusion (ED&I)**. Commanders **must** ensure that there are enough trained Diversity & Inclusion Advisors (D&I(A)[59] within their establishment or unit, co-ordinated by a central ED&I officer. Trainees **must** have easy access to D&I(A)s and D&I reporting procedures **must** be widely publicised.

4.1.2.3 **Trans and Non-Binary Personnel**. Commanders **must** ensure that the care and welfare of trans and non-binary personnel in the training environment is managed in accordance with JSP 889 and other applicable Defence policy. Personnel **must** be treated with dignity and respect. Bullying, harassment, victimisation and unlawful discrimination **must not** be tolerated. JSP 763 refers. Advice and support **should** be sought through the appropriate channels were required.

[55] This is response to Service Inquiries regarding medical and safeguarding events.
[56] At risk trainees **must** be managed in accordance with JSP 834.
[57] The issue of a contact card to trainees for welfare needs can be very effective.
[58] For more information on welfare, see JSP 770: Tri-Service Operational and Non-Operational Welfare Policy.
[59] Policy JSP763 Behaviours and Informal Complaints Resolution 5.3.4 Diversity & Inclusion (Advisors).

4.1.2.4 **Advocates of protected characteristics**. If a minority of trainees share a protected characteristic, an advocate or focus individual **must** be appointed. This individual **should** act as, a specific point of contact for the group, advocate on their behalf of these groups and ensure policies and procedures do not disadvantage them.

4.1.3 **Discipline**

4.1.3.1 All Service personnel (SP), including trainees, are subject to Service Law, regardless of their stage of training. However, the application of Service discipline **should** be appropriate and proportional to the principles of Service Law as well as MC values, standards and ethos. For trainees in Phase 1 and Phase 2 this may include remedial training, verbal rebukes and minor sanctions[60].

4.1.3.2 U18s are subject to the same disciplinary arrangements as those over 18[61]. However, Commanders **must** consider the relative immaturity and vulnerability of U18s, and offer additional support and advice where appropriate, both during and after the disciplinary process, to reduce the risk of re-offending. In the event that an U18 is arrested the Commander **must**, without delay, refer the matter to the Service Police. The Commander **must** also provide the arrested person with an appropriate adult to support them. If an U18 is to be tried by court-martial, the Commander **must** inform their parent(s)/guardian(s).

4.1.4 **Leave / Booking In and Out**

4.1.4.1 Commanders **must** set mechanisms in place so that:

- suitable safeguarding and welfare provision is in place for trainees proceeding on leave between Phase 1 and Phase 2 (or between any two training locations). The **losing unit is responsible for ensuring these arrangements cover** the entire leave period and are agreed upon by the receiving unit before the trainee proceeds on leave. The exact point at which responsibility transfers from the losing unit to the receiving unit **must** be clearly defined and agreed[62] allowing the receiving unit to implement appropriate measures.

- supervising staff are aware when U18s are booked out during the working week.

- U18s are given clear instructions as to when they need to return to the establishment.

- if U18s are allowed to book out at the weekend, they have left a contact address (their parent(s)/guardian(s), or an address agreed by their parent(s)/guardian(s)

[60] Defence Direction on Remedial Training in Initial Training is contained within Chapter 3 of this JSP.
[61] JSP 830 - Manual of Service Law, Vol 1 refers.
[62] A Unit Level Agreement or MoU between the losing and receiving units covering the process of trainee transfer would be beneficial.

unless exceptional circumstances[63] prevent this). NoK details **must** also be captured in JPA.

4.1.4.2 Such mechanisms could include:

- a booking out/in procedure where U18s book out and return to the Unit by 2359hrs. Daily checks carried out at 0015hrs to confirm all U18s have returned. In exceptional circumstances (e.g. if their family home is nearby), U18s wishing to remain out after 2359hrs **must** have a letter of consent from their parent(s)/guardian(s).

- issue U18s with cards identifying them as such, that are handed in to a nominated responsible person on leaving the unit and collected on return.

4.1.5 Passage of Trainee Information – Units' Responsibilities

4.1.5.1 When trainees move between phases of training, or from Phase 2 to front line units, **losing/sending units must** actively engage with the gaining unit to share relevant information about the trainees. This is especially important for trainees identified as being at risk or those with concerns related to health, injury, mental wellbeing, or learning difficulties. A clear and effective method **must** be established to inform the gaining unit of any concerns relating to an individual[64], This ensures that the appropriate level of supervisory care is maintained[65] and that any ongoing support or development plans are documented and continued. Records of trainees' progress, including any schemes or support plans initiated at the losing unit, are to be maintained and forwarded to the gaining unit. These records **must** be available at the gaining unit on trainee's arrival to ensure continuity of care and support.

[63] This may be relevant to care leavers or those with specific welfare concerns.
[64] A formalised Unit Level Agreement between the losing and gaining units stipulating the process for transferring trainee information would be beneficial.
[65] All RN personnel are to be transferred to new units in accordance with MC policy.

4.1.6 Holdovers and Unprogrammed Time

4.1.6.1 **Holdover between and during Phase 1 & 2**. Holdover periods between, or during, formal training courses are sometimes unavoidable. These periods of time **should** always be minimised. When holdovers occur, they **must** be purposefully planned and structured, relevant, and monitored and recorded by supervisory staff. If leave is granted during holdover and a trainee moves from one unit to another unit after leave, the losing unit Commander is responsible for ensuring a clear formalised Unit Level Agreement between the losing and gaining units. This agreement **should** stipulate the process for transferring trainee information and care and welfare responsibilities. These procedures **must** be mutually agreed by both units **AND** the trainees **must** be fully briefed by the losing unit [66]before the transfer. Leave requirements during holdover should be managed in accordance with established leave booking procedures.

4.1.6.2 **Unprogrammed time**. Unprogrammed time during Initial Training can occur for various reasons and may significantly impact trainees' Care & Welfare. Such periods **should** always be minimised. When unavoidable, they **must** be purposefully planned and structured, relevant, and monitored and recorded by supervisory staff.

4.1.6.3 **Time away from the Unit.** Commanders **must** ensure that any holdovers or unprogrammed time spent away from the main training establishment provides the same level of supervisory care as within the training establishment. Any risks associated with this **should** be detailed in the CRA with mitigating actions documented in the SCD. Named points of contact **should** be established and maintained[67]. Staff supervising trainees during holdover or unprogrammed time are still subject to a minimum of Basic COT. Advanced COT may be required in specific circumstances as detailed in section 5 of this Chapter.

[66] Including being provided with contact details of receiving unit duty staff/welfare team.
[67] Where Officers are on formal holdovers between phases of training, a central point of contact who can monitor welfare **must** be established and should be suitably trained in Care of Trainees. This person does not have to be based at the same unit as the Officer under training, but should have regular, at least monthly contact.

4.1.7 Exertional Collapse, Universal Training Precautions, Physical Opt-Out and Bad Day Policies[68]

4.1.7.1 For effective Duty of Care for personnel undertaking any physical activity, all instructors, Commanders and leaders involved in the delivery of education and training, including front line units, **must** understand the risks and follow the mitigations for Exertional Collapse.

4.1.7.2 Exertional Collapse is any collapse as a result of physical exertion. This may be due to exhaustion or dehydration but may also occur as a result of serious health problems such as; heart problems, asthma, Rhabdomyolysis exertional heat illness, exertional collapse associated with sickle cell trait (SCT) and other medical causes.

4.1.7.3 An individual who is poorly performing or demonstrates distress during, or immediately after physical exercise, may be at risk of exertional collapse, and potentially even death. Poor performance and distress **must** be recognised early to enable timely intervention, including immediate cessation of the physical activity for all participants. Priority **must** be given to treating the individual. A dynamic risk assessment **should** consider whether others participating in the same activity are also at risk and whether the activity can safely resume.

4.1.7.4 Risk factors associated with exercise-related collapse can be personal, environmental, or external and recognised risk factors are listed below, noting these are not exhaustive lists.

4.1.7.5 Personal risk factors include:

- Dehydration.
- Recent or current illness (including raised temperature).
- Recent vaccination (within 24 hours).
- Poor baseline conditioning/fitness level.
- Excess body fat.
- Prior poor physical performance during previous fitness tests or programmed physical training evolutions.
- Prior exercise related collapse.
- Accumulated fatigue.
- An underlying cardiac condition.
- Asthma.
- Sickle Cell Trait (SCT). Clinical evidence suggests that these individuals may be more prone to injury (or death) with physical exertion.

[68] ECAST, UTPs, Physical Opt-Out and Bad Day Policies introduced following recommendations from Service Inquiries relating to Sickle Cell Trait.

4.1.7.6 In addition, an individual's motivation and/or peer/command pressure (whether actual or self-induced) is equally important to recognise as a risk factor. It can lead to an individual pushing themselves too hard, potentially 'to the limit' and ignores the onset of physical signs and symptoms of distress. No one **should** risk their life by pushing through life-threatening conditions.

4.1.7.7 Environmental and external risk factors include:

- Lack of appropriate environmental acclimatisation (including heat, cold and altitude).
- Exercise at altitude.
- High ambient temperature and humidity and cold weather.
- Certain medications.
- Dietary supplements containing stimulants, including energy shots or drinks.

4.1.7.8 **Immediate Actions**. In the event of exertional collapse, the following immediate action drills are to be followed:

- STOP the activity.
- EVALUATE, ADMINISTER FIRST AID as appropriate (i.e. Check Airway, Breathing, Circulation and TREAT as required) and CALL emergency services if needed (civilian and / or military in accordance with the Risk Assessment and situation)
- ADMINISTER oxygen if available and appropriate.
- HYDRATE if tolerating liquids.
- INITIATE COOLING techniques as required.
- ENSURE appropriate medical follow-up of the individual.
- REVIEW others. Only restart the activity when assessed as safe to do so. If a suspected case is observed the activity **must** be paused and a dynamic risk assessment made. The activity may be terminated or only restarted once further mitigation measures have been approved, recorded, and applied as per the activity protocols.
- INFORM the chain of command as necessary.
- REPORT the incident using appropriate single Service reporting mechanisms.[69]

[69] MySafety is a web-based application to support the reporting and management of safety and environmental protection occurrences, investigations, recommendations, Learning from Experience and Lessons. This has replaced the single Service reporting systems.

4.1.8 **Universal Training Precautions (UTPs)**

4.1.8.1 The risk of Exertional Collapse can be reduced through Universal Training Precautions (UTPs). These UTPs **should** be integrated into the planning, design and conduct of fitness tests or other physical activity. The importance of UTPs in reducing the risk of casualties during physical activities **should** be understood by Commanding Officers, physical training staff and all personnel involved. They **should** also be included in an individual's own preparation.

4.1.8.2 The UTPs are as follows:

- Acclimatisation to heat, cold or altitude.
- Progressive and graduated increase in exercise duration and intensity.
- Hydration sufficient to maintain clear-light yellow urine.
- Avoid stimulants, diuretics, energy drinks, antihistamines, decongestants, non-steroid anti-inflammatory drugs (NSAIDs), opioids, methylphenidate and weight-loss or other performance-enhancing supplements prior to exercise.
- Avoid alcohol prior to exercise.
- Ensure work /rest cycles are followed.
- Observe participants for no less than 10 minutes post exertion.
- Ensure medical facilities are available throughout any programmed physical activity and provide prompt medical attention when early signs of distress are observed.

4.1.8.3 All members of the Armed Forces are expected to maintain an appropriate level of fitness, as part of military readiness. Failure to do so puts the individual and their unit at risk. The Chain of Command **must** embrace this culture of fitness whilst still safely applying UTPs.

4.1.9 **Physical Activity Opt-Out**

4.1.9.1 Illness and other personal risk factors outlined in Paragraph 4.1.7.5 can increase the risk of exertional collapse. It is recognised that there may be times when an individual is considered well enough to conduct many of their training serials or work duties whilst not feeling well enough to take part in physical activity.

4.1.9.2 The physical activity opt-out policy relates to both physical training sessions and broader military training or tasks involving physical activity[70]. Units **must** ensure that those instructing or leading physical training, or other military training activities involving physical activity, are aware of this policy as an exertional collapse mitigation measure. For completeness the opt-out policy **must** be written into all generic risk assessments that involve physical activity.

4.1.9.3 All personnel **should** receive a brief on the nature of the physical activity they are about to undertake by the activity leader and be informed of their option to opt-out.

4.1.9.4 Personnel who do not feel sufficiently well enough to take part in physical activity **should** inform the activity leader immediately on completion of the physical activity brief of their choice to opt-out.

4.1.9.5 The activity leader or staff may also use this as a mitigation measure to withdraw an individual from the activity based on observations or information learned from those about to undertake the activity.

4.1.9.6 The activity leader and Chain of Command are to use the opt-out as a safety measure to reduce the risk of illness, injury and death. For those that opt out from physical activity, unit processes on informing appropriate members of the staff and Chain of Command as part of wider Duty of Care obligations **must** be followed.

4.1.9.7 Opting out of physical activity due to feeling unwell does not automatically necessitate that the individual 'reports sick' to medical services. Many conditions (e.g. common cold) are self-limiting and suitable for self-management. Where there is a wider concern about an individual's health, appropriate action **must** be taken by the Chain of Command and medical advice sought.

4.1.9.8 The physical activity opt-out policy does not provide a 'bypass' mechanism for activities that **must** be completed: where an individual has need to opt-out of a physical activity that forms part of a formal career course, output standard assessment, operational readiness requirement, or other mandatory activity, following a discussion with individual and appropriate members of staff[71], a plan **should** then be determined to manage the safe progression of the training when the individual is well enough to take part. In cases of sequential use of this policy by an individual, this **should** be addressed through unit processes to identify and manage any potential issues. Where there are multiple cases of Opt-Out at once, other appropriate training serials could be considered where resources allow.

[70] Due to the complexity and variation in Training Systems across Defence, MCs should put the necessary processes in place to ensure that this policy is effectively and efficiently implemented in context.
[71] This may include medical, training, welfare and management as necessary.

4.1.10 **'Bad Day' Policy –** to be implemented **during** the physical activity**.**

4.1.10.1 A liberal 'Bad Day' policy is to be implemented for individuals showing any signs of distress during a fitness test or training activity. Individuals showing signs of distress are free to stop and their attempt is to be declared void. At the beginning of all fitness tests and physically demanding activity, individuals are to be reminded of the 'Bad Day' policy and that they are free to stop should they suspect that they are unwell or injured.

4.1.10.2 The activity leader and Chain of Command are to use the bad day policy as a safety measure to reduce the risk of illness, injury and death. For those that withdraw from physical activity, unit processes on informing appropriate members of the staff and Chain of Command as part of wider Duty of Care obligations **must** be followed.

4.1.10.3 This policy is referred to in the following JSPs:

- JSP 375 (Management of Health and Safety in Defence)
- JSP 419 (Adventurous Training in the UK Armed Forces)
- JSP 660 (Sport in the UK Armed Forces)
- JSP 545 (Tri-Service Regulations for Recruiting)

5 Defence Direction for Personnel and Training to Support Care and Welfare in Initial Training

5.1 Training for Commanders of Initial Training

5.1.1 Ensuring that staff are properly trained is central to establishing effective Supervisory Care. The COTE course[72], delivered by DCTS, provides up-to-date preparation for Commanders to understand the complexities of the modern Initial Training environment. This includes their role in providing Care & Welfare and addressing the challenges of commanding a training establishment. The course has external speakers from Ofsted as well as Head Office updates from TSLD. All Commanders of Initial Training (Phase 1 and 2) at regular or reserve training establishments (including lodger units) **should** attend the COTE course prior to appointment or within 3 months of arrival but **must** complete the course within 6 months of joining[73]. Deputies and those with executive responsibilities for the provision of Care and Welfare on sites delivering Phase 1 or 2 training **should** attend[74]. Additionally, those who also routinely interact directly with Phase 1 or 2 trainees[75] **must** complete the Advanced Care of Trainee (Advanced COT) training package.

5.1.2 **Commanders of University Service Units.** The Officer with overall responsibility for University Service provision/HQ **should** attend the COTE course prior to or within 3 months of taking up their appointment and **must** do so within 6 months. It is strongly recommended that Individual Unit Commanders of USUs also complete the COTE course.

5.2 Staff Induction

5.2.1 All staff joining an Initial Training establishment **should** undergo a formal induction. During this process all individuals, whether service, civilian or contractors, are briefed on the SCD and their responsibilities within it. Staff **should** also be informed of any significant changes to the CRA or SCD as they occur. Regular refresher training on key elements of the unit's SCD **should** be considered as part of ongoing staff development.

[72] On successful completion of the COTE training, personnel will be awarded the JPA competence *'Training Development/CO DHALI Brief/Joint'*.
[73] For example, where an operational conversion unit or similar training unit sits within a MOB, the CO can delegate requirement for attendance to the OC of the OCU/School. RAF Force Protection Training Flights, being a phase 3 school, do not trigger a COTE requirement.
[74] Military Commands may mandate attendance through Job specifications, role requirements or local direction.
[75] For example, conducting 1-2-1 interviews without others present.

5.3 Defence Trainer Capability (DTC)

5.3.1 Commanders **must** ensure that all trainers (military, civilian and contractor) in Initial Training attend the appropriate Defence Trainer Capability (DTC) course iaw JSP 822, Chapter 3[76]. They **must** ensure on-going support, mentoring and development for trainers. Whilst trainers **should** arrive at Initial Training units already DTC qualified iaw their TORs, unqualified trainers may still arrive. Commanders will be required to manage the risks associated with unqualified trainers and implement mitigation measures in the CRA and SCD respectively, Commanders **must** prioritise course attendance and maintain records of trainer qualifications centrally. This is a whole force requirement.

5.4 Care of Trainees (COT) Training

5.4.1 Safeguarding training within Defence is detailed in the Defence Safeguarding policy (JSP 834). For Defence Trainers, this training is delivered through the Care of Trainees (CoT) programme, which includes completion of both the CoT and Advanced CoT courses. This training is co-governed by the Safeguarding Training Requirements Authority and is recognised as meeting the safeguarding training requirements for Defence Trainers. Therefore, instructors who have completed CoT are not normally required to undertake the separate Defence-delivered safeguarding course.

5.4.2 Should a Defence Trainer take up an additional role beyond their instructional duties, The Commander of the Training Establishment (COTE) must reassess the safeguarding training requirements for that role and consult JSP 834 to ensure full compliance with Defence safeguarding expectations.

5.4.3 As part of the SCD and CRA, Commanders **must** identify which staff need Basic and Advanced COT training. A record of staff and their training status is to be maintained and made available for assurance purposes. Both basic and advanced COT are a whole force requirement. In some cases, where contractors deliver training, alternative arrangements may be necessary. These arrangements **should** be agreed with the single Service commands.

5.4.4 **Basic COT**. All staff in an Initial Training establishment **must** complete Basic COT. For Initial Training units that are part of a larger operational base the Commander of the School **should** determine who needs to complete Basic COT, as outlined in the SCD. Basic COT is a short online training package, covering principles of Safeguarding and the provision of Care & Welfare in Initial Training. The course is valid for 3 years. This is a whole force requirement, contractors who cannot access the online course may instead receive a locally delivered briefing on the SCD and its contents. Completion of this alternative **should** still be recorded.

[76] And adhere to MC direction on trainer capability where applicable.

5.4.5 **Advanced COT.** Staff in Initial Training establishments who have routine contact with Phase 1 or 2 trainees **must** complete Advanced COT within 3 months of starting their role[77]. This training consists of at least half a day and covers essential safeguarding elements specific to Initial Training. The course is valid for 3 years only and **must** be retaken in full to remain current. Advanced COT is included within the Defence Trainer Course but may also be delivered locally by a Defence Trainer who is in date for Advanced COT[78]. Locally delivered Advanced COT **should** be tailored to the unit's SCD and local personnel involved in Care & Welfare can be introduced to participants. Staff may attend Advanced COT at another unit but **should** make sure they are fully aware of their own unit SCD and its contents on completion. Advanced COT can be delivered as part of a longer induction course if required or as a one-to-one session in smaller units. Full details and training materials are available on the DLE under DCTS site.

5.5 PREVENT

5.5.1 Commanders are to ensure that all permanent staff receive training in accordance with extant MOD PREVENT policy guidance[79] This training will enable staff to recognise and report potential radicalisation. In addition, Commanders are to ensure that their establishment has a PREVENT Lead appointed, who is to be responsible for liaison with local PREVENT Partnerships and police PREVENT leads ensuring that any new PREVENT policy guidance is implemented; and ensuring that establishment induction routines remain up-to-date and effective with regard to PREVENT. All staff with regular contact with trainees **must**:

- understand what radicalisation means and who might be vulnerable and why.
- know what measures are available to prevent people being drawn into terrorism.
- know how to challenge extremist ideology.
- know how to get support for personnel who may be being exploited.
- have appropriate training which is widely available and **must** be recorded on JPA or MyHR.

5.5.2 Commanders are to ensure for all those individuals not considered permanent staff but who work regularly within their unit that they are provided with an awareness of PREVENT during their Unit induction / arrival process.

[77] Basic COT **must** be completed before Advanced COT i.e. it is the electronic pre-course learning for ACoT. BCoT can also be a standalone requirement for those working in training establishments, but who do not require ACoT.
[78] Details and resources are available from DCTS as the Training Provider for this distributed training. TSLD is TRA and should be engaged for any policy questions.
[79] JSP 345 - Applying Prevent within Defence.

6 Defence Direction for the Assurance of Care and Welfare in Initial Training

6.1 Self-Assessment

6.1.1 **Self-assessment**. Rigorous self-assessment is the fundamental tool for delivering Continuous Improvement (CI). A structured and comprehensive approach **must** be developed and implemented with 1 LoDA assurance activities, to assess the provision of Care & Welfare for all Initial Training establishments. The assessment criteria **should** be structured around key polices outlined within this Chapter and the MOD Inspection Framework (MODIF)[80] used by Ofsted for inspections. Self-assessment **must** provide a clear and effective method for establishments to scrutinise effectively all aspects of training provision, as a routine part of their core business. It **must** be conducted annually, either as a discrete exercise or as a rolling process over the course of the year.

6.1.2 **Self-Assessment Report (SAR)**. The SAR **must** be based on the elements within Defence Care and Welfare Framework. It **must** also include a concise description of what the training establishment or unit does, to whom, for whom and how. It should consolidate the conclusions drawn from a SWOT[81] analysis undertaken within each of its constituent elements, analyse all aspects of training and support activities, and detail how the establishment seeks to improve its effectiveness. The SAR **should** highlight both strengths and areas for improvement. The SAR should be **self-critical** and lead logically to a plan for improving the establishment or unit's performance. All elements of the Defence Care & Welfare Framework[82] **should** be covered in the SAR. The Defence Care and Welfare Framework, once scored, will serve as the executive summary for the SAR. The Red/Amber/Green coloured scores[83], and executive summary **must be completed annually**[84] and submitted through MC Assurance Reps to TSLD. The most recent executive summary **should** be included as an annex to the SAR and should expand on any areas which are highlighted either as requiring attention or as Good Practice.

6.2 Quality Improvement Action Plan (QIAP)

6.2.1 **Quality Improvement Action Plan**. The QIAP[85] is the key outcome of self-assessment and other assurance or reporting activities. It serves as a single, integrated plan for commanders and their staff to drive progress and monitor

[80] Handbook for inspecting Initial Training for the Armed Forces, with reference to welfare and duty of care. (Includes MOD Inspection Framework).
[81] Strengths, Weaknesses, Opportunities, Threats.
[82] The framework can be found in Section 2 of this Chapter.
[83] Criteria confirmed and distributed by TSLD through MC/TLB assurance reps.
[84] The MC Assurance Rep are to submit their respective summaries to TSLD as agreed with DCWWG.
[85] May be known locally by another title.

improvements. The findings and recommendations from all assurance activities[86] **must** be included in the QIAP, along with other relevant information such as decisions from working group data from surveys or climate assessments. The QIAP **should** include clear timeframes for outcomes, identify who is accountable for progress and provide detailed progress updates. The QIAP **should** also link to relevant policy requirements, the CRA, the SCD, the SAR, surveys such as the RTS/OCS and reference scoring/evidence from the Defence Care & Welfare Framework.

6.3 Continuous Improvement (CI)

6.3.1 CI is a proactive concept that can be implemented at establishment, unit or group level among similar training establishments. It not only improves performance on an ongoing basis, but also provides two key benefits:

- It provides a robust mechanism to safeguard against the consequences of staff turnover, particularly that of Commanders and executive staff.

- By using SARs and QIAPs as a foundation, CI reduces the duplication of effort, prevents inspection fatigue and ensures establishments are well-prepared for inspections, audit or evaluations.

6.3.2 CI can be supported in several ways, including:

- **Peer Review**. Peer reviews can be conducted among establishments with similar training outputs or within formal operating groups. Benefits include increased objectivity, sharing of fresh ideas and good practice, and improved assurance for operating group commanders. Peer reviews are encouraged within and between single Services.

- **Independent Advisory Panel (IAP)**. Single Services are responsible for implementing IAPs within Initial Training. When forming an IAP, clear terms of reference **should** be established to define expectations and ensure effective engagement.

- **Spreading Good Practice (GP)**. Initial Training units, their chains of command and supporting organisations (e.g. through audits, surveys and working groups) should actively share good practice. This helps optimise CI across Service and inter-Service training boundaries, prevents poor behaviours and avoids safeguarding mistakes. TSLD will highlight good practices identified through 1 LoDA, 2 LoDA and external inspections via the COTE course. MCs **should** also use current systems e.g. MySafety *record and share good practice.

[86] This includes findings from internal audits, Ofsted inspections and audits by Service Command and Defence staff.

6.4 Internal Assurance

6.4.1 **1 Line of Defence Assurance**. Compliance with all Care & Welfare Policy **should** be reviewed and reported as part of 1 LoDA assurance activities. This can be done as part of a wider training audit or with a specific focus on Care & Welfare. Any deficiencies or areas of Non-Compliance **should** be included within the CRA and QIAP and used to inform the next Self-Assessment. Any Non-Compliance **should** also be reported through the Customer Executive Board (CEB). Self-Assessment against the Defence Care & Welfare Framework **should** be completed annually. Regular Units receive the Defence Care & Welfare Framework in June each year, with TSLD requiring a consolidated return from MC representatives at the end of July. USUs receive the Framework in January each year with a consolidated return required by TSLD at the end of March. Reserve Units are currently required to complete the Care and Welfare Framework[87].

6.4.2 **2 Line of Defence Assurance**. Care & Welfare compliance **must** be reviewed and reported as part of 2 LoDA Assurance Activity conducted by MC 2 LoDA teams or by higher headquarters or TSLD. 2 LoDA **should** assess progress against any areas of Non-Compliance identified during 1 LoDA Assurance Activities and review the non-conformity itself. The Care & Welfare executive summary against the Defence Care & Welfare Frameworks **must** be reviewed as part of all 2 LoDA, where applicable.

6.5 External Inspection

6.5.1 Ofsted[88] provides independent 3 LoDA (external) assurance through two types of inspection programme;

- Commissioned (Care & Welfare) inspections requested by Defence via TSLD
- Statutory (Apprenticeship) inspections required under the Education and Skills Act 2006.

6.5.2 The Commissioned (Care & Welfare) and Statutory (Apprenticeship) inspections are conducted separately, using separate inspection frameworks. The inspections are not combined. For more information on Statutory inspections see Chapter 5.

6.5.3 **Ofsted Commissioned inspection**. Ofsted is commissioned by Defence to provide Ministers with independent external oversight of Initial Training across Defence. They examine training establishment's provision of Care & Welfare including self-assessment processes using the MOD specific Inspection Framework (MODIF)[89].

[87] The timelines for DC&W Framework returns for Regulars, USUS and Reserve Units are currently being revised.
[88] Ofsted is the nationally recognised inspectorate of schools and colleges and the adult work-based learning sector.
[89] This is available publicly but also annually via DIN – Link to MODIF.

Ofsted will seek to determine the progress made in addressing issues of duty of care, welfare and support for trainees within Initial Training. Findings and recommendations are provided to the unit[90], with more general MOD recommendations made in the published Annual Report to Ministers[91]. Training Establishments/Schools/Units are required to ensure a Senior Ofsted Nominee[92] and an Ofsted Nominee is available **should** notification of an inspection be made. Both Nominees should make themselves aware of the details contained within the MODIF, attend the online TSLD-led Ofsted Nominee workshops and act accordingly[93].

6.5.4 **Actions following Ofsted Inspections.** Following an Ofsted Inspection Commanders **should** work with TLB Assurance leads to ensure actions are taken to address recommendations. If policy changes are required, the TLB Assurance SME will engage with TSLD as appropriate. Recommendations or actions agreed to address recommendations **should** be included in the unit QIAP and progress tracked accordingly.

6.5.5 **Actions on a grading of Requires improvement or 'Inadequate'**. Where a unit receives an inspection grading of 'requires improvement' or 'inadequate' in one or more judgement areas, the respective TLB Assurance SME (in consultation with the unit Commander and their immediate chain of command) is required to provide a recovery plan detailing remedial action and timescales to address recommendations made by Ofsted. TLB assurance reps will provide a copy of the agreed action plan to TSLD within 3 months of a unit receiving their final unit report and grading from Ofsted. TSLD will work with Ofsted to confirm a timeline for re-inspection and may, if deemed appropriate, conduct a formal or informal visit of the unit before Ofsted re-inspect. Any visit will be agreed in consultation with TLB Assurance SMEs.

6.6 The Recruit Trainee Survey (RTS) and Officer Cadet Survey (OCS)

6.6.1 Following a major recommendation[94] from the Directorate of Operational Capability Appraisal of Initial Training 2002, the RTS and OCS Tri-Service surveys were commissioned to solicit trainees' views on their experiences during Initial Training. The RTS and OCS surveys are managed by a private contract with IFF for regular trainees[95]. Separate arrangements may be in place for Reserve trainees, with individual surveys conducted in-house by TLBs, using complimentary question sets.

6.6.2 **Survey Completion.** Every trainee who has completed more than two weeks of Initial Training **must** be given the opportunity to complete the survey during Working

[90] Within both the main narrative of the report and separately in the recommendations section.
[91] Published on GOV.UK Q3 each year.
[92] This should be the Commander or a member of the Senior Leadership Team and the requirement for them to act as the Senior Nominee should be included within their TORs.
[93] Contact TSLD for nominee event dates.
[94] Major Recommendation 69: All recruits and trainees should be invited to complete and sign a questionnaire, administered, and retained by an authority outside the chain of command, about their experiences during Initial Training. This should be properly structured to solicit trainees' views about the quality and benefits of training.
[95]Prior to 1 Apr 21, the surveys and annual reports were produced by Ipsos Mori.

Hours. Trainees **should** be encouraged to complete only a single return for each Phase of their training. Officers will complete the OCS survey only at the end of Phase 1. For most trainees this will be in the final week of Phase 1, and again in the final week of Phase 2 (or if they choose to leave the Service after having completed at least 2 weeks training in either phase). Survey completion timelines are summarised below:

Survey	**Phase 1 Early Departures**	**Phase 1**	**Phase 2 Early Departures**	**Phase 2**
RTS	Any time after week 2 and on departure	Last week of training	Any time after week 2 and on departure	Last week of training
OCS	Any time after week 2 and on departure	Last week of training	Not applicable	Not applicable

6.6.3 Trainees **should** be encouraged to complete the relevant survey as close to graduation/end of course as possible and not before the final week of course. The Survey **must** be completed during a formally timetabled session within Working Hours. Trainees should be allocated a quiet environment and should not confer on or discuss their answers.

6.6.4 The RTS and OCS can now be completed on personal mobile devices if computer rooms are not available/practical, but they should still be allocated time in a suitable environment. The same survey link and password can be used for mobile completion. Completion of either survey is voluntary and fully anonymous. Those wishing to opt out **must** do so through initiation of the survey, so their access is registered.

6.6.5 **Survey Administration.** The surveys **should** be administrated by someone who is not part of the trainees' direct training team to preserve anonymity and allow trainees to be comfortable with expressing their honest opinions. This administrator **should** read the standardised verbal brief to all trainees immediately prior to completing the survey. The brief is at Annex E.

6.6.6 **Survey Management**. A Point of Contact within each training establishment **must** be appointed and will be responsible for the management of the RTS/OCS. Whilst they do not need to be the individual administering the survey on each occasion, they **must** provide assurance that the survey continues to be managed in accordance with current direction. The number of completions[96] and frequency of review of the results, via the results portal, should be in line with graduation/outflow numbers i.e. not less than monthly or once within six weeks of graduation if fewer than 12 graduations per year.

[96] Either fully completed or attempted but opted out of completion (within survey).

6.6.7 **Survey Question Set.** Each survey is comprised of a set of core questions which are completed by all Services, and additional questions depending on Service interest. Core questions are reviewed annually, and any amendments **must** be agreed via the RTS/OCS Steering Group chaired by TSLD. Defence Colleges with concerns on the question set or escalation routes, unit reps **should** contact MC RTS/OCS reps in first instance.

6.6.8 **Survey Results Portal**. The results of the surveys are presented on an online portal, which training establishments, HQs and Service Assurance teams have access to. The survey portal, called "Trainee Voice", has 5 years of historical survey data available to view. Annual summaries are published on gov.uk site.

6.6.9 **Comments of Concern**. Whilst it is emphasised, both in the survey and via the brief at Annex E, that trainees are strongly encouraged to report any serious issues to the appropriate MC authority/local staff, rather than through the RTS/OCS, occasionally comments of concern may continue to be received. Unfortunately, survey completion in the very late stages of training coupled with the time it takes for survey answers to be analysed, anonymised, and fed back to units, often means trainees who have made comments of concern have already moved on to their next phase of training and units are unable to act effectively to rectify any perceived issues. Units are therefore strongly encouraged to reiterate to trainees, immediately on completion of the survey, the options available to trainees through which they can raise issues of concern as detailed in Annex E. If comments of concern are made the TLB Assurance POC will be alerted. TSLD may also be notified.

6.6.10 **Training**. IFF Research provide regular training on the administration and reviewing of results through the portal. This training includes an in-depth overview of portal functions relevant to attendees and allows for location specific questions if needed.

6.6.11 **Governance**. The RTS/OCS is governed through the TSLD chaired RTS/OCS steering group (RTS/OCS SG) which reports to the TSLD Training and Education Steering Group as required.

6.6.12 IFF Research also have an RTS/OCS helpdesk email for any technical issues, or portal queries which is RTSandOCShelpdesk@iffresearch.com.

6.7 Points of Contact

Defence	People TSLD H2A SO1
RN	NAVY PEOPLE-TMG TGA SO2
Army	AITC-CITAT-SO1
RAF	22Gp-CTS-OC Assurance Wg
CSOC	CSOC People-EE-JITATLead1

7 Annexes

A. Example of a Commander's Risk Assessment and Factors for Consideration
B. The Supervisory Care Directive – Factors[97] for Consideration
C. U18s Parent(s)/Guardian(s) Contact Decision Matrix
D. Other Factors Relating to U18s in Training[98]
E. Verbal Brief - to be read to trainees immediately prior to completion of RTS/OCS

[97] These factors should be considered in conjunction with the Care of Service Personnel Under the Age of 18 contained within this JSP.
[98] These elements are not policy that TSLD owns, more guidance/signposting to be considered.

A - Example of a Commander's Risk Assessment and Factors for Consideration

Commander's Risk Assessment (CRA)				Assessment Ref: CRA 04/23
Establishment/Unit/School:	TSLD	Risk Point of Contact:	Name Craig	Position Prevent Lead
Risk Event / Activity:	Risk of Radicalisation	Risk Assessor:	Name Moore	Rank/Grade: Lt
Generic or Specific Risk Assessment:	☐ Generic ☑ Specific	Risk Assessor's signature:	[signature]	
Associated policies / procedures / Standing Operating Instructions (SOIs):	Counter Terrorism and Security Act 2015 JSP 345, JSP 822, JSP 839	Assessment Date:	01-Oct-23	Review Date: 01/04/2024 (Step 5)
		SCD Reference(s): (Step 4)	Chapter 4 Section 2: PREVENT training in Initial Training Chaper 7 Section 2: Contractor Induction	

Situation / Event / Concern: (Step 1) Requirement to safeguard and support vulnerable people to stop them being drawn into terrorism.

Who is at risk? (Tick all appropriate) (Step 2)

Risk Description: (Step 3)
Trainees and trainers demonstrating signs of being vulnerable to extremism or terrorism, which if manifest in positive action, could have a significant negative impact on all personnel in the Unit and wider AF reputational damage.
Location of unit within *** miles of **** where recent terror attack (20**) have occured
Contractors employed under *** contract are not manadated to undertake PREVENT training

- ☑ ALL personnel on site
- ☐ ALL trainees
- ☐ ALL staff (military and contractor
- ☐ ALL trainees U18 ONLY
- ☐ ALL visitors
- ☐ General Public
- Other .....

Assessment / Existing Control Measures: (Step 3)
All Trainees and staff receive Prevent training within 2 weeks of joining and every 6 months via elearning
Induction booklet for all trainees and staff includes application of Prevent policy within the Unit and information of local Prevent issues
CO is engaged with local Prevent Partnerships who meet on a 6 monthly basis
Inspected by Ofsted iaw Prevent guidance

Assessment of risk with exisiting control measures				
L	I	Score	Residual Risk Yes	Residual Risk No
3	3	9	☑	☐

Reasonable Additional Controls that can be implemented to reduce the Risk to ALARP: (Step 4)
Local police and members of local Prevent partnerships deliver termly briefs to all staff and trainees
Briefs by Unit Prevent Lead as required and when policy/procedure has been updated

Assessment of risk with exisiting control measures				
L	I	Score	Residual Risk Yes	Residual Risk No
3	2	6	☑	☐

Commander	Name and Rank	Post / Position	Date	Signature
Exisiting and additional controls agreed	Bond Cdr	CO Unit **	10-Oct-23	[signature]
Has risk been elevated? No ☑ Yes ☐				
If yes Commander to confirm additional controls implemented:				

Key Guidance: This section provides a quick overview of some of the key concepts in a Commander's Risk Assessment (CRA) providing a worked example. The Notes section gives further information.

Situation / Event / Concern: Condition, hazard, activity, action that may cause harm.

Risk: is the chance that someone or something could be harmed by the situation / event / concern measured by multiplying the likelihood (probability) of the situation / event / concern occuring with its impact (severity). For example, there may be a 'possible' likelihood that someone could be affected by radicalisation (3 rating - see below) combined with a 'major' impact of single life changing injury or multiple injuries (3 rating), which creates a score of 9 (low risk). However, the risk should be 'as low as reasonably practicable' (ALARP) through implementation of control measures such as mandated PREVENT training.

Dynamic Risk Assessment compliments generic and specific risk assessment. Regardless of completing this CRA, it is beholden on the person creating the risk to continue to monitor the situation/event/concern and control measures. Any changes in the situation/event/concern (including environmental conditions) or the control measures, must be addressed via the mechanism of a dynamic risk assessment such that the risk remains ALARP.

PERSONS UNDERGOING TRAINING CANNOT BE DEEMED COMPETENT UNTIL THEIR CAPABILITY IS PROPERLY ASSESSED
TRAINING STAFF WHO ARE NOT SQEP CANNOT BE DEFINED AS COMPETENT IN AREAS WHERE THEY DO NOT HOLD THE RELEVENT SKILLSET OR QUALIFICATION TO MANAGE THE TASK

5 Step Process → Step 1 - Identify the situation/event/concern | Step 2 - Determine who is affected and how | Step 3 - Evaluate the risks and identify control measures | Step 4 - Implement your control measures updating SCD with coordinating direction | Step 5 - Review your risk and update as necessary

Likelihood (L)		Impact (I)
1 – Remote / Rare 2 – Unlikely 3 – Possible 4 – Probable 5 – Highly Probable (Almost Certain)	Multiplied by	1 – Minor 2 – Moderate 3 – Major 4 – Severe 5 – Critical *Note: impact number is unlikely to change with control measures*

Risk Score Calculation

Impact \ Likelihood	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

Risk Management

Risk Rating	Authorisation	How risk should be managed
1-3 (Very Low)	OR4 - OF3	**Review annually (very low) 6 monthly (low)** to ensure conditions have not changed and working within risk appetite and ALARP (more frequently if local policy dictates)
4 -9 (Low)	OF4	
10-14 (Medium)	OF5 / 1* Commander	**Review Quarterly**. Good Risk Mitigations to ensure impact remains ALARP and tolerable.
15-19 (Medium to High)	2 * HQ	**Review termly and actively manage**. Assess output requirements against desired outcomes and current resources.
20 (High)	3* / 2* Commanders	**Contingency planning / dynamic risk assessment** may suffiice. Limited risk mitigations to achieve risk ALARP and tolerable.
25 (Very High)	4*	**Operational Capability** where the required outcome impacts on defined military capability

Risk = Likelihood x Impact

Likelihood		Definition
5	Highly Probable (Almost Certain)	Is expected to occur in most circumstances
4	Probable	Will probably occur at some time, or in most circumstances
3	Possible	Fairly likely to occur at some time, or some circumstances
2	Unlikely	Is unlikely to occur, but could occur at sometime
1	Remote / Rare	May only occur in exceptional circumstances

Impact		Definition (Health Safety and Environment and business continuity)
5	Critical	• Multiple fatalities or permanent, life changing injuries. • Permanent loss or damage beyond remediation of an important and publicly high-profile natural resource, area or species. • Multiple incidents causing a major environmental impact. • Normal operations cease
4	Severe	• A single death or multiple life-threatening injuries. • Severe damage over a wide area and/or on a prolonged basis to a natural resource, including controlled waters, or geography requiring multi-year remediation. • Single incident causing a major environmental effect or multiple incidents causing significant effect. • Normal operations severely reduced
3	Major	• Single life changing injury or multiple injuries which have a short-term impact on normal way of or quality of life. • Moderate damage to an extended area and/or area with moderate environmental sensitivity (scarce/ valuable) requiring months of remediation. • Single incident causing significant environmental impact. • Normal operations restricted
2	Moderate	• Multiple injuries requiring first aid. • Moderate damage to an area, and that can be remedied internally. • Multiple incidents causing minor environmental effect. • Minor disruptions to normal operations
1	Minor	• An injury requiring first aid • Limited short-term damage to an area of low environmental significance/ sensitivity • Incidents causing minor environmental impacts • Normal operations not affected

Example of a Commander's Risk Assessment and Factors for Consideration

Risk Assessment – Factors for Consideration

These factors are not exhaustive and additional factors, as deemed appropriate by Commanders, are to be considered[99]. The assessment framework **must** identify and explain factors, associated risks (their frequency and likelihood) and their mitigation measures/precautions.

Low Risk Environments

A potentially low risk environment has:

- a stable and/or homogeneous trainee population.
- a high level of training and experience already acquired by trainees.
- a well-bounded cohort of trainees.
- a low proportion of trainees on holdover/unprogrammed time/awaiting training or discharge.
- a high average age of trainees.
- a high educational attainment among trainees.
- good availability and close proximity of recreational facilities (e.g. gyms, and games rooms where alcohol is not served).
- good availability of non-uniformed welfare staff (SSAFA, RVS etc.).
- low turnover of training staff.
- few or no gapped training (and appropriate support) posts.
- staff who have completed mandatory training as appropriate.

High Risk Environments

A potentially high-risk environment has:

- evidence or history of bullying/harassment within the establishment.
- a fluctuating and/or diverse trainee population and typology.

[99] Additional factors, if identified, should be passed to TSLD to share good practice across Defence.

- a low level of training and experience of trainees.
- a lack of bonding within trainee cohorts.
- a high proportion of trainees on holdover / unprogrammed time / awaiting training or discharge.
- a low educational attainment/low academic level among trainees.
- mixed gender training and the mixing of trained and untrained personnel.
- a lack of available or proximate recreational facilities (other than bars etc).
- a lack of welfare support.
- high turnover of training staff.
- a significant number of gapped training (and appropriate support) posts.
- staff who have not completed mandatory training as appropriate.

Supervisory Care during Out-of-Hours

Factors to determine the level of supervisory care during out-of-hours periods:

- Available direction/guidance on alcohol consumption.
- The proximity of the duty supervisor (e.g. living in the same block, on the base, or outside the establishment on a mobile phone).
- Weekends and leave policy, which may increase or reduce the requirement for supervisory staff.
- The unit's guard structure and duties, which may allow staff who are on guard duty to take on limited supervisory activities.
- The geographical location of the unit, which may affect the number of trainees likely to be within the bounds of the establishment during out-of-hours periods, increasing or decreasing the requirement for supervisory staff.
- The nature and distribution of the accommodation (e.g. single, multi, or barrack style, the standard of furnishing).
- The balance of male/female trainees within the unit, noting the need for a suitable number of male/female supervisory staff at any time.

- The ease of contact with families and friends (e.g. mobile phone policy, telephone availability, Wi-Fi and internet access).

- The 48-hour limit on weekly working time in the Working Time Regulations, which may restrict the use of trainers for out-of-hours supervision[100].

Specific Factors for Consideration during the Risk Assessment

Specific factors for consideration during the risk assessment are:

- self-harm and suicide.

- alcohol and drug abuse or addiction.

- bullying, harassment, inappropriate behaviour[101].

- radicalisation risk/behaviour[102].

- homesickness, engagement with parents/guardians.

- access to telephones/use of mobile phones.

- compassionate leave.

- trainees on holdover / unprogrammed time / awaiting training or discharge. To include procedures for informing them of progress.

- basic life skills and financial awareness.

- inculcation of core values.

- access to weapons and ammunition.

- trainees U18.

- Adults at risk.

- mental health, suicide awareness and other medical problems.

[100] The MOD has limited derogations from the Working Time Regulations in some instances. Legal advice should be sought on whether a particular activity is exempt. Guidance on Working Time Regulations for SP is provided in 2025DIN01-128.
[101] Including online abuse.
[102] Trainers and trainees should be made aware of the PREVENT pillar of the Government's CONTEST strategy. Free PREVENT training is available online at Prevent duty training - GOV.UK (www.gov.uk). Establishments should have protocols in place to report and investigate any radicalisation concerns.

- recreational facilities including access to alcohol and gambling.
- bounds (restrictions on trainees).
- tracking individuals at risk - 'At Risk Register'.
- care leavers: not all care leavers will be U18 when they join, and the local authority has a responsibility for them until the age of 25.
- Climatic Injuries[103].

Good Practice

Good practice has been seen when the following are evidenced:

- Commanders' personal involvement.
- Analysis of trainee population.
    - Where are they from (e.g. urban, rural, overseas, ethnic or national origin, social background, educational attainment)?
    - What types of issues do they bring?
- Analysis of historical and welfare data.
    - Good integration across all welfare functions to understand types of problem, patterns and how previously resolved.
    - Likelihood and frequency.
- Analysis of training activities.
    - What are the risks, including psychological, physical and environmental?
    - Maintenance and exploitation of historical medical data on causes of injuries.
- Regularly refreshed (at least annually).
- Personnel and admin staff, welfare staff and trainers are included in the process to identify mitigation measures / precautions and improve ownership.
- Inclusion of all activities, on and off site, where appropriate.

[103] Direction and guidance on Heat Illness and Cold Injury prevention can be found in JSP 375.

- Development of unit historical data/perspective; for example, history of self-harming incidents, history of Minor Administrative Action, the Remedial Training Log, the Equality and Diversity Log, Injury Log.

B - The Supervisory Care Directive – Factors[104] for Consideration

1. Introduction and Purpose of Supervisory Care Directive, to include a statement from the Commander directing that the SCD be taken as their orders for the running of the Supervisory Care regime in the establishment.

Arrival and Induction Procedures[105]

2. New trainees to be met on arrival and escorted to accommodation.

3. Process in place for early arrivals and courses commencing after leave periods.

4. Induction briefing to include, as a minimum, and at an appropriate level:

   a. Explanation of the Supervisory Care Regime, to both staff and trainees.

   b. The need for all staff and trainees to be aware of at-risk behaviour and the mechanism for reporting such behaviour.

   c. The need to retain a close dialogue between the chain of command, medical, welfare and pastoral staff on at-risk individuals and supervisory care issues in general.

   d. For civilian medical staff in particular, the implications of working in a military environment and the sensitive boundaries between patient confidentiality and justifiable Service concerns.

   e. Explanation of the provisions of the 'training covenant'[106] to all staff and trainees.

   f. Issue the Training Covenant Card to every trainee. Card **must** include key names and contact details of those responsible for supervisory care (both inside and outside the chain of command) and welfare support, together with any relevant national helpline details.

   g. How trainees may raise training or other personal concerns.

   h. Procedure for nominating NoK, including the requirement to address potentially complex family arrangements.

   i. Unacceptable behaviour, and the complaints process (both informal and formal).

[104] These factors should be considered in conjunction with the Care of Service Personnel Under the Age of 18 contained within this JSP.
[105] COs should implement appropriate follow-up sessions to ensure a thorough understanding of supervisory care issues.
[106] For example, the ARITC Code of Conduct and Behaviour for Recruits.

Monitoring of Trainees

5. Systems in place to ensure that the movements of all trainees can be accounted for at all times (including weekends, off duty or leave). Such systems will depend upon the nature and phase of training and should not infringe on trainees' freedom of movement.

6. Delegation of authority to NCOs should not take place without appropriate and responsible officers maintaining proper oversight and accountability.

7. Appropriate levels of supervision and welfare cover, as a ratio between supervisory staff and trainees, determined based upon the outcomes of the Risk Assessment and the training design processes as laid out in JSP 822.

Maintenance of Discipline/Service Standards

8. Maintain good order and discipline in accommodation, communal, training and recreational areas.

9. Ensure appropriate regime is in place to manage poor performance.

Training and Supervisory Staff

10. Ensure that the need for disclosure checks has been correctly identified.

11. Monitor the completion of disclosure checks for all relevant personnel.

12. Ensure that staff are adequately trained, assessed and monitored in the training and, where appropriate, supervisory care of trainees[107].

13. Ensure sufficient, qualified staff are available, commensurate with the activity risk, in accordance with risk assessments and training documentation.

14. Ensure that appropriately trained personnel (e.g. Chaplains/Padres, medical staff) are available to assist any trainee in need of counselling.

15. Allow trainees to have access to a supervisor of their own sex.

16. Ensure these tasks are maintained whilst trainees are training away from the unit, such as during AT.

17. Consider the fitness of staff to provide appropriate supervisory care if they are also under other pressures (workload, domestic etc.).

[107] In particular, ensure that the requirements of JSP 822, Chapter 4, section 5 are met.

Specific Factors for Consideration for SCD

18. Specific factors to be considered for a SCD are:

a. self-harm and suicide.

b. alcohol and drug abuse or addiction.

c. gambling, including online.

d. bullying, harassment, inappropriate behaviour.

e. radicalisation risk/behaviour.

f. homesickness.

g. access to telephones/use of mobile phones.

h. compassionate leave.

i. engagement with parents/guardians.

j. care leavers and engagement with the relevant local authority.

k. trainees on holdover / awaiting training or discharge; to include procedures for informing them of progress.

l. financial awareness.

m. skills for Life.

n. inculcation of core values.

o. access to weapons and ammunition.

p. trainees U18.

q. at risk adults.

r. mental health and other medical problems.

s. recreational facilities including access to alcohol, tobacco, and gambling.

t. bounds (restrictions on trainees).

u. tracking individuals at risk - ‘At Risk Register’.

Good Practice

19. Good practice has been seen when the following is evidenced:

    a. write as a Directive.

    b. avoid being descriptive.

    c. specify:

        (1) what is to happen, when and how.

        (2) set standards to be achieved.

        (3) identify who is to do what.

        (4) outline the organisation's welfare structure.

    d. keep it short – do not replicate Standing Orders.

    e. consider pocket Aide Memoire for trainers.

    f. have an effective feedback loop.

    g. consider the use of table-top exercises to validate procedures.

    h. conduct post-incident analysis.

    i. review regularly.

Framework[108] for Supervisory Care Directive

Whilst not prescribing a standard format as factors differ between establishments, the following format is considered good practice. Where extant Direction/ guidelines cover an issue raised in the Supervisory Care Directive, it is to be referenced for detailed Direction.

Introduction

- Statement of Commander's commitment to the care of the trainees within their establishment. Link to and reference CRA.
- Reference to relevant procedures, processes, and policies.
- Applicability of Supervisory Care Directive.
- Governance of Welfare forums.

[108] Variations to this framework should be considered by the relevant training command and passed to TSLD if considered good practice.

Outline of Course(s)

- Emphasise those elements that may put particular pressure on trainees.

Arrival

- Procedures.
- Induction briefing.
- Initial letter to parents/guardian.

Accommodation

- Trainees.
- Supervisors.

Conduct of Training

- Training failures.
- Management of poor performance.
- End of course reports.
- Skills for Life deficiencies.

Staff Training and Validation

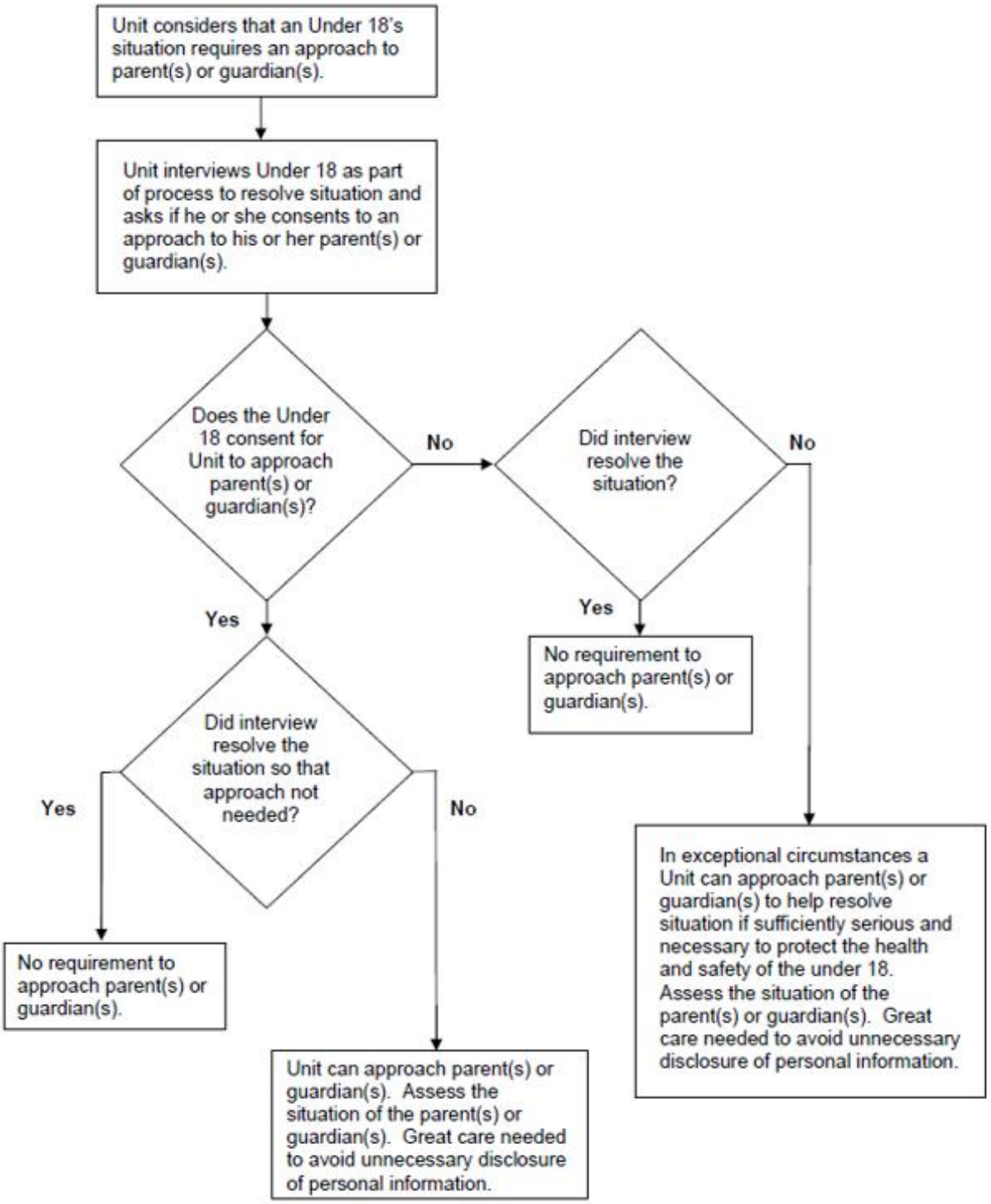
- Mandatory training.
- Optional training.
- Trainer monitoring and development.

Supervisory Care of Trainees

- The minimum ratio of supervisory staff to trainees against all serials both on and off-site during normal working hours and out of hours, at weekends and during leave periods, and the risk mitigation strategy if these ratios cannot be met.
- Normal working hours.
- Out-of-hours, including checking of trainees during silent hours.

- Access to support – welfare/medical/ chaplain etc.
- Booking in/out procedures.
- Incidents involving trainees.
- Weekends and leave policy, including restrictions on night leave.
- Mealtimes, including fourth meal where applicable.
- Monitor trainees' adherence to a balanced, nutritional diet.
- Specific exercises/activities.
- Process for the transfer of trainee information between phases of training and onto front-line units.

C - U18 Parent(s)/Guardian(s) Contact Decision Matrix



D - Other factors Relating to U18s in Training

The Optional Protocol to the UN Convention on the Rights of a Child

1. This Protocol strengthens the rights of children by increasing the protection afforded to them by prohibiting their participation in armed conflict. The UK was involved fully in the negotiation and drafting of the Optional Protocol and signed at the UN Millennium Summit on 6 Sep 2000. The UK ratified the Optional Protocol on 24 Jun 2003, and every five years it is required to present evidence to the UN Convention on the Rights of the Child on the implementation of the Optional Protocol on the involvement of children in armed conflict. The main effects of the Optional Protocol are that it:

   a. requires all feasible measures to be taken to ensure that members of the Armed Forces who have not attained the age of 18 years do not take part in hostilities.

   b. prohibits the compulsory recruitment of those who have not attained the age of 18 into national Armed Forces; and,

   c. requires safeguards to ensure that recruits U18 **must** be genuine volunteers; have the informed consent of their parents or legal guardians; be fully informed of the duties involved in such military service; and provide reliable proof of age prior to acceptance into military service.

2. At the signature of the Optional Protocol, the UK entered the following declaration with the UN Secretariat:

   'The UK will take all feasible measures to ensure that members of its Armed Forces who have not attained the age of 18 years do not take part in hostilities. However, the UK understands that Article 1 of the protocol would not exclude the deployment of members of the Armed Forces under the age of 18 to take a direct part in hostilities where: there is a genuine military need to deploy their unit or ship to an area in which hostilities are taking place; and by reason of the nature and urgency of the situation it is not practicable to withdraw such persons before deployment; or to do so would undermine the operational effectiveness of their ship or unit, and thereby put at risk the successful completion of the military mission and/or the safety of other people.'

The Right to Leave the Armed Forces during Initial Training

3. Service personnel, including those U18 have a statutory right to discharge:

a. **Discharge as of Right (DAOR) as a new trainee**. All new trainees,[109] who have completed 28 days' service and having given 14 days' notice, have a right to discharge within the first 6 months of service[110].

b. **Discharge U18 (DU18)**. After the first 6 months of service, all Service personnel U18 retain a right to claim discharge up to their 18th birthday. The terms of this discharge include a cooling-off period and are therefore different to those for DAOR. Service personnel U18 who, after 6 months' service, wish to leave their Service **must** give notice in writing and before their 18th birthday to their Commander. U18s will not be discharged until the end of a cooling-off period[111]. The maximum cooling-off period will be 3 months. This may be reduced but only if both the Commander and the U18 agree to a shorter cooling-off period. Once an U18 has submitted an application to leave, the longest period that an individual will be required to continue to serve is 3 months. The cooling-off period provides the safeguard of a period for reflection in which the U18 may rescind a hasty and subsequently regretted decision. An U18 who has notified their Commander of their intention to leave will not be discharged if they change their mind about leaving before the date of their discharge[112]. The U18 should normally notify their Commander of their wish to change their mind by submitting a withdrawal of notice; the U18 **must** then be allowed to remain in Service. Commanders retain the power to discharge a Service person regardless of age for other reasons, but they should generally not consider individuals unsuitable because they have previously exercised the right both to apply for discharge and to remove that notice. Commanders are to ensure that all Service personnel U18 are made aware of their right to discharge.

4. A Service person over the age of 18 may, in very limited circumstances, also have a right to discharge. This will occur only where the Service person:

a. notifies their Commander of their wish to leave before their 18th birthday; and

b. their 18th birthday falls before the end of the 3 months maximum cooling-off period.

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[109] By which is meant those on their first enlistment to a particular Service. However, the right will be extended to individuals who have been discharged on medical grounds and subsequently re-enter.

[110] New trainees who are 18 and over also have a right to discharge. For those in the Army, the right **must** be exercised within their first 3 months. For trainees in the Royal Navy, the Royal Marines and the Royal Air Force, their right **must** be exercised (like those under 18 years) within the first 6 months.

[111] A Service person will not be discharged, if during the cooling-off period, they change their mind about leaving. Additionally, discharge may be delayed beyond what would be the end of the cooling-off period if at the time the Service person is serving a sentence of Service detention. Where this occurs the date of discharge will be postponed until the Service person is released from MCTC.

[112] There is no limit on the number of times a Service person may give notice to the Commander before reaching the age of 18.

In these circumstances (unless they change their mind) the Service person will be discharged at the end of the cooling-off period[113].

5. Regardless of the means of discharge of an U18, Commanders are to ensure that:

a. the U18 has contacted their parent(s)/guardian(s) and will return to them or has their permission to return to a different address. If the parent(s)/guardian(s) will not accept the U18 back into the home, or the U18 does not wish to return, then the Commander[114] **must** liaise with the social and welfare services if appropriate.

b. where the U18 was in local authority care before joining the Armed Forces (such as a care leaver) they are unlikely to have had the family support that others enjoy, and this may make them more vulnerable. As a consequence, care leavers represent a 'special group with specific needs' and extra sensitivity is required. The relevant local authority is to be contacted and appropriate arrangements made for the return of the U18 to their care. Where necessary, assistance should be requested from the single Service welfare services that could assist with contacting the local authority.

c. the U18 has been provided with a rail warrant, departure times of trains that will allow return home by 2359hrs and provided with transport (or fare) to the nearest railway station. If arrival by 2359hrs on the day of departure is not possible the U18 **must** be provided with overnight accommodation at the parent unit.

d. the U18 has sufficient funds for incidental expenses. This could be funded through an Early Payment in Cash and repaid from their final salary.

e. the parent(s)/guardian(s) have been contacted and provided with arrival details. The discharging unit **must** contact the arrival address the following day to ensure the individual has arrived. If he or she has not arrived any follow-up action should be agreed with the parent(s)/guardian(s).

Lifestyle Change

6. New trainees, particularly those U18, are at risk of suffering homesickness, and may have trouble coping with the significant lifestyle change that the first weeks of life in the Services may bring. Commanders **must** ensure that all those in contact with U18s are aware of the risks and the early indicators of developing problems to prevent incidents of self-harm and, in extreme cases, attempted suicide[115].

[113] A Service person serving a sentence of Service detention will not be discharged until their release from MCTC.
[114] In cases where a Service person will be over 18 at time of discharge and therefore classed as an adult, the CO will need to determine whether contact with parents/guardian or local authority is deemed appropriate; this will depend on the assessed vulnerability of the individual.
[115] Guidance on self-harm and suicide is available for the RN in BR3(5) Annex 24D; for the Army in AGAI 110; and for the RAF in AP9012 Chapter 6.

Marriage and Civil Partnership.

7. Whilst the law on marriage and civil partnership is complex, in general U18s require their parents' permission to marry or enter into a civil partnership. Commanders will wish to seek specific advice in the event of the issue being raised.

Failure of Compulsory Drugs Test (CDT).

8. The Commander **must** employ single Service Policies for Disciplinary or Administrative Action regarding U18s. The Commander **must** act in accordance with Service regulations[116]. If it is determined that an U18 is to be discharged, notification to the parent(s)/guardian(s) **must** be made in accordance with the right to leave the Armed Forces.

Deployment of U18s

9. Service personnel U18 are not to deploy to any operations outside of UK, except where the operation does not involve personnel becoming engaged in, or exposed to, hostilities. U18s are not to be deployed on UN peacekeeping operations in line with UN policy. In addition to general safeguarding principles, the following steps are to be taken to ensure that members of the Armed Forces who have not reached the age of 18 do not take a direct part in hostilities or are not put at risk from exposure to hostilities. In particular, when a unit is about to deploy to a potentially hostile situation and an individual U18 cannot be retained as part of the Unit Rear Ops Group, they are to be removed from such unit unless:

a. it is not practicable to do so; or

b. to do so would undermine the operational effectiveness of that individual's unit and put at risk the successful completion of the military mission and/or the safety of other personnel.

10. Decisions on the removal of U18s from units will be made whenever the appropriate Service commanders, in concert with the Chief of Joint Operations, consider there is a greater than low probability of members of the unit having to take a direct part in, or be put at risk by, hostilities. The decision to retain U18s in units which having been deployed in benign circumstances, find themselves in a rapidly worsening operational scenario, lies with the Commander, but **must** be based on the same criteria as above, i.e. an immediate presumption of removal if feasible. Commanders are to adhere to single Service rules on deployment and posting of U18s overseas[117].

[116] Defence Direction: JSP 830: Manual of Service Law; JSP 835: Alcohol and Substance Misuse and Testing; and single Service guidance.
[117] RN regulations KRRN 0829 Army regulations AGAI Vol 2 Chp 060 RAF regulations, AP3392 Vol 5, Leaflet 120.

E - Verbal Brief - To be Read to Trainees Immediately Prior to Completion of RTS/OCS

Introduction for Participants

This survey gives you the chance to record your experiences whilst at [UNIT]. Please answer based on your own experiences, not what others may think.

Your opinions will be used to make the training and conditions at [UNIT] better for future trainees, so please answer openly and honestly. The survey will take around 20 minutes to complete, depending on how much you have to say.

You will not be asked to record your name anywhere on this survey and your responses will remain anonymous. Owing to the anonymity, once completed your data cannot be withdrawn from the survey. Your answers will be combined with those from other trainees and reported to [UNIT] and to those involved in the training evaluation process.

All written comments will be made available to [UNIT] and those involved in training evaluation - please do not provide personal or identifiable details about yourself or others in any comments.

If you have a situation that you think should be reported and you want confidential support or help, please use the contact details shown in the box below. The survey should not be used to highlight any allegations of wrong-doing or criminal activity as these cannot be investigated under the rules governing the independence of the survey data. The survey is anonymous, and any issues should be reported through the other means listed below. If you have experienced poor or unfair treatment, we encourage you to speak to these contacts in this or your next unit.

If you believe you have been badly or unfairly treated whilst at your unit, there are several ways you can get help:

- **Speak with your Welfare Team or Padre**
- **Speak with your unit's Equality and Diversity Adviser (This person will be identified on notice boards)**
- **Call the Defence Bullying Harassment and Discrimination (BHD) Helpline on Freephone: 0800 783 0334.**

Your survey data is collected on behalf of the MOD and stored securely by an outside and independent agency, IFF Research. For more information about how IFF Research stores and uses the data, please visit:
https://www.iffresearch.com/iff-research-gdpr-policy/

How to complete the questionnaire:

- Please put a tick in the box alongside the answer that best applies to you.
- A few questions will need you to give your answer in numbers, please type in the numbers in the box provided e.g. (26) years.
- Some other questions will require a typed answer, where this is the case, please ensure you do not provide the personnel details of others.
- provide the personnel details of others.