

**Long-Acting Reversible Contraception (LARC)**

<b>Service Specification No.</b>	Public Health
<b>Service</b>	Long-Acting Reversible Contraception
<b>Authority Lead</b>	Gina Birkett
<b>Provider Lead</b>	Multiple Providers
<b>Period</b>	1 <sup>st</sup> April 2026 to 31 <sup>st</sup> March 2031 (with an optional one year, plus one year extension to 31 <sup>st</sup> March 2033)
<b>Date of Review</b>	March 2027 and annually.

**1. Introduction and Context**

**1.1. Population Needs and National Context**

Sexual and reproductive health is an important component of public health. The majority of adults in England are sexually active, and access to high-quality sexual health services plays a crucial role in improving both individual and population wellbeing.

National strategies such as the [Framework for Sexual Health Improvement in England](#) (2013) and [Towards Zero: The HIV Action Plan for England 2022–2025](#) outline key goals for enhancing sexual and reproductive health. Additionally, the [Women’s Health Strategy for England \(2022\)](#) sets out a ten-year vision to improve women’s health outcomes and reduce inequalities, with a strong emphasis on reproductive health and the development of Women’s Health Hubs.

Local Authorities are legally required to provide or commission open-access sexual health services. These services must include access to contraception beyond what is offered through GP contracts.

A key focus of these services is to reduce unintended pregnancies—including those among under-18s—and to lower abortion rates among women aged 15–44. There is also a specific aim to reduce the proportion of repeat abortions, supporting the delivery of the Public Health Outcomes Framework indicator on under-18 conceptions.

## 1.2. Local Context and Local Needs Assessment

Sexual health in Hampshire is generally better than both national and regional averages. However, there are notable differences across the county and between different population groups.

Consistent and correct use of effective contraception is the best way for sexually active people to avoid an unplanned pregnancy. The abortion rate in Hampshire is lower than the national rate. However, the age standardised abortion rate for females aged 15-44 in Hampshire has increased since 2016 and the total number of abortions has increased from 3157 in 2016 to 4644 in 2022.

Repeat abortions in under 25s are lower than national rates. Supporting young people to consider the full range of methods of contraception, including emergency contraception will further help to reduce unintended conceptions and supporting young women to consider the full range of methods of contraception and increase the uptake of Long-Acting Reversible Contraception (LARC) methods will help to reduce unintended conceptions further.

There has been a 70% reduction in the Hampshire under-18 conception rate since 1998. The latest publicly available data is from 2021, in that year the under-18 conception rate was 10.9 per 1000 females aged 15-17, approximately 246 conceptions, of which 54.9% of under 18 conceptions in Hampshire ended in abortion (see below for source information, please note that the JSNA is a live document which is periodically updated as new data becomes available).

Further information:

- *Hampshire Intelligence: [Joint Strategic Needs Assessment \(JSNA\) | Health and social care | Hampshire County Council \(hants.gov.uk\)](#)*
- *Hampshire Intelligence: Sexual Health Needs Assessment (SHNA) <https://documents.hants.gov.uk/public-health/HIWC-Sexual-and-Reproductive-Health-Needs-Assessment2022.pdf>*
- *[Sexual and Reproductive Health Profiles | Fingertips | Department of Health and Social Care](#)*

## 2. Service Model and Delivery

### 2.1. Summary of The Service Model

The Long-Acting Reversible Contraception (LARC) service will provide a fitting and removal service for LARC methods of contraception (Intrauterine Contraception (IUD/S) & sub-dermal contraceptive implant only) licensed in the UK for contraceptive purposes only.

This service requires adherence to:

- a) the College of Sexual and Reproductive Healthcare (FSRH) guidance on intrauterine contraception: [FSRH Clinical Guideline: Intrauterine contraception \(March 2023, Amended Jan 2025\) | FSRH](#),
- b) the College of Sexual and Reproductive Healthcare (FSRH) guidance on Progestogen-only Implant: [FSRH Clinical Guideline: Progestogen-only Implant \(February 2021, Amended July 2023\) | FSRH](#)
- c) NICE Guidance CG30 Long-acting Reversible Contraception 2005 updated 2019 [Overview | Long-acting reversible contraception | Guidance | NICE](#)
- d) CQC registration for Family Planning for inserting or removing all types of intrauterine contraceptive system or device
- e) College of Sexual and Reproductive Healthcare (FSRH) CEU Statement: Contraceptive Choices and Sexual Health for \*Transgender and Non-Binary People (October 2017) [FSRH statement: Contraceptive Choices and Sexual Health for Transgender and Non-Binary People \(2017\) | FSRH](#) and regard to [bashh recommendations for integrated sexual health services trans including nonbinary people 2019.pdf](#)

\*note: that testosterone therapy given to trans males is **not** a contraceptive and even if the trans-male is **not** having periods, there is still a risk of pregnancy if having vaginal sex.

**The use of LARC solely for non-contraceptive indications is outside the scope of this service.**

Service objectives include:

- Providing LARC methods of contraception for contraceptive purposes.
- Promoting LARC as effective non-user dependent methods of contraception.
- Increasing the uptake and on-going use of LARC thereby contributing to reducing unintended conceptions, including teenage conceptions and improving access for Inclusion Health groups to reduce health inequalities.
- Providing emergency IUCD fittings service as a method of emergency contraception to reduce unintended conceptions, including teenage conceptions.
- Ensuring that all young women (which includes all people with a uterus) aged 15-24 receiving this service also receive information about the availability of the free online Chlamydia testing service.

- Assessing a client's risk of sexually transmitted infections (STIs), including HIV and the need for STI testing, with access and or referral to STI testing services where appropriate [www.letstalkaboutit.nhs.uk](http://www.letstalkaboutit.nhs.uk).
- Discussing pregnancy intentions and providing pre-conception care and advice in line with [Pre-conception - advice and management | Health topics A to Z | CKS | NICE](#) .

## 2.2. Services to be delivered

The Service includes the provision, fitting, follow-up (as appropriate) and removal of intrauterine contraceptive devices (IUDs), Intra-Uterine Systems (IUSs), and the fitting and/or removal of contraceptive implants licensed in the UK for contraceptive purposes and for emergency contraception in the case of IUCDs.

The provider will offer and provide IUD/S and/or implants, as part of a range of contraceptive choices, to women resident in Hampshire or registered with a Hampshire GP. Healthcare professionals should adopt the use of gender-neutral and non-heteronormative language in all communications and conversations to create an inclusive and respectful environment for everyone. This means avoiding assumptions about gender identity, sexual orientation, or relationship structures, and choosing words that reflect diversity and inclusivity.

Women will be able to self-refer to this service.

The LARC service will:

- a) Provide an appointment for LARC with a trained and competent practitioner.
- b) Ensure that only practitioners who hold a current Letter of Competence in IUT and/or SDI are able to provide the LARC service.
- c) Provide the appointment in a timely manner to meet needs of clients and satisfy clinical requirements.
- d) Undertake a full medical history, including a sexual history, as part of routine assessment for LARC methods of contraception to assess suitability for use of method and to identify women at higher risk of STIs.
- e) Ensure that a STI screen is offered to all women who are identified as being at risk of STIs and be provided to all women who request it.

### 2.3. Digital Services

Remote consultations, including via telephone or video call, are a common and acceptable method for pre-assessment before receiving Long-Acting Reversible Contraception (LARC) like coils or implants. These consultations allow clinicians to assess the patient's suitability for the chosen method and provide necessary information and counselling.

### 2.4. Interdependencies and Referrals to Other Services

- a) Providers of the LARC service are encouraged to join the Get It On Scheme to support young people under 25 in Hampshire to access condoms. Condoms can be provided free of charge from the Level 3 Integrated Sexual and Reproductive Health Service for young people under the Get It On scheme [www.letstalkaboutit.nhs.uk/professionals/gio-scheme](http://www.letstalkaboutit.nhs.uk/professionals/gio-scheme).
- b) Those providing the service will need to work in close cooperation with the L3 Integrated Sexual and Reproductive Health Service, provided by Hampshire and Isle of Wight Healthcare NHS Foundation Trust.
- c) Referrals for complex contraception including the insertion / removal of difficult coils, ultrasound for complex contraception and difficult / deep implant removals can be made via the let's talk about it website: [Referrals :: Hampshire and Isle of Wight Healthcare Sexual Health](#)
- d) We strongly encourage LARC providers to join a fitters' forum and Women's Health community of practice NHS Futures Community of Practice <https://future.nhs.uk/hiowwomenshealthcop/groupHome> for networking, knowledge sharing, and continuing education. Details of fitter's forums can be found on the education and training page of the Level 3 Integrated Sexual and Reproductive Health Service [www.letstalkaboutit.nhs.uk](http://www.letstalkaboutit.nhs.uk) or by emailing [Educationadmin@Solent.nhs.uk](mailto:Educationadmin@Solent.nhs.uk).
- e) Joining the **Hampshire Sexual and Reproductive Health Network**, to keep professionals informed of Sexual Health Service developments, Conferences, Sexual Health Promotion courses, clinical training opportunities and networking events. Further details and information on signing up are available here: [Network & Training :: Hampshire and Isle of Wight Healthcare Sexual Health](#)
- f) For women who have a device removed to try for pregnancy, provide pre conception care and advice signposting to [Ready for Pregnancy | Planning for Pregnancy | Pregnancy and Birth](#) for future resources

### 2.5. Sub-contracting, lead provider and working in partnership

Providers may wish to work in partnership or as a lead provider or sub-contracting arrangement. Examples of this might be one practice in a primary care network (PCN) delivering on behalf of the PCN, a practice sub-contracting to a GP federation or non-NHS provider, and other models.

For the purposes of payment, quality assurance, and delivery monitoring, only one organisation may be designated as responsible for reporting each activity and receiving payment. This ensures that duplicate claims are not submitted for the same patient—particularly in cases where a LARC (Long-Acting Reversible Contraception) is fitted or removed by a provider other than the patient's registered GP.

If an organisation delivers this service to individuals outside of its registered patient list, a formal agreement must be in place between the involved organisations. This agreement should outline how activity will be reported for payment and how patient records will be updated.

The delivery model must be clearly defined during the onboarding process for any new provider and must receive formal approval from Hampshire County Council. Existing providers wishing to amend their delivery model must obtain written permission from Hampshire County Council before implementing any changes.

Providers working in sub-contracting, lead provider and partnership models will need to provide evidence that the following elements are in place:

- a) Access to the patient record as required to provide the Service and return of data to the individual's named general practice.
- b) Adherence to Information governance and data protection legislation including where a patient record is accessed by another provider (e.g. GP federation, private provider or a different general practice) and ensuring the secure transfer of service user data back into the patient record.
- c) Patient pathways which demonstrate how the provision will be recorded in the patient record and how the patient will be recalled for removal/replacement at end of device license for the fitting reason.
- d) Suitable indemnity arrangements which comply with the contractual requirements.
- e) Agreed process for reporting and receiving payment to avoid duplication.

### **3. Eligibility, Accessibility, Location and Availability**

#### **3.1. Service User Eligibility**

This service is available for all women of childbearing age who require advice and support on LARC methods of contraception and who choose an Implant or IUD/S as the most acceptable method for them, if it is not contraindicated and are resident in Hampshire or registered with a Hampshire GP.

The Service will be available to sexually active women irrespective of race, disability, age, religion or sexual orientation. The Service will provide good local access to LARC to people across the county, including those living in dispersed rural populations and those reliant on public transport and /or affected by transport poverty.

#### **3.2. Out of Scope**

Long-Acting Reversible Contraception for non-contraception purposes.

This does not include instances where the LARC is for both Contraception **and** non-contraception purposes, such as contraception and to manage heavy menstrual bleeding.

#### **3.3. Referral routes**

Women will self-refer to this service.

#### **3.4. Accessibility**

All premises must be compliant with the requirements set out in the Equality Act 2010.

The facilities to be used for the provision of LARC services need to be provided to best practice standards, incorporating infection control standards. Infection control in the built environment, 2013; [Health Building Note 00-09: Infection control in the built environment](#) and Facilities for primary and community care services, 2013; [HBN 11-01 Final.pdf](#) are non-exhaustive examples of those to be followed. Further guidance can be found at [NHS England » Health building notes](#). Adequate and appropriate equipment should be available for the Practitioner to undertake the procedure. This will also include appropriate equipment for resuscitation.

#### **3.5. Location of services**

The Service will need to be provided from local, accessible, clinically appropriate community premises within Hampshire.

### 3.6. Availability

As required by registered practice population. To be available locally and within core and extended hours to meet population need.

## 4. Outcomes, Objectives and Activity Levels

### 4.1. Priority Objectives and Outcomes

#### a) Service-level objectives

- Providing LARC methods of contraception for contraceptive purposes.
- Promoting LARC as effective non-user dependent methods of contraception.
- Increasing the uptake and on-going use of LARC thereby contributing to reducing unintended conceptions, including teenage conceptions.
- Providing emergency IUCD fittings service as a method of emergency contraception to reduce unintended conceptions, including teenage conceptions.
- Ensuring that all young women aged 15-24 receiving this service also receive information, signposting and where required, support to access the free online Chlamydia testing service.
- Assessing a client's risk of sexually transmitted infections (STIs), including HIV and the need for STI testing, with access and or referral to STI testing services where appropriate [www.letstalkaboutit.nhs.uk](http://www.letstalkaboutit.nhs.uk).
- Asking all women about pregnancy intentions and where appropriate, providing pre-conception care and advice [Pre-conception - advice and management | Health topics A to Z | CKS | NICE](#) .

#### b) Detailed level service user level objectives

A full contraceptive counselling appointment and assessment of the patient's suitability for LARC method of contraception need to take place (online, telephone or in person) prior to the fitting appointment.

#### c) Strategic Outcomes

Hampshire County Council has a legal duty to commission open access sexual and reproductive health services. The delivery of local accessible Long-Acting Reversible Contraception services will contribute towards the following outcomes:

- Increased LARC access for all women, including those living in dispersed rural populations, those reliant on public transport and those affected by transport poverty and communities for whom accessing specialist sexual health services is a barrier to LARC access.
- Women, including vulnerable women and those in Inclusion Health Groups, can access a comprehensive range of methods of contraception and advice and support

on sexual health issues. All care should be culturally competent, trauma informed and inclusive.

- Trained and competent workforce provide expert advice on reproductive healthcare.
- Women, including vulnerable women, are enabled to make informed choices about their reproductive health and avoid unintended pregnancy or abortion by providing access to long-acting, reversible methods of contraception.
- Women, including vulnerable women in Hampshire can access a choice of service provision and an alternative to the L3 Integrated Sexual Health Service.
- Women, including vulnerable women are asked about pregnancy intentions and provided with pre-conception care and advice.

## 4.2. Activity and Service Levels

- a) Expected activity levels – providers are expected to offer an adequate range of appointments, which can include extended hours and weekends to meet the needs of their population.
- b) Providers are expected to see patients in a timely manner and are required to inform commissioners if waiting lists are exceeding 12 weeks, not including women who chose to wait over this limit.
- c) Hampshire County Council reserves the right to introduce activity plans if required.

## 5. Quality

### 5.1. Relevant National Quality Service Standards

This service requires adherence to:

- a) the College of Sexual and Reproductive Healthcare (FSRH) guidance on intrauterine contraception: [FSRH Clinical Guideline: Intrauterine contraception \(March 2023, Amended Jan 2025\) | FSRH](#),
- b) the College of Sexual and Reproductive Healthcare (FSRH) guidance on Progestogen-only Implant: [FSRH Clinical Guideline: Progestogen-only Implant \(February 2021, Amended July 2023\) | FSRH](#)
- c) NICE Guidance CG30 Long-acting Reversible Contraception 2005 updated 2019 [Overview | Long-acting reversible contraception | Guidance | NICE](#)
- d) the College of Sexual and Reproductive Healthcare (FSRH) CEU Statement: [Contraceptive Choices and Sexual Health for Transgender and Non-Binary People](#)

(October 2017) [FSRH statement: Contraceptive Choices and Sexual Health for Transgender and Non-Binary People \(2017\) | FSRH](#)

- e) Pre-conception – advice and management [Pre-conception - advice and management | Health topics A to Z | CKS | NICE](#)

*Quality standards:*

As part of Clinical Governance Providers will be required to develop, implement, monitor and review the clinical quality of the Service that they undertake.

The Provider will:

- a) undertake a risk assessment to ensure adequate facilities and equipment are in place to deliver the Service and identify the resources available to support the Service.
- b) maintain appropriate systems for record keeping including patient assessment, follow-up/recall and an appropriate clinical record.
- c) have an approved complaints system in place; and
- d) regularly monitor access times.

## **5.2. Patient Safety Incident Response Framework**

See also Terms and Conditions

The [NHS England » Patient Safety Incident Response Framework](#) (PSIRF) is applicable to all providers.

## **5.3. Safeguarding**

All organisations have a duty under the Children Acts 1989 and 2004 to safeguard and promote the welfare of children and under the Care Act 2014 to safeguard adults with care and support needs who are at risk of harm and abuse. Providers must ensure compliance with national legislation and both Hampshire Children's Safeguarding Partnership (HCSP) and Hampshire Safeguarding Adults Board (HSAB). The requirements are set out in the terms and conditions.

5.3.1 Safeguarding in adherence with Terms and Conditions.

5.3.2 Young people under 16 should be assessed using Fraser Guidelines when accessing contraceptive advice and treatment.

Fraser guidelines

The Fraser guidelines apply specifically to advice and treatment around contraception and sexual health when speaking to a young person under 16 years old.

Using the Fraser guidelines

Practitioners using the Fraser guidelines should be satisfied of the following:

- the young person cannot be persuaded to inform their parents or carers that they are seeking this advice or treatment (or to allow the practitioner to inform their parents or carers).
- the young person understands the advice being given.
- the young person's physical or mental health or both are likely to suffer unless they receive the advice or treatment.
- it is in the young person's best interests to receive the advice, treatment or both without their parents' or carers' consent.
- the young person is very likely to continue having sex with or without contraceptive treatment.
- Fraser Competent is a term used to describe a child under 16 who is considered to be of sufficient age and understanding to be competent to receive contraceptive advice without parental knowledge or consent.

#### **5.4. Complaints**

The Provider is required to have a comprehensive complaints procedure and policy in place that complies with Part 5 of The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012. The Provider will share information, and any lessons learned relating to service user complaints with the Commissioner.

#### **5.5. Clinical Governance**

Clinical governance is an established system in the NHS and the independent healthcare sector to deliver and demonstrate that quality and safety of its services are of a high standard that is continually improving.

Commissioners are committed to improving the quality of clinical interventions through a systematic approach. The Provider and individual clinicians must take account of both formal and informal clinical governance structures.

The Provider and service should abide by local and national arrangements for clinical governance and reporting of incidences. A robust clinical governance framework should be developed and adhered to by The Provider.

### **6. Workforce**

#### **6.1. Available workforce and workforce planning**

Developing a competent workforce is crucial to ensuring a high standard of service delivery for service users.

The LARC service requires those who provide the Service to complete additional training as described by the College of Sexual & Reproductive Healthcare or the Royal College of Nursing.

Each provider is required to have at least one trained practitioner to provide the LARC service as detailed in section 2.2(b).

To improve access and ensure sustainability it is recommended that each provider has at least two trained practitioners and/or works with neighbouring practices to provide the Service for their patients if the trained practitioner/s is unavailable.

Each trained practitioner must be able to demonstrate that they are continuing to meet the professionally required minimum number of interventions to recertify their Letters of Competency.

The Provider's workforce planning will address:

- capacity and flexibility to respond to the likely pattern of demand; and
- appropriate grade of staff to provide the specified service, avoiding use of highly qualified staff for routine interventions

## **6.2. Training**

### **6.2.1 Long-Acting Reversible Contraception Training**

Providers must be trained in accordance with the College of Sexual & Reproductive Healthcare (FSRH) guidance.

The L3 Integrated Sexual & Reproductive Health Service is commissioned to provide education, training, support and networking opportunities for doctors and nurses providing sexual health services in Hampshire. There will be a practical training fee payable by the trainee or organisation employing them. Doctors, Nurses & Healthcare Professionals requiring training to provide the LARC service can access local training via [www.letstalkaboutit.nhs.uk](http://www.letstalkaboutit.nhs.uk).

Alternative training providers are available and information of these can be found via the training pathway on [www.letstalkaboutit.nhs.uk](http://www.letstalkaboutit.nhs.uk) or by emailing the service at [Educationadmin@Solent.nhs.uk](mailto:Educationadmin@Solent.nhs.uk).

Those providing the Service are required to ensure that all practitioners providing the Service have the required Letters of Competence for the fitting and/or removal in Sub-Dermal Implants (LoC SDI), Sub-Dermal Implant – Insertion and Removal (LoC SDI-IR), Sub-Dermal Implant – Insertion Only (LoC SDI-IO) or Sub-Dermal Implant – Removal Only (SDI-RO) and/or Letter of Competence in Intrauterine Techniques (LoC IUT) as per the College of Sexual & Reproductive Healthcare (FSRH) guidance.

### **6.2.2 Healthy Conversations (MECC)**

The Provider will actively seek opportunities to enhance the health and wellbeing of the population alongside delivering the core service. Service delivery should routinely incorporate evidence-based brief and very brief interventions to support residents in making healthier choices.

### **6.3. Business Continuity and Emergency Planning**

A business continuity plan and emergency planning and response arrangements must be in place.

## **7. Managing Delivery and Tracking Performance and Quality**

7.1 Activity must be reported quarterly to commissioners by report submission by email or via any other future data submission protocols as notified by the commissioner to the provider via intend.

This reporting will initially be via a quarterly LARC reporting template which will include the following information for each patient:

- a) Age Band
- b) Ethnicity
- c) Device Fitted
- d) Reason for Fitting
- e) Device Removed
- f) Reason for Removal
- g) Removed within 12 months: Yes/No

## **7.2. Service Development and Improvement**

7.2.1 The Provider will undertake an annual Health Equity Audit to ensure the Service is accessible for groups who may be excluded. This will inform whether referral and access are proportionate to need and responsive to priority groups. The results of the audit will form part of the Provider's improvement planning. The Equity Audit should include data related to Protected Characteristics.

7.2.2 The Service will seek the views of service users and people with lived experience, to ensure that services are effective and responsive to the changing patterns of need and will actively encourage participation from groups who face barriers to access and Inclusion Health Groups.

7.2.3 The commissioner may undertake review meetings which will take the form of announced periodic visits which (either in person or online) to the service and will meet the provider's representative(s). The provider shall supply additional monitoring information on these occasions if required by the commissioner. This will include information regarding service delivery, training needs and opportunities for shared learning and quality improvement. Additional visits may be required if there are quality or performance concerns identified.

## **8. Tariffs and Payments**

### **8.1. Tariffs and payments**

Tariffs will be published here [www.hants.gov.uk/business/procurement/PHPCS](http://www.hants.gov.uk/business/procurement/PHPCS) and reviewed annually. Any changes will be published on the webpage and providers will be informed by email to the address held on the agreement.

Payment will be made quarterly following submission of the quarterly LARC monitoring template to [hcc.publichealthhampshire@nhs.net](mailto:hcc.publichealthhampshire@nhs.net) (or via any other future data submission protocols as notified by the commissioner to the provider via intend).

Hampshire County Council is committed to supporting a competent and equitable workforce across the area. Requests for funding for LARC training will be considered on a case-by-case basis, taking into account local need and the availability of resources, including Public Health grant funding.

## **9. Climate Change, Equalities and Inclusion**

### **9.1. Climate Change**

9.1.1 The Provider should seek to operate in an environmentally sustainable way and minimise any adverse environmental impact it causes, with a clear strategy that works towards ambitions to deliver net zero carbon emissions.

### **9.2. Equalities**

9.2.1 The Provider must comply with the Equality Act 2010. The Service must be delivered in a non-discriminatory manner that promotes equality of access. This applies to both service users and staff. The Service must make reasonable adjustments to ensure accessibility for people with physical and learning disabilities and must also ensure the provision of interpretation and translation services where needed, such as foreign languages and British Sign Language. The Provider must have a clear and comprehensive Equality and Diversity Policy in place, demonstrating how equality and inclusion are embedded throughout.

### **9.3. Inclusion Health Groups**

The Service will be considerate to people in Inclusion Health Groups who are socially excluded and / or who typically experience multiple overlapping risk factors for poor health, such as poverty, violence, and complex trauma. This includes but is not limited to, people who will experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.

### **9.4 Trauma Informed Approach (TIA)**

This Service will adopt a trauma informed approach in line with national and [local guidance](#) and best practice. In particular, service providers should always use the TIA when supporting people who may have previous sexual or domestic abuse or trauma.

### **9.5 The Armed Forces Covenant**

The Service will be considerate to the Armed Forces Covenant, which is a promise from the nation to those who serve or who have served, and their families. The Service must ensure that, in accordance with the Armed Forces Covenant, those in the armed forces, reservists, veterans and their families are treated fairly and that they are not disadvantaged in accessing The Service.