



**Female
Veterans**

TRANSFORMATION
PROGRAMME

SELF-ASSESSMENT TOOL



HOW TO USE THIS QUALITY IMPROVEMENT SECTION

This self-assessment/quality improvement tool will support your service, organisation or business to think about what you need to do to better support female veterans. It will help identify where you are now, what you need to do to improve and how you can do this, in order to create an action plan. All organisations should look at the 'general' section but then you might choose specific sections appropriate to you i.e. a housing provider might look at the general and housing and homelessness section. We recommend that you read through all sections to make this decision.

When using these sections for quality improvement, we recommend conducting the self-assessment in partnership with anyone you work collaboratively with; this includes female veterans who may have a unique perspective you may not have thought about. The idea is for you to discuss areas of strength, areas of development and how you can create a plan that leads to lasting improvement. For each element you are asked to RAG rate where you think you are.

Don't forget to refer back to the main toolkit for resources to help you with your improvement journey and links to other services who can support you and female veterans you may work with

**RED**

We do not currently offer this (or have no evidence that we do) but would like to.

**AMBER**

We are less strong and/or we need further work in this area.

**GREEN**

We are strong in this area; we have evidence of good practice and gain regular feedback that this is an area of strength.

REMEMBER: Whilst it is important to have an awareness of the wider needs of female veterans, you do not have to be the expert in every area of support. Please ensure you always maintain your professional boundaries/scope of practice whilst appropriately supporting and signposting female veterans. Also, find out who your local experts are in order to provide the best possible support for women and use these sections as extra guides when needed.

Ultimately this is a tool to help you, so use it in a personalised way for your service or organisation and the female veterans you support.

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GENERAL

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We recognise that women also served and promote that within our service, organisation, business and community			
We ask all women 'Have you ever served in the British Armed Forces?' and record it where appropriate			
We understand what 'allyship' means and how this is important to and for female veterans See pg 12 of the toolkit for more information			
We have a better understanding of the needs of female veterans, and the impact military service can have on them See pg 9 of the toolkit for more information			
Where required and appropriate, we send staff on training to better understand the wider needs of female veterans See pg 57 of the toolkit for more information			
We offer a choice of a female worker for female veterans, where possible and appropriate as it is not always desired or appropriate			
We understand the Armed Forces Covenant - what it means and what it doesn't, to be able to support people and ensure appropriate expectations https://www.armedforcescovenant.gov.uk/			

GENERAL

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS – HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We work in a person-centred way, basing conversations on 'what matters' to the individual female veteran and what support will work best for them – including both veteran and civilian services See pg 15 of the toolkit for more information			
We collaborate and work in partnership with other services and organisations to provide the best support to female veterans – recognising that no one is the expert in everything and that no one service is appropriate for all female veterans			
When promoting services to veterans, we ensure we refer to the guidance in the communication infographic and use appropriate language and imagery See pg 14 of the toolkit for more information			
We refer to veteran specific services where appropriate, for example Op RESTORE, Op COURAGE www.nhs.uk/opcourage www.nhs.uk/oprestore			
Where appropriate we support female veterans to access relevant peer or community support – this could include setting up a staff network for those in the Armed Forces Community See pg 20 of the toolkit for more information			
Where appropriate and relevant, we provide 'safe spaces' for female veterans in line with the toolkit guidance See pg 16 of the toolkit for more information			
Where appropriate we are using the infographic resources and tools within the Female Veterans Toolkit to promote awareness, education and recognition of female veterans			

1 PHYSICAL HEALTH

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We refer to veteran specific services where relevant and appropriate, for example Op RESTORE, Defence Medical Welfare Service			
We have an awareness and understanding of the impact military service can have on the specific physical health of female veterans (e.g. specific musculoskeletal issues, hearing loss, combat injuries or trauma) and how to better support female veterans. If needed, we access training to educate staff on the specific needs of female veterans			
Where possible, we ensure continuity of care is provided i.e. when a woman leaves the military, she is able to get the relevant screening, support and care (pregnancy, lifelong health conditions)			
We have a good relationship with our Armed Forces Champion and use their expertise as and when required (NHSE)			

2 MENTAL HEALTH

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS – HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We understand the needs of female veterans and the impact military service can have on their mental health (e.g. culture of the military, struggling with a physical or combat injury, recalling traumatic events and experiences, either in person or through communication methods – having to listen to events take place i.e. combat PTSD, sexually			
Referrals to veteran specific services are offered where appropriate i.e. Op COURAGE			
Where possible, we provide continuity of care i.e. when a woman leaves the military she is able to continue whichever treatment or therapies she was accessing whilst serving			
We are aware of risk factors for female veterans of addiction to alcohol, gambling or substance misuse			
We understand that female veterans may be more likely to be undertaking extreme physical activity and not taking on adequate nutrition and therefore may be at risk of eating disorders			
We understand that although trauma can be a significant risk factor for eating disorders in female veterans, not everyone with an eating disorder will have a comorbid mental health condition and for many it could be affiliated to military culture or the same risk factors as civilian women			

3 BULLYING, DISCRIMINATION, SEXUALLY INAPPROPRIATE BEHAVIOURS INCLUDING SEXUAL ASSAULT AND RAPE

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We listen and validate women, ensure they are taken seriously, and supported in a way that works for them - going at their pace and putting them in control			
We ensure women have the choice of a female practitioner			
We ensure women have the choice of attending all-female support groups or having a mentor assigned to them for 1:1 support. If we cannot provide an all-female support group we know where to signpost to.			
We typically use the language of 'survivor' not 'victim', however note that person-centred approaches are best			
Where appropriate signpost to specialist support, (i.e. Sexual Assault Referral Centre – SARC, Rape Crisis, Salute Her)			

3 BULLYING, DISCRIMINATION, SEXUALLY INAPPROPRIATE BEHAVIOURS INCLUDING SEXUAL ASSAULT AND RAPE

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We provide services in a safe space* and understand what that means for female veterans who have experienced sexually inappropriate behaviours *A safe space differs from person to person so person-centred approaches should be taken.			
Sexually inappropriate language or 'banter', microaggressions, victim-blaming and body-shaming are challenged and deemed unacceptable within our organization			
Our organisational policies provide effective guidance should anyone disclose instances of bullying, harassment or sexually inappropriate behaviour including rape and sexual assault. All instances are dealt with effectively, putting the person at the heart of the process and comply with confidentiality			

4 ADDICTION

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We are aware of risk factors of addiction. (For example, alcohol, gambling or substance misuse for female veterans)			
We understand how family members' gambling issues can affect female veterans			
We understand the social factors in addiction & recovery, e.g. triggers, user networks, family			
We understand that isolation after service, especially during the initial transition period is a significant risk factor to addiction			

5 EMPLOYMENT & FINANCE

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
Be aware of specific issues that affect female veterans and employment/finance – caring responsibilities – children and family etc and the need to have flexible and part time options			
If appropriate refer women to appropriate employment support e.g. Forces Employment Charity and NHSE Step into Health.			
Be aware why there may be career breaks on CV's due to the gendered labour roles in the home. Support women to promote the skills they have gained whilst caring into employability skills			
We provide or advocate for mentoring/buddying opportunities for female veterans.			
We work to improve awareness of career support/training available to female veterans e.g. Forces Employment Charity.			
We recognise the impact of legacy policies relating to women's military service on financial and pension eligibility and refer to appropriate organisations i.e. Forces Pension Society			

6 HOUSING AND HOMELESSNESS

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We ask 'what is your living situation?' rather than 'are you homeless?' because women veterans are more likely to be without a home but staying with friends			
We ensure accommodation is suitable for the needs of the individual and the issues they face i.e. do they need female only provision, accommodation for children etc			
Identify your local Armed Forces Champion and Local Housing Authority contact to help female veterans navigate housing issues			
We consider the needs of single female veterans who are often low down the council housing priorities.			
We have a greater awareness of female veterans' needs amongst veteran housing providers			

6 HOUSING AND HOMELESSNESS

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
In accessing council housing, we recognise that military service may shape where a female veteran wants to live; not necessarily close to family and sometimes not a specified location			
We understand the Armed Forces Covenant what it means and what it doesn't and can manage the expectations of female veterans			
We try to accommodate female veterans in single sex accommodation, away from men / male veterans. We are aware of the risk of not only Domestic Violence but how female veterans may have been impacted by violence or sexually inappropriate behaviours including sexual assault and rape whilst serving			
We consider Commonwealth veterans who are unlikely to have local family to fall back on and confirm what their Right to Remain status is.			

7 LGBT+

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We are aware of the 'Gay Ban' and its adverse impact on female veterans' lives			
We ask 'Were you affected by the gay ban?' if they served before January 2000			
We can identify local services and partners who can provide expert support and advice to both your organisation and female veterans			
We have an awareness of Fighting with Pride's free Kitemark Scheme 'Pride in Veterans Standard' and undertake if possible			
We use inclusive language (for example, partner, children)			

7 LGBT+

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We promote the use of pronouns amongst our staff and beneficiaries and ask 'How would you like to be addressed?' or 'What are your pronouns?'			
We are aware of bias and have provided training or discussions surrounding this - we have reflected as an organisation on our behaviours			
If appropriate, provide or signpost to specific support to female veterans trying to come to terms with the impact of the bans, for example, by offering Women's only LGBT+ events and forums			
Be aware of your organisations EDI policy and review if necessary/ appropriate			

8 ETHNIC DIVERSITY

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS – HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
Our equity, diversity, and inclusion (EDI) policies are regularly reviewed and updated to reflect emerging evidence, lived experiences, and evolving best practice.			
We actively raise awareness of the specific needs and experiences of female veterans from ethnic minority backgrounds through internal education and external advocacy.			
Our communications – including imagery, messaging, and campaigns, visibly reflect ethnically diverse women and are co-designed or informed by those with lived experience, avoiding tokenism.			
We deliver ongoing training or structured dialogue to identify, challenge, and unlearn stereotypes and biases , particularly those relating to race, gender, and military identity.			
We have a strong organisational understanding of microaggressions and inclusive language , and we actively challenge non-inclusive behaviours.			

8 ETHNIC DIVERSITY

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS – HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We recognise the cultural diversity among female veterans, including the distinct experiences of Caribbean, Fijian, African, and other ethnic groups, and tailor our approaches accordingly.			
We understand that many female veterans from ethnic minorities are more likely than their white counterparts to practise a faith, and we respect and accommodate religious and spiritual needs.			
We are aware of the immigration challenges faced by Commonwealth female veterans, including barriers to securing Indefinite Leave to Remain (ILR), and we advocate for policy change where necessary.			
We understand that female veterans without indefinite leave to remain (ILR) may be at heightened risk of exploitation , including modern slavery , and we have safeguarding measures in place.			
We actively integrate considerations of culture, religion, race, and ethnicity into our safeguarding protocols for female veterans, ensuring culturally competent and trauma-informed care.			

9 FAMILY LIFE

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We have an awareness of the disproportionate impact of caring responsibilities on female veterans (including as a reason for leaving) and their ability to access veteran support			
We recognise that caring is a positive choice for many women and provide appropriate support for that decision			
We understand why there may be career breaks on CV's due to the gendered labour roles in the home. We support women to promote the skills they have gained whilst caring into employability skills			
We understand that the caring duties can be for children, or other family members such as elderly relatives, a veteran spouse with complex health needs, or a friend. We signpost and support appropriately.			
We understand that moving into a caring role straight from transition from the forces means the individual is at risk of loneliness and isolation			

9 FAMILY LIFE

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We support people to better understand the benefits system around caring			
We provide information on childcare and SEND if required - or know where to signpost to			
We work collaboratively with existing services and help women navigate these			
We signpost to Bereavement services, particularly if the bereavement is service related			
We provide guidance or signposting on re-integration for families who have been separated and are aware that children may have attachment issues due to parents' previous deployments			

10 THE JUSTICE SYSTEM AND THE LAW

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We ask the individual 'Have you ever served in the British Armed Forces?', when initial contact is made with the justice system (at every contact and data gathering point e.g. arrest, custody suite, interview, probation, prison reception).			
We recognise that the majority of female veterans in the CJS may not be in custody but may still be subject to the criminal justice system and have applied this knowledge to our service provision.			
We have surveyed our staff to establish which have served themselves or come from service families in order to identify those best positioned to engage meaningfully and 'speak the language'			
We offer Veterans in Custody Support Officers (ViCSO) in our women's prisons			
We understand the differences between military justice system and the civilian justice system			

10 THE JUSTICE SYSTEM AND THE LAW

WHAT GOOD LOOKS LIKE?	CURRENT RAG LEVEL	EVIDENCE AND METRICS - HOW DO YOU KNOW YOU ARE	ACTIONS WE NEED TO TAKE TO GET TO GOOD
We signpost individuals to relevant support services when we have identified that they are a female veteran. i.e. Op Nova			
We provide veterans awareness training to all staff likely to be in direct contact with or supporting female veterans.			
We understand and have taken action to meet the specific needs of female veterans, especially in their transition from custody through the gate, or from probation to no more supervision/support			