

# Strategy

## Our strategy for delivering veteran rehabilitation.

You can view it on this webpage or the official strategy document as a PDF.

 [The Veteran Rehabilitation Strategy, 2018-2021 \[PDF, 3.6 MB\]](http://va.cwp.govt.nz/assets/Corporate/The-Veteran-Rehabilitation-Strategy-2018-2021.pdf)  
(<http://va.cwp.govt.nz/assets/Corporate/The-Veteran-Rehabilitation-Strategy-2018-2021.pdf>)

## Message from the Minister for Veterans, Hon Ron Mark

How a society treats its veterans is a measure of that society. In New Zealand, we recognise that those who have put their lives on the line for our country deserve not only our gratitude and respect but also our support and assistance.

The Veteran Rehabilitation Strategy is a major initiative for delivering this support. It takes a new approach to making available modern, targeted, and high-quality rehabilitation to those who have been injured or made ill because of their service to New Zealand.



I am not alone in advocating that our veterans should receive the best possible support. For Veterans' Affairs, advocating for veteran rights, and ensuring that these are delivered, is their bread-and-butter business, and something they do every day. But this strategy recognises that there are a lot of other agencies which can—and should—advocate and deliver for veterans as well. And it also recognises that the families and whanāu of veterans who have been injured or become ill because of their service need and deserve our support.

While Veterans' Affairs leads this strategy, I am pleased to note that it has consulted closely on all aspects of it with other interested parties. This shared understanding of what is needed to make the strategy work, and the shared commitment of so many organisations to playing their part in helping Veterans' Affairs to deliver it, is the real underlying strength that the strategy is able to offer.

As Minister for Veterans, I welcome this new approach and the principles on which it is built. I am looking forward to seeing the difference it will make to the lives of our veterans.

## Foreword from the Head of Veterans' Affairs, Bernadine Mackenzie

At its simplest, rehabilitation is about helping a person who has suffered an injury or illness to restore lost skills and regain maximum self-sufficiency.

But doing this well is something that's a lot more complex. When we work with veterans to help them rehabilitate, our starting point is an understanding of their experiences of military service.

We acknowledge that each individual is a whole person and not just a bundle of conditions that need to be treated. And we have to be conscious of what works for the veterans themselves, and not simply impose what we think is best. This means taking a new approach. We know we'll have to work hard to make this happen. And we are committed to doing that work.

A lot of people have assisted Veterans' Affairs as we have developed this strategy. While I'm proud to present it as a guide for the work of our organisation, I recognise that it has been built through the energy and commitment of many different people and agencies. For almost a year, we have been talking with veterans and their representative bodies; with Government departments; and with non-Government organisations. Together they have helped us to bring to life what the Veterans' Support Act envisaged when it was passed in 2014.

We now have a strategy with a strong focus on vocational and social rehabilitation. We also have a clear aim. We want to help restore the independence of those who have been injured or made ill by their service to the maximum possible extent.

A plan of action has been developed, covering the next two years, and this will sit alongside the strategy. It identifies the key issues we need to address and how we will track and measure the changes.

The veterans of New Zealand deserve the best, and that is what we want to give them. We know this is a big commitment—and we're looking forward to working with our partners to deliver on it.

## Acknowledgements

Veterans' Affairs thanks the following organisations and their representatives who took part in Round Table discussions between April 2017 and March 2018 as this strategy was developed.



## **Veterans' support organisations**

- The Royal New Zealand Returned and Services' Association, and
- No Duff Charitable Trust.

## **Government departments and agencies**

- ACC
- Ministry of Health
- New Zealand Police
- Workbridge, and
- colleagues in the New Zealand Defence Force.

## **Non-government organisations:**

- The Australasian Services Care Network
- Green Cross Health
- New Zealand College of General Practitioners
- Ranfurly Veterans' Trust
- Rannerdale Trust, and
- University of Otago (Wellington).

We thank you all for your input and insights—and for the care and concern that you show for New Zealand veterans.

## **Introduction**

**Veterans' Affairs New Zealand supports those whose service in the New Zealand armed forces has put them at significant risk of harm.**

Some of the veterans who receive services from Veterans' Affairs may still be in the New Zealand Defence Force, while others will have moved on to start new lives. Many made sacrifices to help keep New Zealand free and safe; and some were injured or made ill through their service.

At Veterans' Affairs, we've been managing delivery of support since 1999. This rehabilitation strategy marks a change in the way we go about our business. It was

heralded by the passing of the Veterans' Support Act in 2014. The new Act replaced the War Pensions Act of 1954 which had emphasised financial support or pensions as a way of recognising service. The new legislation made it possible to focus on offering rehabilitation—and this can help to change lives.

The new approach is designed to give practical support and assistance to the men and women who need it, so they can be well and independent, and achieve the best that they can for themselves, their whānau, and their communities.

The strategy puts the veteran at its centre; but it also recognises that it cannot focus on that person alone. Each veteran is part of a social setting or group, and these may be many and varied. They include blood-related or blended families; the wider whānau or community; a partnership; or one or more friends. Or the social group might be, as it often is in the military, a group of workmates who have shared experiences, and who know and care about each other. The strategy recognises that strong and caring support networks are vital to any rehabilitation programme. It also recognises that a service-related injury or illness can have effects which go beyond the veterans themselves. Families or others who can support the veteran and help their recovery and the rebuilding of their lives, may themselves need support to do so.

Veterans' Affairs is not a service provider. Instead, we facilitate the provision of services by others. We work alongside a number of government agencies and non-government organisations to achieve the best possible results. Not everyone can offer everything; and one provider might be more appropriate for a particular case than another. Clear signposting, directing veterans and their families to where help can be found, is part of the strategy.

Some key initiatives have been developed from our strategy. They focus on rehabilitating and supporting veterans to recover and rebuild from service-related injuries or illness.

The approach is holistic. It needs and uses knowledge and skills available throughout the community, and in a number of organisations. It encourages working together in strong partnerships, and using new approaches.

The aim is to provide seamless and effective support for veterans that will improve their health and well-being. In this roadmap, we set out the areas we'll focus on, and the actions we'll be taking take to make the strategy real and effective for the men and women who need the support that it offers.

We'll be guided throughout by three principles. We believe that:

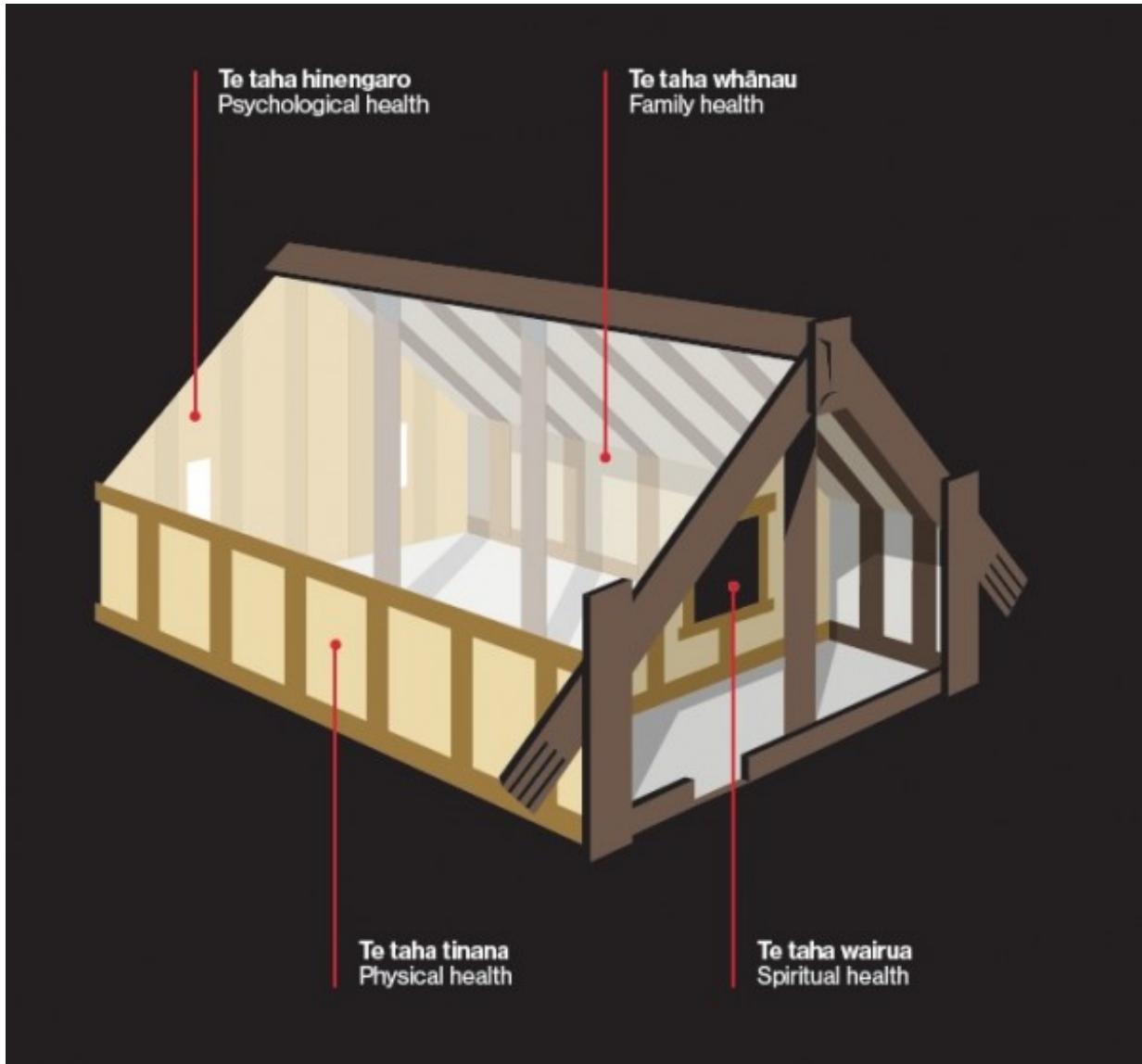
- the needs and views of veterans matter, and they need to be at the heart of what we do
- the health and well-being of a veteran's family, or wider whānau, matter; and

- the full range of a veteran’s needs—physical, psychological, spiritual and cultural—should be recognised.

## The Strategy Framework

The Māori health model, Te Whare Tapa Whā (Mason Durie, 1982), illustrates the four elements of support on which this strategy is based.

It shows a wharenui, with strong foundations, and four equal sides. These illustrate the four dimensions of wellbeing.



Should one be missing, or in some way damaged, a person may become unbalanced and unwell.

The model includes the wairua (spiritual and cultural health—the capacity for faith and wider communication), the role of the whānau (the capacity to belong, to care and to share), and the balance of the hinengaro (mind—the capacity to communicate, to think and to feel, with mind and body inseparable). These are as important as the tinana, or physical health. In this model, the physical dimension is just one aspect of health and wellbeing. It cannot be separated from the aspects of mind, spirit, and family. The veterans’

rehabilitation strategy is based on that understanding.

## Strategic Context

### Who are the veterans?

There is no one definition of the term "veteran", and the word is often used broadly—sometimes to refer to any person with a long tenure in any profession. Even in the defence-related context, the meaning can vary. It might be used to describe those who have served in the forces overseas—or sometimes to cover anyone who has served in any uniformed capacity, in navy, army or air force. The definition in the Veterans' Support Act is narrower. It refers to those who have had any service in the New Zealand armed forces before 1 April 1974, and those with qualifying operational service after that date. These are the people who Veterans' Affairs is able to provide services and support to.

The definition of qualifying operational service covers service for New Zealand in the armed forces at a time of war, or in deployments overseas where a ministerial declaration has confirmed that those taking part could have been at significant risk of harm. If these people have been injured, or become ill because of their service, Veterans' Affairs supports them to improve their health and quality of life. We estimate that around 30,000 veterans in New Zealand could be eligible for our services. Not all will seek or need rehabilitation support, but many will at some point in their lives.

How people see a “veteran” depends on a lot of factors, historical, cultural, and social as well as individual. A common stereotype is that of an elderly person, usually male, someone who saw combat many years ago, perhaps in the Second World War, Korea, Malaya, Borneo, or Vietnam, and perhaps as part of a conscript force. The reality is that an increasing number of veterans have served in the New Zealand Defence Force after 1974. Their experiences are probably very different from those of their veteran parents or grandparents. These younger veterans may have had multiple deployments in many different parts of the world. They may have been combatants, or faced the challenges of peacekeeping in a war zone. They are often young and highly trained, and have come out of service with their lives ahead of them. Some are reservists; and many more women are now amongst those who have served.

### Service-related illnesses and injuries are not all the same

Physical injuries may be visible and easy to identify. But not all injuries or illnesses are physical. International literature suggests that up to one-sixth of those who go on deployments could have some form of long-term mental illness because of their experiences. Mental illnesses or injuries that are related to service include post-traumatic stress disorder or injury, anxiety, depression, alcohol or substance use disorders, emotional disconnection, or other adjustment disorders. These problems can occur singly or in combination, and could have both psychological and physical symptoms.

This strategy recognises the variety of injuries our veterans may have, and how these

show up. It aims to provide opportunities for all those affected through their service to rebuild their lives, perhaps return to work, and to use their skills and experience to benefit themselves, their families, and the wider community.

### **Rehabilitation can be many different things**

For a person with a physical injury, rehabilitation could be help from a health practitioner, such as a physiotherapist, to regain lost function, or lessen permanent impairment. Those who are dealing with psychological or mental health issues might find that counselling or medical treatment, or a combination of the two, might help them to get their lives back on an even keel. For a person wanting to be as independent as possible, or to return to employment, or find different employment, the focus may be on social or vocational rehabilitation.

The Veteran Rehabilitation Strategy covers all of these areas. It provides a pathway along which veterans who need rehabilitation services will be guided. There are gateways or access points at all stages, leading them to the most appropriate services from a variety of agencies and organisations.

For some veterans, their first point of contact will be Veterans' Affairs, and from there they can be directed to whatever services would suit them best. Others might access services for the first time in other ways. They could come to the pathway through their GPs. They might be referred through veteran advocate groups, like the Royal New Zealand Returned and Services' Association, or the No Duff Charitable Trust.

The strategy aims to make sure that multiple access points are available, that they work, and that—once on the pathway—veterans can find the support that they need.

Those taking the pathway will, in the main, be younger men and women, but it caters equally well for older veterans. Those who served in the Second World War, Korea, Malaya, or Vietnam, might have illnesses or injuries that were not immediately apparent, or might have coped with them for many years. They might have come to a stage in their life where they now need support to deal with these problems.

This strategy takes a whole-of-life approach. It can deliver services at whichever point in the life cycle they are needed.

When it is done well, rehabilitation can transform lives. Working with someone to overcome the effects of an injury or illness is only one part of this. The strategy also recognises the importance of whole-person all-of-life rehabilitation. It takes account of a person's family and whānau; it makes possible community participation and inclusion; and it promotes a return, where this is appropriate, to sustainable work.

Achieving these aims requires a change in approach from what has gone before.

**This rehabilitation strategy is**

## More about

**The veteran and the support groups they are part of**  
when both are involved, an outcome can be stronger and more sustainable

### Care

making sure veterans in need can navigate the support and services available

### Independence

the ability to adapt to changing environments and situations

### Support

whether it be financial or other services

### Restoration

focusing on the capacity to reach the best possible state

### Contribution and belonging

in the home, community and society

Career options empowering veterans to gain vocational independence, and improve their quality of life

## Less about

**The veteran alone**  
as the only person considered part of the rehabilitation process

### Dependence

encouraging reliance on an organisation for support

### Help

aiding a “sick” veteran

### Payments

to compensate for impairment

### Treatment

focusing on injuries, illnesses and conditions

### Social Rehabilitation

to support everyday living activities

**Vocational Rehabilitation** to help with keeping or returning to employment

# The strategy is shaped around four themes

## Theme 1: Support will be veteran-centric

The strategy aims to give veterans a voice. Their needs are placed firmly at its heart. We recognise that meeting those needs is best done by working with veterans and their families and whānau to achieve optimum health and wellness.

## Theme 2: We will be trusted supporters

We will be trusted to navigate with and for veterans the support networks and services available to them. We will operate with integrity and deserve the trust of those we work

with.

#### **Theme 3: Support will be integrated**

We will work to ensure that the systems that offer rehabilitation and support services to veterans and their whānau are integrated, through data collection, information sharing, co-design, and service delivery.

#### **Theme 4: We will be collaborative supporters**

We will work to build a positive culture in the relationship between veterans, their whānau, other government agencies, NGOs, Māori/diversity representatives, educational institutions, and all professional services that work with veterans.

## **Theme 1: Support will be veteran-centric**

Veterans who need rehabilitation can do more than just passively receive and use the services available to them. This strategy offers them a role in shaping those services, and identifying improvements that could be made to them. It encourages them to be active participants in improving their own lives.

**"I want to be in the front seat, not bumping around in the tray of the ute."**

It's important that this happens because the needs that have to be addressed are often complex. Many veterans have gone through experiences which others in the community never have, and would find hard to understand. Without veteran input, those who plan the treatment and services could end up being well wide of the mark, no matter how well-intentioned they may be. When veterans are part of the process, the services that are put in place can be much more relevant and meaningful.

The strategy recognises that veteran involvement when services are being designed, and their feedback over the next two years, will help to make its aspirations realistic, and its goals achievable. Our work plan provides opportunities for feedback, both formal and informal, so that what a person is offered, and how that is delivered, will work for them as it should.

The aim is to encourage engagement, because without that, rehabilitation will never succeed. It can't be forced on someone who doesn't want it. The strategy also recognises that Veterans' Affairs is not the only place that needs to understand veteran experiences and veteran needs. It aims to foster this understanding in all those who might be called on to provide veterans with rehabilitation services, including primary healthcare professionals and support providers.

## **Our Theme 1 aspiration**

Rehabilitation services and support will be veteran-centred, holistic, and culturally appropriate.

### **What we want to achieve:**

- the right support given at the right time by people with the right skills
- services that take into account veteran needs and the issues they and their whanau face, and that allow them to be active in determining their own rehabilitation
- services that incorporate veteran feedback
- rehabilitation that takes account of cultural needs
- services based on evidence, and best national and international practice.

### **We'll know we've succeeded when:**

- rehabilitation services recognise and provide for the needs, preferences, and experiences of the veteran
- veterans receiving the services report that they feel equal partners in the development and assessment of their rehabilitation
- those delivering the services understand veteran issues and are culturally competent in their approach.

## **Theme 2: We will be trusted supporters**

People are unlikely to access and use services that could help them if they don't know about them, don't understand them, or don't trust those who offer and provide them.

One plank of our strategy is therefore designed to ensure that veterans can interact with us, at all stages along the rehabilitation pathway, in a way that is simple, straightforward, and positive. The aim is to build confidence and trust that those who offer or provide services are caring, knowledgeable, and honest professionals.

Creating an environment of trust needs work in a number of areas. It requires that accessing the system be made easy. At the most fundamental level, those who need what it can offer must know it exists. While this sounds simple and straightforward, it isn't always so in practice. The next challenge is finding what, amongst all that is available, is going to help the most.

Everything that can help will probably not be found in just one place. From the viewpoint of the person needing services and not knowing what to get, or how to get it, the system can seem confusing, unhelpful, and frustrating. It can be made easier if well-informed people are there, who can act as sign-posts, and show the way through the maze. They can show what is available and where, and what could best meet the needs of individual veterans and their families.

This is particularly important for those with mental health issues. They may feel reluctant, or even ashamed, about acknowledging that help is needed. If finding or accepting help is difficult, or the process feels uncomfortable or unwelcoming, then those who need help the most might avoid those who could offer it, and fall between the cracks. The mental health pathways that will be created as part of the work of this strategy recognise and address this risk.

Once a person qualifies for Veterans' Affairs support, it will be available, when it is needed, throughout their lifetime. The importance of strong and trusting relationships with those who can provide that support on what can be a long-term or recurring basis, is critical. This is particularly so with the main point of contact each veteran has, the Veterans' Affairs case manager.

A veteran who needs help with personal or stressful matters has a right to expect professionalism, empathy and understanding from those with whom they deal. The strategy recognises this, and the initial work plan places emphasis on staff development and education. The aim is to make sure that veterans who come through the Veterans' Affairs gateway to access rehabilitation services will feel confident, comfortable, and able to trust those who are there to help them.

**Our theme 2 aspiration:**

Veterans trust that those who provide their rehabilitation services acknowledge and understand their experiences, can navigate support service networks, and will act with honesty, compassion, and integrity.

**What we want to achieve:**

- a high level of knowledge amongst eligible veterans about Veterans' Affairs and the rehabilitation support that it offers
- a high level of confidence from veterans needing assistance that those offering services will be responsive, knowledgeable, and supportive of their needs.

**We'll know we've succeeded when:**

- rehabilitation services are accessible and veterans trust what they offer
- veterans needing the services are confident they will be guided effectively to those likely to help them achieve good outcomes
- those delivering the services are approachable, knowledgeable, and have a good understanding of veteran needs.

## **Theme 3: Support will be integrated**

While Veterans' Affairs can guide veterans to the support that they need, and can fund that support, there are others in the community who are the providers. The strategy recognises

that systems offering rehabilitation services to veterans need to work effectively together.

## "I only want to tell my story once."

All parts—facilitators and providers—need to understand and accept their own and others' roles, functions, and responsibilities, and how these mesh together. When this happens, the veterans needing rehabilitation can be confident they will be offered the most appropriate support from what is available, and they will access it from the most appropriate provider, and in the most effective order.

There are two major areas of work that the strategy needs to address under this theme. One involves the effective management of information. The second deals with the smooth transition of a veteran, when the time comes, from military to civilian life. The two are closely related.

Collecting, integrating and sharing information is always challenging. It needs to be done well if this strategy is to work effectively. Keeping data locked away in silos, where it can only be accessed by the agency collecting it, prevents services from integrating properly, forces veterans to “start again” with each new provider, and limits how successful rehabilitation can be.

The strategy aims to find ways to share information so that veterans can receive better services, while managing their very real concerns about confidentiality.

Sharing information, with proper safeguards in place, can also mean more data is available for research and analysis, which can in turn lead to better, more evidencebased treatment options becoming available. The value of information—and the problems when it is not shared—can be seen most clearly when veterans leave the armed forces and move into civilian life.

The health care provided by their employer during their service, sometimes for many years, is no longer available. Finding an alternative from an unknown source can be daunting and confusing. GP practices often have long waiting lists—and until a patient is accepted into a practice, the costs of consultations may be prohibitive. Finding a healthcare provider who understands a veteran's armed forces background, and how their service may have affected their lives and those of their families, is not always easy.

One of the big challenges this strategy aims to address is the effective management of this transition. When done well, relevant information that has been built up about a veteran during the course of their service is not lost, but can be passed on to their civilian healthcare provider. A related challenge is making sure that civilian providers, in particular those in GP practices, understand enough about veterans, and the context of their service, to be able to seamlessly pick up and manage their care when it is transferred from the

Defence Force.

#### Our theme 3 aspiration:

Veterans in need will have access to an integrated, structured, comprehensive, and coordinated rehabilitation programme, with health services in the public system and the New Zealand Defence Force closely aligned.

#### What we want to achieve:

- seamless transition from military to civilian health and wellness support
- informed support services and health practitioners who understand veterans and their needs
- effective information collection, sharing, and analysis within agreed and secure parameters.

#### We'll know we've succeeded when:

- rehabilitation services are accessible and veterans trust what they offer
- veterans needing the services feel that all parts of their rehabilitation programme work together, and take them towards a goal that everyone understands
- those delivering the services have a good understanding of veteran needs and how what they can offer is part of an integrated whole.

## Theme 4: We will be collaborative supporters

International literature shows that multi-agency approaches meet the needs of individuals most effectively. The veteran situation is no different.

Many organisations and agencies have roles to play in helping veterans to successfully rehabilitate. There are government and non-government bodies, professional groups, and volunteers. Each has strengths and specialisations.

Whenever a number of groups work in the same areas, there are risks of silos remaining (or developing), overlapping services, or failure to understand where others could make a useful contribution.

Avoiding this requires hard work, planning, and focus. Collaboration is one of our key pillars because, without commitment to working together by all who have a part to play in this work, the strategy will not achieve its aims.

The one-team approach means facilitators and providers need to understand the scope of what each does, agree on objectives, commit to working together to achieve them, support each other, and share good practices and innovation.

This calls for an approach which hasn't previously been used in the veteran support

sector. For this reason, the objectives in the first year of the strategy will involve setting in place some strong underpinnings for closer working relationships.

**Our theme 4 aspiration:**

Veterans' rehabilitation is delivered by one cross-sector team, sharing knowledge, best practice, and innovation.

**What we want to achieve:**

- better cross-sector knowledge about the issues that veterans and their whānau face
- agreement about the goals of the rehabilitation strategy
- an infrastructure that facilitates talking and sharing amongst all those who have a part to play in supporting veterans with rehabilitation.

**We'll know we've succeeded when:**

- rehabilitation services are accessible and veterans trust what they offer
- veterans needing the services report that they feel all parts of their rehabilitation programme work together and take them towards a goal that everyone understands
- those delivering the services share innovation and best practice freely and openly with each other and are all focused on getting the best possible outcome for veteran clients.

## **The work that will make this strategy a reality**

Veterans' Affairs has prepared a detailed work plan for the most critical actions which are needed in the first two years of this strategy.

These actions will begin to tackle some of the big issues the strategy has identified.

It will focus on the need to work with, rather than for veterans; to pre-empt possible problems by making sure that transition in care from military to civilian life is smooth and seamless; and to help others who offer rehabilitation services become aware of how the experiences of veterans may have impacted on their lives and those of their families. There will be work to develop strong cross-sector relationships so that veterans who need rehabilitation can fit easily into a system which is working for them, rather than something that they have to struggle to access and where they have little choice about how what they need is going to be delivered.

The work plan is, as it must be, a living document. It will change as one objective is reached and another can take its place.

The most recent rehabilitation strategy work plan is published online.

Rehabilitation Strategy Work Plan (<http://va.cwp.govt.nz/about-veterans-affairs/our->

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