

He waka eke noa | Stronger Together

A national system for the wellbeing and readiness of Aotearoa New Zealand's Defence, veteran and emergency-service communities

This report is an independent sector needs assessment prepared to support Ministerial and senior sector discussion. It is not a formal government policy paper, Cabinet paper, agency position or systematic research review. It draws together available evidence, sector mapping and consultation findings to identify system-level issues and practical options for national stewardship, evidence infrastructure and coordinated action. The report recognises the commitment and capability already present across agencies, providers, communities and lived experience networks. Its focus is not to rank organisations or to judge the performance of leadership. The core finding is structural: many actors carry part of the responsibility, but no enduring mechanism is accountable for whether the whole system works coherently.

4 August 2026 | Independent sector needs assessment

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Authorship

The authors consist of Dr Henry Bowen (HB), Daniel Nair (DN), Patrick Allington (PA), Rajiv Chand (RC), Paul Flynn (PF), and Rebecca Nelson (RN). HB led the needs assessment and wrote the report. PA served as the primary editor and provided substantial critical review. DN, RC, PF and RN contributed strategic oversight, sector expertise and critical commentary throughout the report's development. All authors reviewed and approved the final report. HB, PA, DN, RC and PF are affiliated with The Hospital Research Foundation Group – Military and Emergency Services Health Australia (THRFG–MESHA); RN is affiliated with Te Kiwi Māia (TKM).

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Declaration of interests

The authors declare no financial or commercial interests that could reasonably be perceived to have influenced this report. HB, DN, PA, RC and PF are affiliated with The Hospital Research Foundation Group – Military and Emergency Services Health Australia (THRFG–MESHA), and RN is affiliated with Te Kiwi Māia (TKM), which collaborated in convening and facilitating the consultation forums. These affiliations and contributions are disclosed for transparency. The findings and recommendations reflect the authors' independent synthesis of the available evidence and consultation findings and do not necessarily represent the official position of any participating organisation, government agency or service.

Key terms and acronyms

Term	Meaning in this report
Aotearoa New Zealand	The national context and jurisdiction addressed by this report.
Centre of excellence	The proposed scientifically and evaluatively independent function responsible for maintaining the evidence base, developing shared standards, evaluating programmes and mobilising knowledge into policy and practice.
Co-design	A collaborative process in which the people affected by a policy, service or system share meaningful influence over its design, implementation and evaluation.
Current and former personnel	People presently serving, employed or volunteering within the included communities, and people who have subsequently left those roles.
Data sovereignty	The right of people and communities to exercise authority over how data concerning them are collected, governed, accessed, interpreted and used.
Desktop review	A structured review of publicly available research, grey literature, policy, strategy, legislation, organisational documents and service information.
Emergency-service communities	Career and volunteer personnel, former personnel and whānau connected with police, fire and emergency, ambulance and paramedicine, corrections, search and rescue, surf lifesaving, civil defence and related response services.
Equity	Fair access, experience and outcomes, recognising that different populations may require different resources, pathways or forms of support.
Evidence-informed	Guided by the best available research, operational evidence, evaluation, professional expertise and lived experience, while accounting for context.
Federated system or architecture	A coordinated model that connects stewardship, evidence, standards and accountability while preserving the distinct identities, responsibilities and delivery pathways of participating services.
Fragmentation	A system condition in which responsibilities, funding, information and services are distributed across organisations without sufficient coordination, shared visibility or overall accountability.
Grey literature	Evidence produced outside conventional academic publishing, including government reports, organisational strategies, reviews, evaluations, policies and operational documents.
Independent stewardship body	The proposed statutory entity responsible for national direction, shared outcomes, coordination, financial visibility, equity, public reporting and independent advice to Ministers.
Iwi	Māori tribe or large kinship grouping.
Kaupapa Māori	An approach grounded in Māori values, knowledge, priorities and ways of working, with Māori authority and aspirations at its centre.
Knowledge mobilisation	The active process of making evidence accessible, relevant and usable, and supporting its adoption in policy, services and operational practice.
Lived experience	Knowledge developed through direct personal or whānau experience of service, volunteering, transition, injury, distress, recovery or engagement with support systems.
Minimum dataset	An agreed set of consistently defined information collected across participating organisations to support comparison, coordination, evaluation and public accountability.
National readiness	Aotearoa New Zealand's capacity to sustain defence, emergency-response and public-safety functions, including the availability, health and capability of the people and whānau on whom those functions depend.
Postvention	Coordinated support provided after a suicide or suspected suicide to reduce further harm and support affected individuals, whānau, workplaces and communities.

Programme	The preferred New Zealand English term for an organised intervention, service or series of activities intended to achieve defined outcomes.
Psychosocial safety	The extent to which work-related psychological and social hazards—such as excessive demands, fatigue, poor support, bullying, harassment or low organisational justice - are prevented and managed.
Rapid review	A streamlined and systematic method of identifying and synthesising research evidence within a shorter timeframe than a full systematic review.
Reciprocity	The principle that people who accept unusual risks and disruption in service to the country, and the whānau who sustain them, should receive appropriate and dependable support in return.
Service communities	The collective military, veteran, emergency-service, volunteer, former-personnel and whānau populations within the report's scope.
Stewardship	Responsibility for guiding and assuring the performance of the overall system, including setting direction, aligning actors, monitoring outcomes and addressing cross-boundary gaps.
Surge capacity	The ability of a workforce or service to expand or sustain its response during emergencies, disasters or periods of unusually high demand.
Tangata whenua	Māori as the Indigenous people of Aotearoa New Zealand; literally, “people of the land”.
Transition	Movement out of military, emergency-service or volunteer service, including preparation for departure and adjustment to post-service life.
Warm referral	A supported transfer to another provider in which contact and relevant information are actively shared, with consent, rather than leaving the person to navigate the next service alone.
Whānau	Family and wider networks of kinship, care, belonging and mutual responsibility; broader than the immediate household.
Whānau sustainability	The capacity of whānau to maintain wellbeing, relationships, employment, caregiving and other responsibilities while supporting a person engaged in or transitioning from service.

Acronym	Meaning
ACC	Accident Compensation Corporation
EAP	Employee Assistance Programme
FENZ	Fire and Emergency New Zealand
HRC	Health Research Council of New Zealand
MEDLINE	Medical Literature Analysis and Retrieval System Online
MESHA	Military and Emergency Services Health Australia
NZDF	New Zealand Defence Force
PsycINFO	American Psychological Association database of psychological literature
THRF Group	The Hospital Research Foundation Group
TKM	Te Kiwi Māia

Executive summary

Purpose of this assessment & decisions sought

This independent sector needs assessment invites Ministers to:

1. note its findings on the wellbeing and readiness needs of Aotearoa New Zealand's military, veteran and emergency-service communities
2. note that the current system contains significant strengths, but lacks an enduring steward, shared outcomes, financial visibility, common data standards and independent evaluation infrastructure
3. agree in principle that officials should explore options for an independent national stewardship function and a national centre of excellence
4. invite officials to report back with costed institutional options, including statutory and interim models, implementation sequencing, fiscal implications and consultation requirements.

The report recommends agreeing the required functions first, then testing institutional options against independence, authority, durability, Te Tiriti partnership, access to data, cost, avoidance of duplication and public accountability. It considers an independent Crown entity the strongest available model for the stewardship function, while recognising that final institutional form is a matter for government.

Aotearoa New Zealand has a strong foundation of relational, community-led and preventive support for military, veteran and emergency service communities, but isolated good practice does not yet form a dependable, equitable national system. This report calls for independent stewardship and a centre of excellence to connect evidence, lived experience, investment and action - strengthening wellbeing, accountability and the readiness of the people and whānau who serve Aotearoa New Zealand.

Aotearoa New Zealand is investing in equipment, infrastructure and operational capability to prepare for a more contested and disrupted future. For example, funding for the New Zealand Defence Force (NZDF) for 2023-2026 is approximately \$12b, including \$9b of new funding (exclusive of funding for personnel salaries). The Budget 2025 included \$480m over four years to support frontline police services. However, these and other agency investments will not deliver readiness unless the people who operate those systems - and the whānau who sustain them - can remain healthy, capable and available for service. People are critical national infrastructure.

The assessment draws on two sector surveys and consultation forums involving 140 people from 35 organisations; a rapid review and desktop review of 174 New Zealand-specific research, policy, strategy, legislative, framework, evaluation and report sources; and a map of 100 publicly visible organisations, programmes and services. The desktop review identified substantial activity and capability. Consultation participants also described committed agencies, providers, community organisations, leaders and personnel doing valuable work. Across these sources, however, responsibility and funding were distributed across portfolios, employers, compensation and health systems, charities, researchers and communities, without an enduring steward accountable for how the whole system performs.

The assessment does not claim to provide a statistically representative population study or a complete national directory of services. The research base includes both contemporary and older foundational studies, and coverage is uneven across populations. Its value is that multiple sources point in the same direction: existing activity is substantial, but evidence, funding, data, access and accountability are not organised as a coherent national system.

Survey respondents and forum participants repeatedly identified occupational exposure, fatigue, organisational stressors, leadership and trust, difficult transitions, inequitable access, whānau strain, volunteer sustainability, fragmented funding and inconsistent data. The rapid and desktop reviews identified related evidence and policy gaps. The report authors conclude that these are not only mental-health concerns: they affect recruitment, retention, availability, restricted duties, loss of specialist experience, service continuity and surge capacity. The inability to quantify the complete national and fiscal effect reflects the absence of shared data and financial visibility.

The case for action

The case for action is timely. Aotearoa New Zealand is investing in national security, policing, emergency response and resilience, but the human capability required to deliver those investments is under sustained pressure. Without stronger stewardship, shared data, independent evaluation and sustained attention to whānau, volunteers and former personnel, government will continue to fund activity without being able to see whether the system is reaching the right people, reducing preventable harm or strengthening readiness.

This case for action rests on four mutually reinforcing propositions:

1. **National readiness.** People and whānau are critical capability infrastructure. Aotearoa New Zealand's operational readiness depends not only on equipment, systems and funding, but on whether personnel and volunteers can be retained, remain available for service, trust the organisations around them and can sustain their contribution over time.
2. **Public accountability.** Responsibility for wellbeing and support is dispersed across government portfolios, agencies, employers, charities and communities. While many organisations contribute, no enduring steward is accountable for overall system performance. This makes gaps difficult to address and coordinated improvement difficult to sustain.
3. **Value and fiscal stewardship.** Aotearoa New Zealand currently lacks a clear view of its total investment across the system. Without financial and service mapping, government cannot reliably identify duplication, unmet need, inequitable allocation, programme effectiveness or the downstream costs of preventable workforce loss. Better visibility is essential to direct existing and future investment where it will produce the greatest benefit.
4. **Reciprocity and fairness.** Those individuals who accept unusual risk, exposure and disruption in service to Aotearoa New Zealand – and the whānau who sustain them – should be able to access appropriate support when they need it. Outcomes should not depend on service branch, employment or volunteer status, geography, or arbitrary eligibility boundaries.

Together, these four propositions make the issue more than a question of individual wellbeing. It is a matter of national capability, accountable government, responsible and effective use of current and future funding and resources, and a fair return on service.

Two national recommendations

Recommendation 1 - Establish an independent national stewardship function.

The New Zealand Government should establish an enduring, independent and publicly accountable national stewardship function, preferably a body such as an independent Crown entity established through legislation, to provide national strategy, shared outcomes, financial visibility, cross-agency coordination, equity assurance, public reporting and advice to Ministers. Māori, current and former personnel, volunteers, whānau and lived-experience leaders must hold protected, remunerated roles in governance and priority setting, with power to influence agendas rather than only comment on completed decisions.

Recommendation 2 - Establish a national centre of excellence

The New Zealand Government should establish a scientifically and evaluatively independent centre of excellence to maintain the sector evidence base, develop common data and financial-mapping standards, evaluate programmes, and mobilise knowledge into policy and operational practice. Lived experience should be embedded across the full evidence cycle, from setting priorities and defining meaningful outcomes to interpreting findings, co-designing tools, supporting implementation and judging whether change is useful in real service settings.

The stewardship body (Recommendation 1) and national centre of excellence (Recommendation 2) should remain conceptually distinct. The stewardship body would provide direction, legitimacy and accountability. The centre of excellence would be the evidence and knowledge-mobilisation engine. They may initially share enabling infrastructure, but programme delivery, evaluation and public accountability must remain sufficiently separated to manage conflicts of interest.

Why now

Aotearoa New Zealand is investing in defence, national security, policing, emergency response and resilience. Those investments will not deliver their full value unless the people and whānau who sustain operational capability remain healthy, trusted, available and supported across service, transition and later life. The current system contains many strengths but lacks a national steward, shared data, financial visibility and independent evidence infrastructure. This time is right to strengthen readiness, accountability and reciprocity before workforce and volunteer pressures become harder and more costly to reverse.

1. Purpose, scope and evidence approach

1.1 Purpose

This independent sector needs assessment provides the context, analysis, advice and proposed action for a coordinated national response to the wellbeing and readiness needs of Aotearoa New Zealand's service communities. It identifies priority needs, system gaps and the likely consequences of inaction for individuals, whānau, workforce retention, organisational capability, service continuity and national readiness.

The assessment is intended to support Ministerial and senior sector discussion. It does not diagnose individual agencies, rank services or evaluate the performance of existing leaders and providers. The authors' interpretation is structural: many actors hold part of the responsibility, but no actor currently has the mandate and infrastructure to assure the whole system.

1.2 Scope

This report's population scope includes current and former members of the New Zealand Defence Force (NZDF); New Zealand Police; Fire and Emergency New Zealand (FENZ); ambulance services; corrections; surf lifesaving; search and rescue; civil defence and other volunteer emergency-response communities; and families and whānau. It includes career, reserve, volunteer, non-sworn, communications, support and leadership roles where evidence is available.

The outcome scope is deliberately broader than mental health. It includes physical and psychological wellbeing, psychosocial safety, sleep and fatigue, identity and belonging, family sustainability, help-seeking and support access, workplace culture, transition, recruitment, retention, availability, restricted duties, volunteering sustainability, service continuity and national resilience.

1.3 Evidence approach

This report is the result of an independent sector needs assessment. It draws on multiple forms of evidence to build a national picture of the needs of Aotearoa New Zealand's military, veteran and emergency-service communities, the systems currently supporting them, and the opportunities for reform. It was undertaken as an applied, multi-source sector assessment rather than a formal systematic review or statistically representative population study.

1.3.1 Rapid review of published research

The authors undertook a rapid review of the published literature to identify empirical research relating to Aotearoa New Zealand military, veteran, and emergency service populations. Searches were conducted in academic databases Ovid MEDLINE, PsycINFO, and Emcare using controlled vocabulary and free-text terms relating to:

- military personnel and veterans
- emergency service personnel (including police, fire, ambulance, corrections, search and rescue, and other frontline responders)
- New Zealand (including Aotearoa, Māori, and tangata whenua).

The full search strategy is provided in Supplementary Materials 1. No date or publication limits were applied. The searches identified 1,186 records (MEDLINE = 645; Emcare = 505; PsycINFO = 36). Following removal of 278 duplicate records, the authors screened 908 titles and abstracts, with 85 full-text articles assessed for eligibility. A total of 57 studies met the inclusion criteria for inclusion in the evidence synthesis. A single reviewer undertook screening, consistent with rapid review methodology.

1.3.2 Desktop review of research evidence, organisational policy and strategy evidence, and relevant legislation.

Recognising that much of the practical and policy evidence informing this field exists outside the academic literature, the authors conducted a desktop review to identify grey literature and non-peer-reviewed evidence, including government publications, organisational reports, strategies, evaluations, legislation,

and publicly available operational documents, alongside mapping existing services and support programmes.

A desktop review uses structured searches in Google and Google Scholar. Search strings combined terms relating to military and veteran personnel, emergency service personnel, Aotearoa New Zealand, and wellbeing and support (e.g., mental health, trauma, resilience, organisational culture, transition, family/whānau support, and service delivery). These searches identified relevant research literature, evaluations, policy and strategy documents, legislation, and organisations and programs providing support to military, veteran, emergency service, and family/whānau communities.

1.3.3. Evidence review summary

Across the rapid and desktop reviews, the consolidated evidence table contained 174 substantive New Zealand specific sources, including research articles and theses alongside policy, strategy, legislation, frameworks, evaluations and reports. A table of the identified sources is located in Supplementary Materials 2.

Together, they provide a broad view of what is known, what government and organisations have committed to doing, how responsibilities are currently distributed, and where evidence, policy or service provision remains limited. Older studies were retained where they were foundational or where little contemporary evidence existed. The authors have interpreted as historical context rather than proof of current prevalence.

Research evidence. The evidence covered serving and former NZDF personnel, police, fire and emergency personnel, ambulance and paramedicine, corrections, search and rescue and other volunteer emergency services, as well as service families and whānau. Key areas included mental and physical health, occupational exposure, suicide and postvention, workplace culture, psychosocial safety, help-seeking, transition from service, identity and belonging, family and whānau wellbeing, equity, retention and workforce capability. The research base was uneven: NZDF, veterans and police were comparatively visible, while former emergency-service personnel, volunteers, families and whānau, rural communities, Māori and Pacific peoples, and cross-sector outcomes were less consistently represented.

Policy and strategy evidence. The authors reviewed publicly available national, cross-government and agency-level documents. These included policies, strategies, long-term and operational plans, workforce and wellbeing frameworks, statements of strategic intent, annual reports, reviews, inquiries and evaluations. The documents covered Defence and veterans' affairs, emergency-service organisations, health and workplace safety, public services and national resilience. This evidence helped identify existing commitments, organisational priorities, areas of responsibility and accountability arrangements, as well as gaps between stated policy intentions and the structures, resources or mechanisms available to deliver them.

Legislation and enabling frameworks. Relevant legislation and regulatory frameworks clarified the statutory and institutional environment of support. This included legislation relating to Defence and veterans, health and safety at work, accident compensation, emergency management, public services, health-system responsibilities and the operation of individual service organisations. The analysis focused on provisions relevant to workforce health, safety and wellbeing, eligibility for support, organisational duties and system coordination. It was a focused examination of the legislative context rather than a comprehensive legal review.

1.3.4 Desktop review of service providers and sector mapping.

The desktop review created a map of 100 publicly visible organisations, programmes and services supporting current or former military and emergency-service personnel, volunteers, and families and whānau. This map is available in the Supplementary Materials 3. Sector representatives across military and emergency services agencies and community organisations reviewed and added to the map. It includes internal agency services, medical and mental-health providers, peer-support programmes, veteran organisations, charities and trusts, unions and professional associations, kaupapa Māori and community providers, rehabilitation and retreat services, navigation, practical assistance, and family and whānau supports. The map records population coverage, types of assistance, family and whānau inclusion,

eligibility and access observations. The desktop review identified considerable capability alongside uneven coverage, variable public visibility and fragmented pathways. Because smaller, informal and locally delivered initiatives are not always documented, the map is a substantial snapshot rather than an exhaustive national directory; inclusion does not constitute evaluation or endorsement.

1.3.5 Sector consultation

Consultation with people who experience, work within, deliver and lead the systems supporting military, veteran and emergency-service communities occurred through sector surveys and two facilitated forums held in Wellington and Christchurch. Te Kiwi Māia, a charitable trust that supports military and emergency services personnel and their families through cross-sector advocacy and the delivery of wellness weeks, convened the forums and supported broad cross-sector participation. The report authors undertook the assessment and synthesis independently.

The concept of bringing organisations together in a single set of forums gained renewed momentum when prompted by the New Zealand Defence Force. Building on the success of the Te Arataki Forum for veterans, Te Kiwi Māia reviewed the organisations represented at that forum and expanded the invitation list to include key emergency services and broader first responder agencies and wellbeing organisations, creating a broader conversation focused on the wellbeing of those who serve our communities. Te Kiwi Māia invited 79 representatives from across these sectors.

Sector surveys. The survey of the sectors were written and analysed by the authors. The surveys invited contributions from people working within, leading, supporting or otherwise connected to military, veteran and emergency service communities. They explored existing strengths, unmet needs, service gaps, barriers to effective support, priority populations and opportunities for practical action. There were two versions of the survey. Registered attendees of the consultation forums received the initial survey to help inform the forum discussions. A separate wider-community survey broadened participation and enabled incorporation of further perspectives into the final assessment. The surveys included both structured and open-text responses. A total of 71 respondents responded to the sector surveys. Of these respondents, 34 were also attendees at forums and 24 represented the wider sector. A total of 13 respondents chose to remain anonymous and therefore were not accounted for as forum attendees. A summary of the survey responses can be found in Supplementary Materials 4.

Sector consultation forums. The Wellington and Christchurch forums brought participants together to consider what a strong and coordinated support system should look like, identify opportunities and obstacles at different levels of the system, examine assumptions that may be constraining progress, and propose practical actions. Participants distinguished between actions that organisations and communities could begin progressing now and issues requiring national leadership, policy change or escalation. Digital engagement through web-based platform Mentimeter supported participation, prioritisation and the capture of forum contributions. Across both consultation forums, 113 individuals from 35 organisations attended and contributed. A summary of the forum outcomes can be found in Supplementary Materials 5.

Combined consultation cohort. The consultation cohort from surveys and forums included:

- current and former NZDF personnel
- current and former police, fire and emergency, ambulance and paramedicine, corrections, search and rescue, surf lifesaving and other volunteer emergency-service personnel
- families and whānau
- people contributing lived experience of service, transition, injury, distress or engagement with support systems
- organisational leaders
- frontline and operational personnel
- health and wellbeing practitioners
- peer-support and rehabilitation providers
- veteran and community organisations
- charities and trusts
- Māori organisations
- unions and professional associations

- researchers and evaluators
- government and policy personnel
- workforce and health-and-safety staff
- funders and insurers.

The consultation included national and local organisations and participants working across Auckland, Waikato, Bay of Plenty, Hawke's Bay, Taranaki, Manawatū–Whanganui, Wellington, Canterbury, Otago, Southland and other locations. Many participants occupied more than one position within the sector - for example, as a former service member, family or whānau member, lived experience representative, practitioner, researcher or organisational leader. These overlapping identities were important to the assessment because they provided perspectives across multiple sides of the support system.

The consultation achieved substantial participation from Defence, emergency service, leadership and support-provider communities. However, it was not designed to produce a statistically representative sample of every service branch, workforce or community. Māori and Pacific peoples, families and whānau, rural and remote communities, volunteers, former emergency service personnel and some frontline groups were represented, but less consistently than organisational, professional and national-level stakeholders. The findings in this report took account of these limitations, which reinforce the need for more sustained lived experience, whānau and community participation in future system governance and decision-making.

1.3.6 Synthesis and development of recommendations

This report tests the evidence through an iterative process of comparison and triangulation. Findings from surveys and forums, research, policy and strategy documents, legislation and service provider mapping revealed areas of convergence, divergence and omission. The report gives greater weight to issues that appeared across multiple evidence sources, affected several service populations, carried significant consequences for personnel or whānau, or revealed persistent gaps in access, equity, coordination, accountability, funding, evidence or responsibility.

The report developed the recommendations by tracing priority needs to the underlying conditions producing or sustaining them and then identifying the most appropriate level for action: local, organisational, cross-sector or national. It presented the overall national and cross-sector recommendations, while local and organisational recommendations were constructed and presented separately. It tested proposed recommendations against the strength and consistency of the evidence, alignment with sector and lived experience priorities, likely benefits for wellbeing and equity, existing legislative and organisational responsibilities, implementation feasibility, opportunities to connect or strengthen existing activity, and the consequences of inaction for workforce retention, service continuity, organisational capability and national readiness.

This approach ensured that the two recommendations did not rely on a single document, consultation activity or group of participants. The recommendations reflect the combined weight of the available evidence, interpreted within the cultural, institutional and service context of Aotearoa New Zealand.

2. What the evidence says

2.1 Operational exposure matters, but organisational conditions can change

Consultation participants across Defence and emergency service communities described cumulative operational exposure, suicide-related callouts, moral and emotional strain, and the importance of trusted peer and supervisor support. Contemporary New Zealand research similarly documents the effects of occupational suicide exposure for paramedics and police, including emotional numbing, stigma and barriers to formal help-seeking (Lyra et al., 2024, 2026). Ambulance and fire evidence also identifies morally demanding decisions and cumulative exposure (Anderson et al., 2018; Adams et al., 2018). This is not new knowledge, with older research showing the enduring relevance of social support and organisational stressors (Stephens et al., 1997; Huddleston, 2002; Geeson, 2017).

Consultation participants emphasised that leadership, workload, role clarity, training, equipment, psychological safety, fatigue management, peer and supervisor support, and trust in organisational responses shape how exposure is experienced and managed. The authors conclude that while exposure cannot be eliminated, many organisational conditions are modifiable. Therefore, the authors conclude that a national strategy focused only on individual resilience or counselling access would be incomplete.

2.2 Fatigue, workload and recovery are operational issues

Consultation participants identified workload, fatigue, recovery and workforce capacity as practical constraints on wellbeing and collaboration. The desktop review found supporting evidence in firefighting, including sleep restriction and evidence gaps concerning volunteers, dispatchers and women (O’Keeffe et al., 2020). Ambulance strategy records run-on overtime and missed or late meal breaks as workforce and operating risks (Wellington Free Ambulance, 2023).

Police, corrections and Defence sources also identify workload, staffing pressures and organisational friction as important determinants of wellbeing and performance. In police, “daily organisational hassles” – including workload, administration and resource constraints – have been associated with psychological distress and burnout (Geeson, 2017). Corrections sources identify work stress, understaffing and relationships with management as significant workforce pressures. Defence evidence highlights the effects of sleep disruption, leadership support and concentrating readiness demands on a smaller pool of fit personnel (Geeson, 2017; Public Service Commission, 2025; Taaka et al., 2025; Alger et al., 2024; Worswick, 2025).

Consultation participants called for comparable information about factors affecting operational performance. The authors conclude that fatigue and recovery should be monitored across agencies as safety and capability indicators. When definitions and data remain confined to individual agencies, cross-sector comparison, cumulative-risk assessment and understanding of simultaneous national demands remain limited.

2.3 Culture, trust and fairness shape reporting and retention

Consultation participants linked leadership, trust, stigma and psychological safety to disclosure, help-seeking and retention. The desktop review identified consistent concerns in independent organisational reviews. The authors therefore conclude that culture is a capability condition, influencing whether people disclose harm, access support, remain in service, progress into leadership and trust the institution.

Independent reviews in NZDF and FENZ document persistent concerns about bullying, harassment, discrimination, complaints handling and confidence in reporting (Shaw, 2019; Teale & MacDonald, 2020; Clark, 2022). Subsequent evaluation of NZDF found that a “code of silence”, fear of repercussions and limited trust in disciplinary and complaints systems continued to inhibit reporting, despite leadership commitment and renewed organisational action (Office of the Auditor-General, 2023). In FENZ, reviews identified entrenched “boys’ club” and “no narking” subcultures, inconsistent conduct standards, and complaints processes perceived as slow, insufficiently independent and lacking transparency - conditions that directly affect whether personnel experience the organisation as safe, fair and trustworthy (Shaw, 2019; Clark, 2022).

FENZ's current diversity and inclusion strategy acknowledges the need for a safe, positive and inclusive culture (Fire and Emergency New Zealand, 2024). Police reviews similarly identify continuing cultural and equity challenges alongside progress: strategic commitments to Māori, Te Tiriti and organisational diversity have not yet translated into consistently demonstrated cultural competence across operational practice, while high workloads and delays continue to affect the timeliness of adult sexual-assault investigations (Rowe, 2022). The authors consider that these findings concern not only workforce diversity, but confidence that people and communities will be treated competently, equitably and fairly

2.4 Volunteers are essential but structurally exposed

Aotearoa New Zealand's emergency capability depends heavily on volunteers. Volunteers comprise approximately 80% of the FENZ workforce and 91% of the frontline search –and rescue workforce. Approximately 4,500 surf lifesavers operate across 74 clubs and volunteer response teams contribute to civil defence readiness and response throughout the country (Fire and Emergency New Zealand, 2022) service-provider mapping undertaken for this assessment). Comparable national percentages were not identified for surf lifesaving or civil defence, itself reflecting limitations in consistent national workforce visibility.

Volunteers balance service with paid work, family commitments, training, governance and administrative burdens. Volunteer fire evidence identifies leadership, bullying, belonging, organisational responsiveness and work–family conflict as retention factors (Fire and Emergency New Zealand, 2022; Lin et al., 2021). Search and rescue research highlights underfinanced infrastructure, governance burden and difficulty adapting to changing forms of volunteering (Volunteering New Zealand, 2019, 2023). Research into surf lifesaving identifies stigma, stress, burnout and a need for accessible, co-designed supports, including for young members (Emmett, 2024; Stewart et al., 2025).

Volunteer and sector forum and survey participants cautioned against assuming that the same employment-based supports, paid training time or employer-funded rehabilitation apply to volunteers. They also emphasised that volunteer systems are not interchangeable, and that what is needed for volunteers in one service (e.g. ambulance) may not apply for other services (e.g. fire and emergency). The desktop review supports the importance of whānau and employer support, local leadership, workload sustainability and community context; a 2022 NZSAR volunteer survey included 3,258 respondents, although its 14% response rate limits representativeness (Volunteering New Zealand, 2023).

2.5 Families and whānau sustain capability but remain peripheral

Families support deployment, shift work, recovery, volunteering and transition, but evidence usually treats them as a support resource rather than a population with their own needs. Research into Defence partners identifies separation stress and problems with information flow (Guesgen, 2019). Research with volunteer firefighter families identifies isolation, disrupted routines and pressure during training and service commitments (Duckworth & Sinko, 2017). Veteran policy recognises family and whānau wellbeing and the difficulty of navigating civilian systems (Veterans' Affairs New Zealand, 2022).

Consultation participants reported that whānau often carry practical, emotional and navigation burdens while remaining peripheral to formal support. The desktop review found limited evidence on partner employment, childcare, housing mobility, financial impact, caregiving, children's experiences, diverse whānau structures and long-term effects of injury. The authors conclude that whānau inclusion should be designed into prevention, information, transition and outcome measurement, rather than added only at crisis point.

2.6 Transition and former personnel are major blind spots

Veteran policy has made progress towards a coordinated model across defence and veteran specific organisations through Te Arataki forums, but a recent review still identifies the absence of a funded lead agency, fragmented data, lack of a veteran identifier and weak accountability for delivery (Veterans' Advisory Board, 2026). Te Arataki also identifies health-system navigation and information-transfer problems (Veterans' Affairs New Zealand, 2022, 2023).

Consultation participants repeatedly identified transition and former emergency-service personnel as points where people may fall through gaps. The desktop review found no equivalent cross-sector infrastructure for former police, firefighters, ambulance staff, corrections personnel or many volunteers. Eligibility may end or change at resignation, retirement or medical separation, when identity, relationships, finances and access to occupationally informed care can also be disrupted. The authors conclude that this creates both a provider gap and a knowledge gap: Aotearoa New Zealand cannot yet reliably follow outcomes after people leave service.

2.7 Equity must be designed, governed and measured

Māori and Pacific health strategies emphasise tino rangatiratanga, culturally safe services, workforce representation, whānau-centred approaches and equitable access (Department of the Prime Minister and Cabinet, 2023; Minister of Health, 2023). Service-specific evidence identifies Māori experiences of discrimination, cultural harm or inequitable institutional processes, including in FENZ and corrections (Adams et al., 2018; Bowling, 2022).

Both the sector consultations and the authors of this report acknowledge that equity is not achieved by inviting participation after design of a national model. Māori governance and partnership, kaupapa Māori evidence, data sovereignty, appropriate outcome definitions and resourcing for Māori-led responses must be built into the architecture. Pacific, rural, women, rainbow, disabled and culturally diverse service communities also require sufficiently granular data and co-designed responses.

3. System gaps

The system gaps outlined below were identified primarily by participants at the Wellington and Christchurch forums. Participants commented on what factors constrained progress, what a gold-standard system would require, and what assumptions or structural barriers needed to be challenged. The report authors compared participant observations with the pre-forum and wider-sector survey responses. The authors then used the desktop review to test, support and contextualise the issues raised through consultation. Accordingly, these gaps synthesise sector experience and supporting evidence.

3.1 Fragmented governance and dispersed accountability

Forum participants consistently described a system in which organisations are undertaking valuable work but often operate within separate organisational, funding and legislative boundaries. Mentimeter responses referred to organisations “working in silos”, uncertainty about “where the risk sits” and who owns it, and the absence of a shared structure through which risks can be escalated and addressed. Participants proposed cross-organisational governance arrangements to provide collective leadership, clarify accountability and coordinate resources, knowledge and experience.

Both the wider survey & pre-forum survey findings reinforced this concern. Respondents frequently identified the lack of a shared strategy, different organisational priorities and limited information sharing as barriers to coordination. In the surveys, 38 respondents rated the system as poorly or very poorly coordinated - no respondent in either survey rated it as very well coordinated.

Both consultation findings and the authors of this report find that ensuring the safety and security of Aotearoa New Zealand depends on connected contributions from Defence, Veterans’ Affairs, health, ACC, the public service, justice, emergency management, local government, charities, employers and volunteer organisations. However, the desktop review did not identify an enduring cross-sector strategy that defines shared outcomes, responsibilities and escalation routes across these boundaries. Recent veteran-sector policy similarly identifies fragmented data, weak accountability and the absence of a funded lead coordination function (Veterans’ Advisory Board, 2026).

The authors therefore identify an accountability paradox: many organisations are responsible for contributing to wellbeing and support, but no organisation is accountable for whether the complete system works.

3.2 Funding does not consistently support coordination or learning

Across the two surveys, fragmented funding was the most frequently selected barrier to coordination, receiving 53 selections in total. Respondents also frequently selected the lack of a shared strategy, different organisational priorities, limited information sharing and workforce capacity pressures.

Forum participants described short-term funding, competition between organisations and restricted funding criteria as constraints on collaboration and continuity. Mentimeter responses included concerns that funding arrangements encouraged organisations to work separately, that successful initiatives remained vulnerable, and that collaboration, shared infrastructure, evaluation and lived experience participation were often not adequately resourced. Participants also cautioned that additional funding alone would not resolve the problem without clearer priorities, coordination and accountability.

The desktop review supports these concerns by showing that funding is distributed across numerous public, agency, charitable and community mechanisms. However, it did not identify a consolidated view of how this investment aligns with need, reach, equity, evidence or outcomes. The report authors conclude that coordination, evaluation, knowledge mobilisation and the scaling of effective practice consequently remain vulnerable to short-term or programme-specific funding.

3.3 No sector-wide financial map or investment baseline

Forum participants reported the absence of a clear map of who is funded, by who, for what purpose and for which populations. This, participants said, makes it difficult to distinguish genuine duplication from complementary activity. Mentimeter responses referred to organisations “reinventing the wheel”, limited

awareness of what other organisations provide, and the risk of duplicating work when organisations do not collaborate or share learning. Participants called for greater visibility of existing programmes, organisational capabilities and opportunities to share resources.

The desktop review confirmed that funding flows through different appropriations, agency budgets, occupational-health arrangements, compensation and rehabilitation systems, contracted providers, grants, donations, membership contributions, volunteer time and in-kind support. These streams use different classifications and reporting periods, and much expenditure is embedded within broader services.

Aotearoa New Zealand therefore cannot currently answer a core stewardship question: what is the total public, agency, charitable and community investment in sustaining service personnel and whānau, and what does that investment achieve?

The authors conclude that this lack of visibility obscures population and geographic gaps, repeated pilots, underfunded enabling infrastructure, unfunded mandates and effective programmes at risk of closure. It also constrains assessment of downstream costs such as absence, restricted duties, overtime, compensation, rehabilitation, early departure, replacement training and lost volunteer availability. The authors propose financial mapping as a prerequisite for better investment, not as an audit intended to remove local autonomy or assume that all expenditure is interchangeable.

3.4 No shared national outcomes or minimum dataset

Forum participants repeatedly called for shared evidence, common measures and a clearer understanding of what service and programs work. Mentimeter proposals included a standardised national support vision, an annual Defence and emergency service first-responder wellbeing survey using a longitudinal format, and cross-agency arrangements for sharing learning about peer support, transition, health and wellbeing, and cultural capability. Participants also noted that local data can support frontline improvement but may be difficult to aggregate or act on nationally without common definitions and governance.

Survey respondents similarly identified research, data and evaluation as areas requiring improvement, with respondents placing research, data, evidence and evaluation among areas that were strong in neither sector. Respondents commonly assessed cross-sector coordination and system integration as weak.

The desktop review corroborated these concerns. Agencies, providers and policy documents use different definitions and reporting practices, while veteran policy identifies fragmented data, the absence of a comprehensive veteran identifier and limited capacity to follow outcomes across systems (Ministry of Health, 2024; Social Wellbeing Agency, 2021; Veterans' Advisory Board, 2026). The authors conclude that comparable information on reach, equity, sustained outcomes, workforce availability and implementation quality is consequently limited.

A minimum dataset would not require a single database or unrestricted sharing of personal information. It would require agreed definitions, appropriate governance, privacy-preserving linkage and a small set of comparable indicators.

3.5 Evidence does not move reliably into practice

Forum participants described a disconnect between knowledge, action and organisational learning. Mentimeter responses called for organisations to share what they were doing, test promising approaches collectively, evaluate locally-led innovation and expand initiatives shown to be effective. Participants also proposed a cross-organisational clinical governance mechanism and a shared platform for exchanging information about services and programmes.

Survey responses provided practical examples of this gap. Some respondents described organisations as using a “try it and see” approach, reported limited follow-up after previous wellbeing initiatives, or observed that useful learning did not consistently influence decisions made elsewhere in the organisation. Others identified promising peer support, culturally grounded and community-led initiatives but could not point to consistent mechanisms for evaluating or scaling them.

The desktop review found that relevant evidence is dispersed across universities, agencies, internal reports, commissioned reviews and service providers. Some evidence is difficult to locate or has not been independently or peer reviewed. Programmes and pilots evaluations use different measures and designs, limiting decisions about continuation, adaptation and scale. Recent evaluation of the FENZ Whanaungatanga Programme, for example, demonstrates the value of monitoring both psychological outcomes and perceived organisational support, while also illustrating the difficulty of drawing conclusions when interventions have operated only briefly (Mackay et al., 2024).

3.6 Service visibility does not equal access

Forum participants distinguished between services existing and people's ability or willingness to use them. Mentimeter responses called for an accessible system in which people know the "right door", can connect through trusted individuals and can be directed to appropriate support outside their own organisation. Participants identified limited knowledge of other organisations' services, privacy concerns, eligibility boundaries and insufficient trust between organisations as barriers to effective navigation.

Survey responses reinforced this distinction. Respondents described strong peer support, counselling, EAPs, organisational health services and community providers, but also reported rural access barriers, insufficient service promotion, limited occupational understanding among clinicians, stigma and dependence on individual managers. One respondent, for example, contrasted the options available in metropolitan areas with the difficulty of accessing trusted and subsidised support in smaller rural communities.

The service map identified 100 publicly visible organisations, programmes and services, including occupational-health services, EAPs, peer support, chaplaincy, unions, membership schemes, charities, veteran providers, navigation services and public services (Supplementary Materials register). However, presence on a list does not establish awareness, eligibility, trust, cultural safety, waiting time, geographic availability, quality, use or outcomes. The authors therefore conclude that the system requires maintained navigation and service intelligence rather than a one-off directory.

3.7 Boundaries at lifecycle changes create preventable loss

Forum participants frequently described support across the full service lifecycle as an essential feature of a gold-standard system. Mentimeter responses called for support that was "proactive, seamless and enduring" and available at the right time and place, including during transition and after service. Participants also identified transition as an area requiring cross-agency collaboration and shared learning.

Survey findings suggest that the current system does not consistently achieve this. Across the surveys, respondents commonly placed transition, identity and support after leaving service among areas that were not strong in the Defence and veteran sector or the emergency-services sector. Former emergency-services personnel were also only lightly represented in the consultation, reflecting their limited visibility in existing organisational systems and data.

The desktop review supports concern about transition and post-service life. Transition from NZDF to civilian life has been identified as a critical point at which personnel may not be adequately identified or supported, while systematic identification of veterans in the health system remains incomplete (Paterson, 2018; Ministry of Health, 2024; Veterans' Advisory Board, 2026). The desktop review found no equivalent national transition infrastructure for former police, fire, ambulance, corrections or many volunteer personnel.

The authors conclude that support may change abruptly at discharge, resignation, retirement, medical separation, a change in volunteer status or the end of employment. Handover to civilian services is often dependent on individual navigation and clinicians' familiarity with service culture. Former emergency-service personnel remain particularly obscured in policy, service eligibility and longitudinal data.

3.8 Equity and whānau are not consistently embedded

Forum participants consistently described equity and whānau inclusion as foundational rather than optional. Mentimeter responses called for equitable access across organisations, support for volunteers

within legislation, culturally responsive services, and systems that look after people and whānau throughout the service lifecycle. Participants also cautioned against assuming that one model would suit every service, population or community.

Survey respondents nevertheless identified uneven provision. They frequently rated family, whānau and relationship support was frequently rated as low across sectors, while respondents described rural access barriers, limited support for women and their families, differences between career and volunteer personnel, and insufficient recognition of lived experience. Māori and kaupapa Māori perspectives were present in the consultation, but Pacific representation was particularly limited; this restricts the conclusions that can be drawn about Pacific personnel and whānau.

The desktop review corroborates these concerns. Research involving 664 partners of New Zealand military and emergency-service personnel found that 20% reported symptoms of secondary traumatic stress and almost half reported little or no emotional or informational support related to their partner's work (Alrutz et al., 2020). Research with search-and rescue volunteers perceived whānau support as an important predictor of perceived workload sustainability, while ethnic-minority respondents felt less safe raising concerns (Volunteering New Zealand, 2023).

The authors conclude that Whānau and equity commitments are present across policy and strategy, but they are not consistently reflected in eligibility, governance, data or evaluation. Without explicit accountability and disaggregated measures, in the authors' view, population averages may conceal poor access or outcomes among groups who are smaller, geographically dispersed or less willing to use formal pathways.

4. Priority needs across service communities

Drawing on the foundations of the sector consultations and desktop review, the authors identify priorities across the service communities in Aotearoa New Zealand on two levels – areas of priority need that are universal across the entire sector and areas of priority need that apply to specific sector organisations or groups.

4.1 Priority areas of need that apply across the sector

Priority need	What good looks like	Current response
Prevention and psychosocial safety	Work design, leadership, fatigue, culture, exposure and recovery are managed as operational risks.	Support is often most visible after crisis; organisational hazards and protective factors are measured inconsistently within and between.
Trusted access and navigation	People and whānau know where to go, can enter through multiple trusted pathways, and receive warm referral.	Many services exist, but eligibility, awareness, trust, capacity and regional reach vary. Even if services are trusted, multiple, uncoordinated pathways make system navigation difficult.
Lifecycle continuity	Support follows people from recruitment and volunteering through service, transition and later life.	Former emergency-service personnel and medical separation are weakly covered; veteran pathways remain complex.
Whānau inclusion	Whānau receive information, prevention support, navigation and direct care where needed.	Whānau are commonly treated as informal supports; their outcomes and burdens are rarely measured.
Volunteer sustainability	Volunteer models recognise unpaid time, family/employer contribution, local leadership and rural constraints.	Training, governance and administrative burden combine with work–family conflict and uneven support.
Culturally safe and equitable provision	Māori partnership and governance; services and outcomes reflect different communities and geographies.	Evidence and provision are uneven; subgroup data are often insufficient.
Evidence and learning	Common definitions, minimum datasets, evaluation standards and rapid translation into practice.	Pilots and programmes are not consistently comparable within and between services; successful approaches are difficult to identify and scale.
Stewardship and accountability	An enduring national strategy assigns responsibilities, tracks outcomes and reports publicly.	No actor currently holds responsibility for system performance across all service communities.

4.2 Priority areas of need for targeted populations

While this report does not outline specific priority emphasis for every population, this does not reflect the absence of specific needs. In some cases, the consultation process and high-level desktop-review may not have identified relevant evidence, despite the structured search strategy employed and breadth of representatives consulted. In other cases, there may be little or no existing research, policy or evaluation available, reflecting genuine evidence gaps. Both possibilities are important findings because populations that have received limited attention in research or policy are at greater risk of having their needs remain poorly understood and insufficiently addressed.

For the populations that did reflect specific priority emphasises, these are outlined below:

Community	Priority emphasis
NZDF and serving families	Retention, trust, harmful behaviour, fatigue and tempo; whānau stability; credible transition; independent reporting and assurance.
Veterans and whānau	Clear identification, navigation and eligibility; long-term outcomes; family-inclusive support; coordinated implementation of Te Arataki.
Police	Cumulative trauma and suicide exposure; organisational hassles; supervision and trust; fatigue; transition and former-personnel evidence.
FENZ – career	Fatigue, cumulative medical/trauma exposure, culture and complaints, leadership and workforce availability.
FENZ – volunteer	Local leadership, family/employer support, administrative burden, inclusion, training access and rural appliance availability.
Ambulance	Workload, run-on overtime, meal and recovery protection, moral distress, clinical support, workforce development and provider interoperability.
Corrections	Staffing and safety, exposure to violence and moral/cultural harm, psychologically safe leadership, Māori workforce experience and post-service support.
Surf lifesaving	Young and volunteer members, critical-incident support, stigma, training access, sustainable volunteer models and cross-provider consistency.
Families and whānau	Information, navigation, direct support, financial and employment effects, children, caregiving and inclusion in transition.
Former emergency services personnel	Post-service identification, trusted entry points, continuity of occupationally informed care, identity and employment transition, long-term monitoring.

5. The national proposition

5.1 Separate sectors with shared opportunity

The communities in this report's scope do not currently operate as one formal system, and consultation participants did not suggest that their distinct cultures, mandates or delivery models should be collapsed into one. They did, however, identify shared needs and cross-boundary problems that no organisation can resolve alone. The proposed national architecture is therefore federated: it would connect stewardship, evidence, standards and accountability while preserving service-specific pathways, responsibilities and identities.

Fragmentation becomes a system-level problem when people's needs and pathways cross organisational boundaries, but responsibility, information and accountability do not. This is evident in the fragmented veteran-support landscape, where the absence of a lead agency, shared identifiers and coordinated pathways creates bureaucratic friction and gaps in support (Veterans' Affairs New Zealand, 2022; Veterans' Advisory Board, 2026), and in emergency management, where essential search-and-rescue organisations remain insufficiently integrated into formal planning, funding and response arrangements (Curd et al., 2025). Forum participants similarly identified agency silos, fragmented supports and a lack of shared services as barriers to continuity and navigation. These interdependencies justify treating the field as a single system for the purposes of stewardship, evidence, standards and accountability - not as a single delivery organisation.

5.2 People are capability infrastructure

Aotearoa New Zealand's National Security Strategy calls for a more integrated national security community, stronger leadership and collective accountabilities in a disrupted environment (New Zealand Government, 2023). Defence policy similarly anticipates strategic competition, climate-related pressure and the need for a credible, deployable and scalable force (Ministry of Defence, 2023a, 2023b). NZDF's current strategic intentions identify retention and capability regeneration as necessary for national readiness (New Zealand Defence Force, 2026). Search and rescue planning also anticipates climate, technology and geopolitical pressures that will change demand and capability requirements (New Zealand Search and Rescue, 2023).

These strategies show that equipment, systems and formal establishments do not constitute usable capability without trained people who are healthy, trusted, available and prepared to remain in service. The same applies to volunteers, whose unpaid availability may determine whether a rural appliance, rescue team or surf patrol can operate.

Readiness pathway: Organisational conditions and occupational exposure → health, trust and family effects → absence, restricted duties, disengagement or departure → loss of experience and workforce availability → reduced service continuity, surge capacity and national readiness.

The full pathway has rarely been measured end-to-end in Aotearoa New Zealand. However, its components are consistently visible. Police research connects trauma and organisational hassles to distress and burnout (den Heyer, 2021; Rowe, 2022; Wickman, 2024; O'Reilly et al., 2025; Lyra et al., 2026). Fire evidence connects culture, leadership, workload and work-family conflict with volunteers' intention to stay (Fire and Emergency New Zealand, 2022; Lin et al., 2021). An independent review commissioned by Defence connects harmful behaviour and low trust in reporting with retention and organisational performance (Teale & Macdonald, 2020). The authors cannot accurately measure these impacts because the data are not integrated, but the impacts nonetheless exist.

5.3 A stewardship gap, not a single-agency failure

In the surveys, 38 of 71 respondents rated support as poorly or very poorly coordinated. No respondent in either survey selected very well coordinated. Fragmented funding was the most frequently selected barrier in both surveys, alongside lack of shared strategy, different organisational priorities, limited information sharing and workforce-capacity pressures. These are self-selected sector signals rather than population estimates, but the convergence across both surveys and forum discussions is material.

In the consultation forums, participants repeatedly called for shared leadership, clearer accountability, common information, sustained collaboration, quality assurance, independent oversight and evidence infrastructure. These findings do not prove that a statutory entity is the only or best solution. They do establish broad support for the functions that are currently missing. This report recommends agreement on functions first, followed by structured consideration of legal and operating form.

5.4 Wellbeing, economic value and reciprocal obligation

Government, agencies, employers, charities and communities already invest in recruitment, specialist training, occupational health, rehabilitation, employee assistance programs (EAPs), peer support, clinical services, grants, programmes and pilots. Yet total investment, reach, duplication, effectiveness and unmet demand cannot be reliably seen across the system.

The authors consider that downstream pressures plausibly include absence, restricted duties, compensation and rehabilitation, overtime, replacement and retraining, lost specialist experience, volunteer attrition, service disruption and wider health and social-service use. In 2009, Fire and Emergency New Zealand (FENZ) estimated the annual economic value of its volunteers at \$91 million (in 2007 dollars), illustrating the scale of capability at risk when volunteering is not sustainable (Fire and Emergency New Zealand, 2009; 2022). This estimate is for one agency only – it does not represent the total economic value of volunteers in the wider sector. It demonstrates that workforce wellbeing and retention, including for volunteers, have material fiscal consequences.

The authors suggest the case is also one of reciprocity. Personnel and volunteers accept exposure, disruption and constraints in service to Aotearoa New Zealand; families and whānau absorb practical, emotional and financial effects that are rarely measured. A national response should protect dignity, equity and mana, as well as productivity.

6. Recommended national architecture

The national architecture and recommendations made in this section are the conclusions of the report authors following synthesis and analysis of the consultations and research.

6.1 Recommendation 1: Independent national stewardship

The New Zealand Government should establish an enduring, independent and publicly accountable national stewardship function, preferably a body such as an independent Crown entity established through legislation, to provide national strategy, shared outcomes, financial visibility, cross-agency coordination, equity assurance, public reporting and advice to Ministers. Māori, current and former personnel, volunteers, whānau and lived-experience leaders must hold protected, remunerated roles in governance and priority setting, with power to influence agendas rather than only comment on completed decisions.

Core functions of the national stewardship body should include to:

- develop and maintain a national service-community wellbeing and readiness strategy
- agree shared outcomes and clarify responsibility across portfolios and agencies
- convene agencies, Māori, service personnel, whānau, volunteers, providers, unions, researchers and lived-experience leaders
- identify population, geographic and lifecycle gaps and advise Ministers on priorities
- publish independent progress and equity reports
- set expectations for common data, evaluation and quality assurance
- maintain continuity across electoral, leadership and machinery-of-government change
- escalate unresolved cross-system barriers
- provide an authoritative, unified national voice without replacing the voices of distinct communities
- reserve protected and remunerated governance positions for Māori, current and former personnel, volunteers, whānau and lived-experience leaders, supported to participate safely and independently
- establish a standing lived experience and whānau assembly to initiate issues, advise government on priorities and publish a response where government or agencies do not adopt its advice.

6.2 Recommendation 2: Centre of excellence

The New Zealand Government should establish a scientifically and evaluatively independent centre of excellence to maintain the sector evidence base, develop common data and financial-mapping standards, evaluate programmes, and mobilise knowledge into policy and operational practice. Lived experience should be embedded across the full evidence cycle, from setting priorities and defining meaningful outcomes to interpreting findings, co-designing tools, supporting implementation and judging whether change is useful in real service settings.

Core functions of the centre of excellence should include to:

- maintain a living evidence and policy repository and a national research and knowledge-mobilisation agenda, co-prioritised with Māori, personnel, former personnel, volunteers and whānau
- design common definitions, minimum datasets and outcome frameworks
- support privacy-preserving linkage and longitudinal analysis
- maintain a verified map of services, programmes, eligibility and reach
- establish evaluation standards and provide independent evaluation support, including outcomes defined as meaningful by personnel and whānau
- coordinate multi-agency research and reduce duplicated data collection
- support lived-experience-led co-design, implementation testing and local adaptation of evidence-based and tested programmes
- broker knowledge between communities, researchers, providers, operational leaders and policymakers to translate findings into practical standards, tools, training, investment options and policy advice;
- build Māori research leadership, kaupapa Māori methods and data-governance arrangements

- publish accessible findings for personnel, whānau, providers, leaders and government, then track adoption, implementation quality and real-world effects rather than treating publication as the endpoint.

Knowledge mobilisation is broader than dissemination. The centre should:

- maintain sustained relationships with those who generate, use and are affected by evidence
- identify decision windows
- produce fit-for-purpose tools and briefings
- provide implementation coaching
- develop communities of practice
- evaluate whether knowledge changes policy, commissioning, leadership behaviour, service access or outcomes.

This requires dedicated mobilisation expertise and resourcing, not simply communication support.

6.3 Relationship between the functions

Function	Stewardship body	Centre for Excellence
National outcomes and strategy	Leads and secures agreement	Provides evidence and technical advice
Ministerial advice	Independent system advice	Evidence briefs and modelling
Public reporting	Reports system performance and accountability	Produces data, evaluation and research outputs
Data standards	Endorses and assures adoption	Designs, governs and maintains technical standards
Programme evaluation	Sets expectations and commissions where needed	Conducts, coordinates or quality-assures evaluation
Pilot programmes	Determines strategic priority and safeguards accountability	Supports co-design, implementation and evaluation
Provider role	Does not deliver services	Should not become the dominant service provider
Conflict protection	Independent of individual agencies and providers	Scientific and evaluative independence, transparent declarations

6.4 Institutional form should follow function

This report recommends that government agree the required functions first and then test institutional options against independence, authority, durability, Te Tiriti partnership, access to data, cost, avoidance of duplication and public accountability. Potential forms include an independent Crown entity, a statutory commissioner or commission, an independently chaired interdepartmental mechanism with public reporting, or a staged trust or hosted model. The authors consider an independent Crown entity the strongest available model for the stewardship function because it offers a credible combination of statutory independence, durability and public accountability, but recognises that final form is a matter for government for both the stewardship body and the centre of excellence.

An interim model can begin quickly, but it should not become a substitute for resolving authority and accountability. Reliance on voluntary working groups or advisory committees is unlikely to overcome the same incentives and boundaries that produced fragmentation.

6.5 Core design principles that should underpin both bodies

- Te Tiriti-based: Māori partnership, governance and resourcing are structural, not advisory additions.

- Lived experience-powered: affected communities hold defined authority, resources and feedback rights across governance, research, data, evaluation and implementation.
- Mobilisation-focused: success is measured by evidence being understood, adopted, adapted and used – not by publications alone.
- Independent but connected: able to challenge the system while working practically with agencies and providers.
- Lifecycle- and whānau-centred: includes prevention, service, transition, former personnel and whānau.
- Cross-sector with targeted pathways: shares infrastructure without erasing service-specific needs and identities.
- Evidence-informed and learning-oriented: combines research, administrative data, evaluation and lived experience.
- Proportionate: a small, high-leverage architecture that coordinates and assures rather than duplicates delivery.
- Transparent: clear responsibilities, public measures, declared interests and regular reporting.
- Privacy-preserving: common data does not mean indiscriminate centralisation or loss of data privacy or data sovereignty.

6.6 Funding principles

The stewardship body's accountability is a public responsibility and should therefore be publicly funded. However, the funding should be structured to guarantee operational independence, so that those providing funding cannot direct or constrain the body's work. Research, evaluation and innovation through the centre of excellence can then be supported through a deliberately diversified portfolio. To ensure transparency, independence, and sustainability, the funding structures for the stewardship body and the centre of excellence should differ.

6.6.1. Funding of the stewardship body through statute and multi-year funding

The stewardship body should not need to apply annually to the agencies it scrutinises. Ideally, its core funding should be:

- authorised through a dedicated parliamentary appropriation
- agreed for an initial five-year establishment period
- sufficient to fulfil duties explicitly set out in legislation
- reviewed against transparent workload and capability criteria
- drawn from several relevant portfolios, but consolidated into one funding mechanism
- accompanied by an operating reserve so that an immediate funding decision cannot silence it.

If government selects an independent Crown entity, a dedicated appropriation and statutory safeguards would provide a credible funding model. Te Hiringa Mahara - the Mental Health and Wellbeing Commission illustrates relevant statutory precedent, while the Crown Entities Act 2004 distinguishes independent Crown entities from bodies subject to more direct ministerial direction. This model best reflects consultation participants' emphasis on independence and durability, but the legal form itself should be tested through the options process.

While these funding streams would not make the body immune to future legislative or budgetary change, as no current government can absolutely bind a future parliament, it would make abolition, material defunding, or interference more visible, procedurally harder, subject to parliamentary scrutiny, and politically more consequential than simply ending a discretionary contract. This supports independence and requires transparency at its core.

6.6.1.1 Important safeguards for the stewardship body

The legislation or establishment instrument should provide for:

- an explicit statutory right to publish findings without ministerial approval, but within an agreed process to ensure procedural fairness
- no ministerial power to direct individual investigations or conclusions
- staggered board appointments extending beyond one electoral cycle

- transparent appointment criteria, including Māori, lived-experience, whānau, volunteer and sector representation
- direct tabling of annual and special reports in parliament
- a requirement for the government to respond publicly within a defined period
- periodic independent review of the body's funding adequacy
- full disclosure of funding, gifts and conflicts of interest
- protection against arbitrary removal of commissioners or board members.

This report recommends cross-party agreement at establishment, as institutional durability ultimately depends on legitimacy as well as legal form.

6.6.2. Funding of the centre for excellence through establishment to diversified structure

The centre of excellence requires scientific independence, but it will also undertake a wider range of work: research, data infrastructure, evaluation, translation, implementation support and potentially programme pilots. A mixed funding model is therefore appropriate, incorporating a period of supported establishment followed by a diversified funding model. The establishment phase would include:

- five-year foundational funding
- permission to carry funding across financial years
- a three-to-six-month operating reserve
- a matched-funding campaign to build an endowment gradually.

A reasonable diversification target would be that, after the establishment period, no single discretionary funding source accounts for more than approximately one-third of the centre's operating costs. Protected statutory funding would be treated separately because its independence would arise from legislation and appropriation design. The Tertiary Education Commission provide a standard for benchmarking the requirements of formal Centres of Research Excellence in New Zealand (Tertiary Education Commission, 2026), with the Health Research Council demonstrating that stable and negotiated capability funding can sit alongside contestable research funding ([HRC Annual Report 2023](#)).

Following the establishment period, the centre would operate through foundational public investment, complemented by diversified research, community and earned income. Diversified funding would be sought over the establishment period, which may include:

- a pooled cross-sector funding agreement between relevant government agencies
- competitive research, evaluation and innovation grants
- commissioned research and evaluation, supported by funding safeguards that protect the centre's independence and publication rights
- philanthropy, charitable trusts and Lottery funding to support community-led initiatives and innovation
- fee-for-service training, implementation support and knowledge translation activities
- matched government and philanthropic contributions to establish a long-term endowment
- investment of surpluses into an operating reserve to strengthen financial resilience
- endowment income over time to protect core functions during periods of funding uncertainty.

Government should guarantee that the function exists, but no government, agency or donor should be able to determine what it finds or prevent the public from hearing it.

6.7 Indicative national action agenda

The 0-24 month action agenda below is indicative rather than an implementation commitment. Its purpose is to show a feasible sequence from agreeing functions and commissioning baseline work to developing costed options, interim capability and public reporting.

This report does not provide costed institutional options. If Ministers wish to progress the recommendations, a first step would be to commission officials to prepare options covering institutional form, establishment costs, operating costs, appropriation arrangements, legislative implications, responsible and supporting agencies, Te Tiriti partnership arrangements, data governance, implementation sequencing and risks. Proposals with financial implications should include explicit fiscal

analysis and, where relevant, Treasury engagement. These actions incorporate both the stewardship function and the centre of excellence.

Timing	Action	Primary output
0–90 days	Establish an independently chaired design group with cross-party observers and representation from agencies, Māori, current and former personnel, whānau, volunteers, providers and researchers.	Agreed functions, scope, principles and decision criteria.
0–90 days	Commission rapid baseline mapping of governance, expenditure categories, programmes, data holdings and current outcome measures.	National baseline and duplication/gap hypotheses.
3–6 months	Develop costed institutional options for stewardship and evidence functions, including statutory and interim models.	Cabinet-ready options paper and recommended model.
3–6 months	Agree a draft national outcomes framework and minimum dataset; begin privacy, ethics and data sovereignty design.	Version 1 outcomes and data standard.
6–12 months	Launch interim stewardship and evidence functions with an initial two-year mandate.	Operating bodies, public work programme and governance.
6–12 months	Complete priority evaluations and equity/access audits of selected cross-sector pathways.	Early learning and investment recommendations.
12–24 months	Publish the first State of Service Communities report and readiness dashboard.	Public baseline, gaps, progress and recommendations.
18–24 months	Review authority, independence and impact; determine whether statutory powers are required.	Independent review and legislative decision.

6.8 Indicative first-year deliverables for both stewardship function and centre of excellence

Deliverable	Completion test
National mandate	Ministers and participating agencies endorse the scope, populations, outcomes and governance principles.
Baseline map	Public description of responsibilities, services, funding categories, data assets and major gaps.
Outcomes framework	Agreed indicators covering people, whānau, workforce, organisation, service continuity and readiness.
Minimum dataset	Definitions, governance, privacy and reporting protocols agreed; pilot agencies begin implementation.
Priority research agenda	Published, co-designed agenda prioritising evidence gaps with operational and equity relevance.
Evaluation portfolio	At least three priority programmes/pathways independently evaluated using shared standards.
Navigation prototype	A verified, maintained service map and warm-referral model tested with diverse users.

Deliverable	Completion test
Public reporting	First baseline report states what is known, unknown, improving and requiring escalation.

6.9 Risks and safeguards for both stewardship function and centre of excellence

Risk	Safeguard
Creating another layer of bureaucracy	Keep the steward targeted; prohibit routine service delivery within the stewardship function; use clear functions and sunset/review points.
Duplicating agency responsibilities	Map responsibilities first; focus on cross-boundary gaps, standards, assurance and shared infrastructure.
Loss of service-specific identity	Use a federated model with targeted branch pathways and representation, not a single uniform programme.
Tokenistic Māori or lived-experience participation	Provide governance authority, resourcing, remuneration and decision rights from inception.
Data centralisation and privacy concern	Use minimum necessary data, distributed models where appropriate, consent, sovereignty and transparent governance.
Evaluator conflict of interest	Separate stewardship, programme delivery and evaluation; publish declarations and commission external review.
Election-cycle discontinuity	Seek cross-party commitment to functions and staged design before finalising institutional form.
Premature claims of savings	Establish baselines and independent economic evaluation; describe value propositions cautiously until measured.

7. Action agenda & accountability

7.1 Actions ministers can make now

This report invites Ministers to:

5. note its findings on the wellbeing and readiness needs of Aotearoa New Zealand's military, veteran and emergency-service communities
6. note that the current system contains significant strengths, but lacks an enduring steward, shared outcomes, financial visibility, common data standards and independent evaluation infrastructure
7. agree in principle that officials should explore options for an independent national stewardship function and a national centre of excellence
8. instruct officials to report back with costed institutional options, including statutory and interim models, implementation sequencing, fiscal implications and consultation requirements.

The report recommends agreeing the required functions first, then testing institutional options against independence, authority, durability, Te Tiriti partnership, access to data, cost, avoidance of duplication and public accountability. It considers an independent Crown entity the strongest available model for the stewardship function, while recognising that final institutional form is a matter for government.

7.2 Actions agencies and sectors can make now

The sector consultations highlighted concerns around a lack of accountability and actionable next steps, especially if there was a need to wait for government to coordinate actions. As such, the forums included an assessment of actions that could be taken on a local level immediately, to ensure action is not delayed while diligence is being performed at government level. These actions include:

- adopt a common lifecycle view: recruitment/entry, active service, high-risk exposure, injury, transition and former service
- identify a senior accountable owner for workforce wellbeing and readiness outcomes, with routine reporting to governing bodies
- map existing services and eligibility, establish warm-referral pathways and test navigation with personnel and whānau
- include family and whānau outcomes in programme design and evaluation
- align a small set of indicators: exposure, fatigue, psychosocial safety, access, absence/restricted duties, retention, volunteer availability and trust
- review transition and medical-separation handovers, including consent-based information transfer and follow-up
- share programme evaluation findings, including null or negative findings, to reduce repeated ineffective pilots
- test cross-agency opportunities such as peer-support training, clinician cultural capability, procurement of evaluation and regional navigation
- fund protected lived experience and whānau participation in governance, evaluation and implementation, including preparation, accessibility, cultural support and independent facilitation
- require major research and programme investments to include a knowledge mobilisation plan specifying users, products, decision points, implementation support and adoption measures.

7.3 Targeted branch actions

Branch/community	Priority action in the next 12 months
NZDF	Integrate wellbeing, whānau sustainability, trust and transition indicators with readiness and retention reporting; independently assure implementation of culture and reporting reforms.
Veterans	Fund a lead coordination function for Te Arataki; establish a veteran identifier and measurable implementation plan; improve family-inclusive navigation.

Branch/community	Priority action in the next 12 months
Police	Create a longitudinal personnel-to-post-service evidence plan; address cumulative suicide exposure, organisational hassles, supervision, fatigue and trusted reporting.
FENZ	Link culture, fatigue and volunteer-journey evidence to station-level improvement and operational availability; publish progress using consistent measures.
Ambulance	Measure run-on overtime, missed recovery opportunities, moral distress, retention and family effects; align provider data and evaluation.
Corrections	Establish an evidence programme on staff safety, cultural and moral harm, wellbeing and retention, co-led with Māori staff and communities.
Surf lifesaving	Create shared minimum standards for critical-incident support and volunteer wellbeing while preserving local delivery; prioritise youth and training access.
Families/whānau	Create a cross-sector whānau advisory and co-design mechanism; establish direct access, information and outcome measures.
Former emergency services personnel	Pilot a trusted cross-sector navigation pathway and consent-based longitudinal follow-up after exit or medical separation.
Regional networks	Formalise referral, information and learning networks that connect national systems with local providers, iwi, rural communities and service leaders.

8. Conclusion

Aotearoa New Zealand has capable agencies, committed leaders, specialist providers, strong community organisations and deep lived expertise. This report proposes that those individuals who accept unusual risk, exposure and disruption in service to Aotearoa New Zealand should not be left to navigate fragmented systems when that service affects them or their whānau.

The core problem is not inaction. It is that nobody is responsible for assuring how the actions and investments fit together, whom they reach, whether they work, how knowledge is put into practice and what their combined effect is on workforce sustainability and national readiness.

This report therefore recommends disciplined national infrastructure: an enduring, independent and publicly accountable stewardship body, preferably an independent Crown entity established through legislation, supported by a scientifically and evaluatively independent centre of excellence. Government should agree the required functions first and commission costed institutional options before determining final form. Both functions must share authority with Māori, personnel, former personnel, volunteers, whānau and lived-experience leaders. Together, they would make investment visible and accountable, move useful knowledge into practice, identify neglected communities and give Ministers a reliable view of the human capability on which national security and emergency response depend. Supporting those people and their whānau is not peripheral to readiness. It is how Aotearoa New Zealand ensures it is ready – and how it honours those on whom readiness depends.

References

- Adams, J., Asiasiga, L., McManus, V., & Dickinson, P. (2018). Ready to respond: Impact of illness, injury and death incidents on firefighter wellbeing (Research Report No. 166). SHORE & Whāriki Research Centre, Massey University. <https://www.fireandemergency.nz>
- Alger, S. E., Bennett, C., Bennett, N., Huebner, M. G., Lee, J. E. C., McCuaig Edge, H. J., Simms, A., & Adler, A. B. (2024). Insufficient sleep and behavioral health in the military: A 5-country perspective. *Current Psychiatry Reports*, 26, 229–239. <https://doi.org/10.1007/s11920-024-01497-1>
- Alrutz, A. S., Buetow, S., Cameron, L. D., & Huggard, P. K. (2020). What happens at work comes home. *Healthcare*, 8(3), Article 350. <https://doi.org/10.3390/healthcare8030350>
- Anderson, N. E., Gott, M., & Slark, J. (2018). Grey areas: New Zealand ambulance personnel's experiences of challenging resuscitation decision-making. *International Emergency Nursing*, 39, 62–67. <https://doi.org/10.1016/j.ienj.2017.08.002>
- Bowling, R. K. (2022). The experiences of Māori prison officers in Aotearoa New Zealand's prison system [Master's thesis, Victoria University of Wellington].
- Clark, B. (2022). Independent review of FENZ's workplace culture and complaint handling practices. Te Kawa Mataaho Public Service Commission. <https://www.publicservice.govt.nz>
- Crown Entities Act 2004 (NZ). <https://www.legislation.govt.nz/act/public/2004/115/en/latest/>
- Curd, A., Vinnell, L., & Johnston, D. M. (2025). Exploring the role of search and rescue non-government organisations in emergency events: A systematic review in Aotearoa New Zealand. *Australian Journal of Emergency Management*, 40(1), 23–30.
- Department of the Prime Minister and Cabinet. (2023). Secure together Tō tātou korowai manaaki: New Zealand's national security strategy 2023–2028. New Zealand Government.
- Duckworth, S., & Sinko, J. (2017). The voice of the family: Research with families of volunteers (Research Report No. 159). Litmus for Fire and Emergency New Zealand.
- Emmett, C. (2024). An investigative study of factors contributing to volunteer stress and burnout in Surf Life Saving New Zealand [Unpublished MBA high-impact project]. University of Waikato.
- Fire and Emergency New Zealand. (2022). Recruitment and retention of volunteers: Evidence brief #208. <https://fireandemergency.nz/assets/Documents/Research-and-reports/Report-208-Recruitment-and-Retention-of-Volunteers-Evidence-Brief-2022-v2.pdf>
- Fire and Emergency New Zealand. (2024). Diversity and inclusion strategy 2024–2034. <https://fireandemergency.nz>
- Geeson, N. (2017). Determining the impact of trauma and daily organisational hassles on psychological distress and burnout in New Zealand police officers; and the moderating role of social support [Master's thesis, Massey University].
- Guesgen, M. (2019). Managing presence and absence: Experiences of partners of New Zealand soldiers deployed to Iraq [Master's thesis, Massey University].
- Health Research Council of New Zealand. (2023). Annual report: Pūrongo ā-tau 2023. <https://www.hrc.govt.nz/sites/default/files/2023-12/HRC%20Annual%20Report%202023%20web%20final.pdf>
- Huddleston, L. M. (2002). The impact of traumatic and organizational stressors on New Zealand Police recruits: A longitudinal investigation of psychological health and posttraumatic growth outcomes [Doctoral dissertation, Massey University].
- Lin, E.-Y., McManus, V., & Adams, J. (2021). Understanding the volunteer journey (Research Report No. 187). SHORE & Whāriki Research Centre, Massey University; Fire and Emergency New Zealand.
- Lyra, R. L., McKenzie, S. K., Jenkin, G., & Every-Palmer, S. (2024). 'How can you not be traumatised': Experience of paramedics occupationally exposed to suicide. *Paramedicine*, 22(2), 80–90. <https://doi.org/10.1177/27536386241283986>

- Lyra, R. L., McKenzie, S., Jenkin, G., & Every-Palmer, S. (2026). "Everything that you do tears away a little piece of you": How police officers cope with occupational exposure to suicide. *Death Studies*, 50(7). <https://doi.org/10.1080/07481187.2026.2683690>
- Mackay, L., Schofield, G., Campbell, J. L., & Oswald, P. (2024). Whanaungatanga wellbeing survey: 2024 survey results update. Auckland University of Technology.
- Minister of Health. (2023a). Rural health strategy. Ministry of Health. <https://www.health.govt.nz>
- Minister of Health. (2023b). Te Mana Ola: The Pacific health strategy. Ministry of Health.
- Ministry of Defence. (2023a). Defence policy and strategy statement 2023. New Zealand Government. <https://www.defence.govt.nz>
- Ministry of Defence. (2023b). Future force design principles 2023. New Zealand Government. <https://www.defence.govt.nz>
- Ministry of Health. (2024). Aide-mémoire: Meeting with the Minister of Defence and Minister for Veterans, 14 February 2024 (H2024035408). New Zealand Government.
- New Zealand Defence Force. (2026). Strategic intentions 2026–2030. Headquarters New Zealand Defence Force.
- New Zealand Fire Service. (2009). Describing the value of the contribution from the volunteer fire brigade (Research Report No. 100). <https://fireandemergency.nz/assets/Documents/Research-and-reports/Report-100-Describing-the-value-of-the-colunteer-fire-brigade-FINAL.pdf>
- New Zealand Search and Rescue. (2023). New Zealand Search and Rescue environmental scan. New Zealand Search and Rescue Council. <https://www.nzsar.govt.nz>
- Office of the Auditor-General. (2023). New Zealand Defence Force: Resetting efforts to reduce harmful behaviour (B.29[23c]). <https://oag.parliament.nz>
- O'Keefe, K., Zaslona, J., & Signal, L. T. (2020). Fatigue in firefighting and associated support roles (Report No. 178). Sleep/Wake Research Centre, Massey University; Fire and Emergency New Zealand.
- O'Reilly, M., Thorne, B., Smith, P., & Kiyimba, N. (2025). Towards a suicide-responsive police culture: Police experiences of working with suicide. *Policing and Society*, 35(1), 101–117. <https://doi.org/10.1080/10439463.2024.2372684>
- Paterson, R. (2018). Warrant of fitness: An independent review of the Veterans' Support Act 2014. New Zealand Defence Force.
- Public Service Commission. (2025). Department of Corrections summary report: Te Taunaki Public Service Census. New Zealand Government.
- Rowe, M. (2022). Commission of Inquiry into Police Conduct: 15-year review. Northumbria University.
- Shaw, C. (2019). Independent review of Fire and Emergency New Zealand's workplace policies, procedures and practices to address bullying and harassment. Fire and Emergency New Zealand.
- Social Wellbeing Agency. (2021). Veteran population in New Zealand: A3 snapshot. Toi Hau Tāngata.
- Stephens, C., Long, N., & Miller, I. (1997). The impact of trauma and social support on posttraumatic stress disorder: A study of New Zealand police officers. *Journal of Criminal Justice*, 25(4), 303–314. [https://doi.org/10.1016/S0047-2352\(97\)00015-9](https://doi.org/10.1016/S0047-2352(97)00015-9)
- Stewart, E., Fien, S., Peden, A. E., & Lawes, J. C. (2025). Mental health needs and wants of younger first responders: Identifying vulnerabilities and opportunities for developing a targeted mental health toolkit for surf lifesavers aged 13–25 years. *Journal of Safety Research*, 92, 437–447. <https://doi.org/10.1016/j.jsr.2024.12.009>
- Taaka, S. S., Tamatea, A., & Polaschek, D. L. L. (2025). Corrections officers' working relationships in prison and their effect on officers' perceived safety. *Psychiatry, Psychology and Law*. Advance online publication. <https://doi.org/10.1080/13218719.2025.2583100>
- Teale, D., & MacDonald, C. (2020). Independent review of the New Zealand Defence Force's progress against its action plan for Operation Respect. Ministry of Defence.

- Tertiary Education Commission. (2026). Statement of performance expectations 2026/27. <https://www.tec.govt.nz/assets/Publications-and-others/TEC-Statement-of-Performance-Expectations-2026-27.pdf>
- Veterans' Advisory Board. (2026). Report on the review of the Te Arataki Action Plan and proposal for a way forward. New Zealand Government.
- Veterans' Affairs New Zealand. (2022). Te Arataki mō te hauora ngākau mō ngā mōrehu a Tū me ō rātou whānau: The veteran, family and whānau mental health and wellbeing policy framework. New Zealand Defence Force.
- Veterans' Affairs New Zealand. (2023). Te Arataki mō te hauora ngākau mō ngā mōrehu a Tū me ō rātou whānau: July 2023–December 2024 work programme. New Zealand Defence Force.
- Volunteering New Zealand. (2019). New Zealand Search and Rescue volunteer study. New Zealand Search and Rescue Council.
- Volunteering New Zealand. (2023). 2023 volunteer study: Review of the 2019 recommendations and update. New Zealand Search and Rescue.
- Wellington Free Ambulance. (2023). Kia ora te tangata: Strategy 2030. <https://www.wfa.org.nz>
- Wickman, J. (2024). The effects of having a partner in a first responder occupation on social support and wellbeing in police officers [Master's thesis, Massey University].
- Worswick, R. (2025). Changing military medical standards—Are we doing harm? *Journal of Military and Veterans' Health*, 33(4), 9–35.

Supplementary Materials register

Appendix	File	Role in this report
Supplementary Materials 1	Rapid Review Search Strategy	The full search strategy for the rapid review.
Supplementary Materials 2	A table of the identified sources from the desktop review.	List and extraction of data of the identified sources for research, policy, strategy, and legislation.
Supplementary Materials 3	Service providers and Sector Map	Organisations, programs, and services that provide support for military and emergency services communities.
Supplementary Materials 4	A summary of the survey responses	Overview of the pre-forum and wider-sector survey responses
Supplementary Materials 5	A summary of the forum responses	Overview of the forum responses