THE CANADIAN ARMED FORCES (CAF) MEMBERS' EXPERIENCE WITH SOCIAL
SERVICES IN THE MILITARY: AN EXPLORATORY STUDY

by

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ABSTRACT

The Canadian Armed Forces (CAF) members' experience with social services in the
military: An Exploratory Study.
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The aim of this study was to critically explore the strengths, limitations, barriers and gaps

in social services within the CAF in relation to delivery, access and uptake of social services

while employed in the CAF. The study provided CAF members an opportunity to express their

thoughts, ideas and opinions based on their lived experiences, and to explore creative responses

and solutions to issues members face with social services in the CAF.

Presented are the findings from data collected through semi-structured, in-depth

interviews with recently released CAF members. Themes that emerged from the research

captured the lived experiences of the participants and were related to: differences between

components (Regular Force vs. Reserve Force), perceived need and its effect on utilization of

services, significant improvements in services post 9/11 and Afghanistan, organizational and

systemic influence, impact of service providers, and better promotion of social services to the

greater CAF community.

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CHAPTER 1. INTRODUCTION

Military personnel, like many others, are reluctant to admit to having a personal problem of any sort (National Defence and the Canadian Armed Forces [NDCAF], 2014), and are even more reluctant to seek help. "Suck it up, buttercup!" is a common phrase any person who has worked in or with the military has heard before, which basically implies that instead of complaining or discussing issues that are affecting you, you should simply ignore it and "soldier on", regardless of how dire or overwhelming the circumstances (Bennett, Crabtree, Schafer, & Britt, 2011). But, this is not a simple solution for everyone.

As a currently serving military member with the Canadian Armed Forces (CAF), I have firsthand knowledge of what working in the military entails; a complex, challenging and demanding career. It must be noted that whilst I have not worked in the Health Services units and am not employed as a social worker in the CAF, I have been a member of the CAF for more than six years, and have trained and worked with personnel from various bases and units throughout the country, in environments that are both combat and non-combat in nature. As such, I have acquired anecdotal evidence from my interactions with comrades which indicates that only a few currently serving members actually are aware of and utilize the social services that might be available to them. While some members are coping with the difficulties and challenges of multiple aspects of their lives (for example, work related stress, interpersonal conflicts, marital and/family difficulties, etc.), there are others who have the additional stressors of having deployed (sometimes numerous times) on overseas missions, who have also admitted to experiencing grave trauma that have and continue to haunt them, and yet, have not taken advantage of actually seeking help and using the services that could benefit them. It is for these

reasons I felt compelled to further explore this phenomenon for the benefit of appropriately and

efficiently working with the military community to meet their needs.

From a critical, transformative, anti-oppressive perspective, acknowledging and

addressing the social and structural inequalities that exist in military social services are crucial to

providing and appropriately responding to the needs of CAF members. According to current

policies within Canadian Forces Health Services Branch, a need exists to provide support and

treatment for Canadian Forces members and their families; however, this is not always feasible

due to shortages of staff and resources (Department of National Defence Mental Health Service

Branch [DNDMHSB], 2007). While this has been reported as one explanation for the lack of

appropriate response in meeting the needs of CAF personnel, I believe there are other factors that

might contribute to this issue, such as, organizational and systemic barriers, inadequate

promotion and knowledge of available services, and members' reluctance to seeking help based

on perceived need. It also raises a great deal of concern at a time when the mission in

Afghanistan (2002-2014) has come to an end and thousands of CAF personnel have recently

returned to Canada (Chase, 2014, March 18; Proussalidis, 2014, March 18; NDCAF, 2014, April

22), accompanied by more than their issued "baggage" (Ivison, 2013, December 10; Sher, 2011,

May 30; Chai, 2013, July 2).

As such, it is through this exploratory study that I aim to critically explore the successes,

limitations, barriers and gaps in social services within the Canadian military community in

relation to delivery, access and uptake of social services while employed in the CAF. The goal is

to provide CAF members an opportunity to express their thoughts, lived experiences, and ideas,

and to explore creative responses and solutions to some of the many issues they face when it

comes to access, delivery and uptake of social services. Findings of this research are needed to

provide an improved understanding of social services for CAF members so as to find ways of better advocating for members, structuring relationships and creating avenues aimed at empowering members, and will make a contribution to social work services and social work practice with this unique group.

CHAPTER 2. LITERATURE REVIEW

The CAF is made up of the Royal Canadian Navy, the Canadian Army and the Royal Canadian Air Force, and consists of more than 90,000 Canadians that serve in over 100 trades and professions (Department of National Defence [DND], 2014); the Forces is composed of approximately 43,365 full-time members, 5,000 Canadian Rangers and 27, 135 reservists (National Defence and the Canadian Armed Forces [NDCAF], 2013). Within the CAF, social workers are responsible for and provide a range of social services intended to support the morale, efficiency and mental health of CAF members and their families; services include the provision of clinical interventions such as counselling for compassionate problems, delivery of preventive and rehabilitative programs, and counselling services that may result from the various stressors of military (pre and post-deployment stress) and other personal aspects of their lives (suicide prevention, individual and family problems, marital breakdown, family violence) [DND, 2014]. It is surprising then that within such a large organization such as the CAF, that features a complex, demanding and stressful career that is descriptive of the CAF members' roles and responsibilities, that there is so little research available that explores the role of social work and social services with and for the CAF.

Indeed, while there are studies available that relate to the military in general, most are American-based in nature, focusing predominantly on: the impact of deployment and war-related stress on the mental health of service members (Asbury & Martin, 2012; Beder, Coe, & Sommer, 2011; Castro, 2009; Hammelman, 1995), mental health concerns and barriers to seeking treatment (Bennett, Crabtree, Schafer, & Britt, 2011; Castro et al., 2004; Clinton-Sherrod, Gibbs, Walters, Martin, & Johnson, 2012; Drapalski, Milford, Goldberg, Brown, & Dixon, 2008; Elbogen et al., 2013; Hoge, Auchterlonie, & Milliken, 2006; Kim, Britt, Klocko, &

Riviere, 2011; Vogt, 2011), effects of job-related stress (Bray, Camlin, Fairbank, Dunteman, & Wheeless, 2001), and military culture and social work with veterans (Wheeler & Bragin, 2007). Only a few studies explore the experience of military personnel from a Canadian perspective, focusing on subject areas such as: the effects of deployment and deployment-related mental health concerns (Boulos & Zamorski, 2013; Roberts, 2008; Sareen et al., 2008) and treatment seeking for mental health and barriers to care (Fikretoglu, Brunet, Guay, & Pedlar, 2007; Garber, Sudom & Zamorski, 2012). With the mission in Afghanistan (which spans more than a decade and has recently come to an end), there has been an increase in research conducted in recent years about the CAF, but there is still limited theoretical and empirical research that exists when it come to social services and its relevance to CAF personnel and their families.

From the literature that is available, emphasis has been placed on research that focuses on the mental health of service members, particularly in relation to deployments and war-related stress without much focus on understanding the other stressors (such as work, personal relationships, marital or family problems and challenges) that exist in a military member's life. There is also limited research that explores the other aspects of military social services that go beyond clinical intervention, and the implications for social work practice with this population. In fact, in Canada, the focus has been primarily on studies involving the stressors and experiences of veterans, with an emphasis on deployment and deployment-related mental health issues (Boulos & Zamorski, 2013; Fikretoglu, Brunet, Guay, & Pedlar, 2007; Garber, Sudom & Zamorski, 2012; Sareen et al., 2008).

There is more to military life, however, that goes beyond active duty and combat. For Savitsky, Illingworth, & DuLaney (2009), while military members and their families are no different from the general population in needing and seeking social services to deal with life's issues, the

military lifestyle does offer a unique experience and amplifies the complexity of members'

situations (as cited in Beder, Coe, & Summer, 2011), making the experience of military personnel

with social services a unique one. According to Beder et al., (2011), "while the most immediate

stressor that comes to mind is active combat, service members also face stress from other

sources" (p. 516). In addition to the personal aspects of a members' life which includes personal

relationships, family life and general work-related responsibilities, there is no denying that

additional stress exists and is a common part of military life (Beder et al., 2011), and military

personnel are exposed to a wide range of stressors in their daily lives that go beyond the work

environment and occupational training (Bray et al., 2001) to include other aspects of their lives

as well, such as numerous lengthy deployments, financial burdens, and even isolation from

limited communications (Beder et al., 2011). As such, three general categories of stress have

been listed by Kelly and Vogt (2008) that go beyond the stressors of deployment: job demands,

work-family conflicts, and sexual harassment/assault. In addition, the job demands of military

members relate to heavy levels of and increased workloads, lack of autonomy, unpredictable

schedules, as well as conflict with other military members or military personnel. While a study

by Bray, Fairbank & Marsden (1999) found that "military personnel reported higher levels of

stress associated with their work than with their family life overall" (p. 251), it also found that

separation from family was the most frequently reported leading source of high stress.

Nonetheless, studies conducted with military patients at mental health clinics have found work

stress and work-related problems to be the primary contributor to military members' emotional

problems (Manning et al. 1981; McCarrol et al., 1993), with more recent studies by Pflanz (2001,

2002) that found the majority of military mental health patients and military personnel reporting

work-related stress as a significant contributor to the onset of mental illness. The top three

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reported work stressors were: change in responsibilities at work, change in work hours or conditions and, change to a different line of work (Pfanz, 2002).

The effects of such stressors can further impact the job functioning and well-being of military personnel. Findings from the study by Bray et al. (2001) indicate that the challenges of job functioning is related to stress, depression, substance use, and coping styles, and as such the study suggests that "it may be useful for military health providers to focus on interventions to identify, prevent, and provide therapeutic care for stress-related problems and depression for military personnel" (p. 413). It is currently unclear if this presently exists within the CAF since there has not been any recent research that highlights and explores this. This is not only relevant for social work practice with military members but directly relates to the impact on treatment. From a provider's perspective, it has been reported that work-related issues in the military affects not only care seeking, but treatment continuity as well. The study by Clinton-Sherrod et al. (2012) found that work-related factors (such as increased work tempo, deployment, and permanent change of station) not only have an impact on treatment for substance use and family violence but "other barriers to treatment such as resource issues, coordination of care, command support of treatment, and the participation of soldiers and families in treatment" (p. 84) impact treatment seeking and continuity as well. These additional barriers and factors affecting treatment, however, have yet to be explored.

As mentioned before, findings from past research studies have demonstrated that only a minority of those with need actually seek care for a number of reasons, with a broad range of structural and attitudinal barriers involved in the decision to seek care (Fikretoglu, Guay, Pedlar, & Brunet, 2008; Hoge et al., 2004; Sareen et al., 2007; Wang, 2006, as cited in Garber, Sudom & Zamorski, 2012). Yet, this is a topic that is rarely explored in the military community, apart from

studies related to mental health concerns (such as Post Traumatic Stress Disorders [PTSD] and

Occupational Stress Injuries [OSI]). There has been extensive research recently that does explore

the perceptions of stigma associated with seeking care for mental health problems and the

structural barriers related to practical concerns about seeking treatment that influence care

seeking for mental health problems (Garber et al., 2012; Castro et al., 2004; Clinton-Sherrod et

al., 2012; Drapalski, Milford, Goldberg, Brown, & Dixon, 2008; Elbogen et al., 2013; Fikretoglu

et al., 2007; Garber et al., 2012; Hoge et al., 2006; Kim et al., 2011; Vogt, 2011), but to the best

of my knowledge, there has been no research that has explored the availability, access to and

uptake of social services in the CAF by its members, especially for services that go beyond

clinical interventions for PTSD and OSI for deployed personnel and returning veterans.

When it comes to care and treatment, barriers that have been identified in the literature

include, but are not limited to: stigma, organizational and structural barriers, personal factors,

and negative attitudes toward treatment (Bennett et al., 2011; Castro et al., 2004; Clinton-

Sherrod et al., 2012; Drapalski et al., 2008; Garber et al., 2012; Kim et al., 2011; Vogt, 2011).

Stigma is often perceived as the greatest barrier to care and lower care-seeking

propensity, but recent studies have resulted in mixed findings with studies that find no effect of

stigma on the propensity to seek care (Kim et al., 2011) and others that find perceived stigma to

be associated with greater interest in care (Brown, Creel, Engel, Herrell & Hoge, 2011, as cited

in Garber et al., 2012). For military personnel, however, it is the structural and organizational

barriers to care that have been identified in recent studies as presenting an additional challenge

which can adversely impact on other aspects of members' lives beyond impeding access to care

(Kim et al., 2011). When it comes to the military, it is a very structured organization that is

hierarchical in nature and governed by numerous policies and guidelines that need to be adhered

to. As such, gaining access to and utilizing social services can be challenging for military personnel. According to Hoge et al. (2004) and Kim et al. (2010), a high proportion of military members express concerns about issues such as difficulty scheduling appointments, getting time off for treatment, and the cost of mental health care (as cited in Kim et al., 2011). To overcome some of these structural barriers to care, the CAF has invested significantly in its mental health system over the past decade, with members receiving unlimited access to care at no personal expense (Garber et al., 2012), eliminating financial cost as a barrier to care.

The most common theme that emerged from the literature was the negative attitudes toward treatment. Kim et al. (2011) and Hoge et al. (2004) reported that in addition to stigma and organizational/structural barriers, negative attitudes toward treatment represented a distinct barrier to care (as cited in Garber et al., 2012) which inversely predicted treatment seeking. Personal beliefs also play a huge role in the utilization of care. Studies in mental health care by Kessler et al. (2001) and Druss et al. (1999) have found that consumers may prefer to solve mental health problems on their own, believe problems will improve without treatment, or view treatment as largely ineffective; additionally, the utilization of care may be affected by their perceptions of the quality of communication and relationship with their service provider (as cited in Drapalski et al., 2008). Furthermore, in the study of CAF members by Fikretoglu, Guay, Pedlar, and Brunet (2008) it was found that not only were members with negative beliefs toward treatment less likely to report using mental health services, but perceived need for mental health services was the most important factor associated with mental health service use (as cited in Kim et al., 2011).

Over the years, particular interest has been given to studies on Regular Force deployed personnel or veteran personnel who have served overseas, while failing to address and explore

the fact that social support is needed by non-deployed personnel as well. In fact, while there has been a shift in studies from the focus on WWII and Vietnam veterans to those from recent missions, such as, Iraq and Afghanistan (Beder, Coe, & Summer, 2011; Bennett, Crabtree, Schafer, & Britt, 2011; Boulos & Zamorski, 2013; Castro et al., 2004; Elbogen et al., 2013; Garber, Sudom & Zamorski, 2012; Hoge, Auchterlonie, & Milliken, 2006), there is still little development in studies that address other factors and the rest of the military population (such as, members who have never deployed and Reserve Force personnel). Although historical findings from past conflicts are often generalized to apply to current conflicts and may be relevant and helpful in understanding the general effects of deployment (Asbury & Martin, 2012), there remains insufficient empirical evidence pertaining to the effects of today's military personnel in general and the availability and use of social services in the military.

There has been a recent shift that finds more research emerging from a Canadian perspective; not just American-based studies. However, the focus still remains predominantly on mental health issues (Boulos & Zamorski, 2013; Fikretoglu, et al., 2007; Roberts, 2008; Sareen et al., 2008), stigma and barriers to care (Garber et al., 2012), and less on other aspects of military life for members (and to a larger extent, their families). There is also no research that further explores the lived experiences of military personnel; no studies that gives members an opportunity to provide detailed descriptions of their original experiences which can contribute to experiential and insightful research.

While the research available provides findings that are beneficial to understanding certain phenomenon, the reality is that there are some gaps in the research and areas that have not yet been fully explored. From an anti-oppressive perspective there is surprisingly no research found that explores issues of diversity and identity, and the intersectionality of oppression for military

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members and the military community. There is definitely a lack of phenomenological, qualitative studies that explore the lived experiences of military personnel. Instead of open-ended, semi-structured interviews that allow for more open conversations and give members opportunities to share their personal, lived experiences, the research available have been mainly quantitative; consisting of surveys (Asbury, E. T., & Martin, D. (2012), Bennett et al., 2011, Clinton-Sherrod et al., 2012; Elbogen et al., 2013; Fikretoglu et al., 2007; Garber et al., 2012), questionnaires (Bray et al., 2001), or a mix of surveys and short interviews (Beder et al., 2011).

In addition, according to the Department of National Defence (2014) website, along with the "full range of challenges common to Canadian society, Forces members and their families cope with additional stresses associated with frequent moves and separations" and as such a need exists to provide support and treatment for CAF members and their families since these stresses can give rise to social and family circumstances that require complex social work interventions. There also appears to be a need for additional efforts in the form of specific training programs or other interventions, in order to build needed awareness and coping skills (Bray et al., 2001) for military personnel dealing with the multiple challenges and stressors of work-related and personal issues. While it is reported however, that such support and treatment is not always feasible due to shortages of staff and resources (Department of National Defence Mental Health Service Branch, 2007), there has been no follow-up research that explores this matter. In fact, this is in direct contradiction with the study by Boulos & Zamorski (2013) which states that the CAF has over the past decade invested significantly in its mental health care system. Further research is therefore needed in order to gain a better understanding of what exactly the experience is for CAF members, from the service users' perspective. Such research will also assist in acknowledging and addressing the strengths and weaknesses of social services in the

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military, any social and structural inequalities that exist, or other barriers present, while opening the door to opportunities for facilitating greater engagement and more effective social service practice with the military community.

Due to the limited qualitative research of CAF members (and military personnel in general) and their experience with social services while employed in the CAF, it is the hope that this study (along with future studies), will be able to build on already existing research, while at the same time providing an opportunity for service users to express their personal thoughts, share their lived experiences, opinions, ideas, and to explore creative responses and solutions to some of the many issues they face when it comes to access, delivery and uptake of social services. This is an important step in providing for and adequately addressing the needs of CAF members beyond mental health issues resulting from deployment-related trauma (as are the focus of most recent studies to date). It makes little sense for the CAF to invest heavily in its health services (social services fall under the same category as health services in the CAF) without simultaneously exploring the effectiveness of these services in the CAF community, and the implications for current and future social work practice. Not only will such research explore the current social work and practice available (or lacking) and the experiences of CAF members with such services, but it will empower service users by giving them an opportunity to share their opinions and ideas for creating innovative new practices and procedures that would facilitate greater engagement and more effective services and practice in the field of social work when working with the military community.

CHAPTER 3. THEORETICAL FRAMEWORK

Anti-oppressive theory argues that we do not simply belong to a single social identity but rather to social groups that are differentiated by factors such as gender, age, ability, sexual orientation, class, etc., which can be both privileging to some when it comes to access to power and resources while simultaneously marginalizing and restricting others (Baines, 2007). While the theory acknowledges that injustice and inequality exist through social differences and structural inequalities, it also points out that power plays a huge role in maintaining them.

When working from within an anti-oppressive framework one must be aware of and acknowledge the structures within the various systems in society that lead to inequality and oppression. Oppression can come in many forms and through various systems (such as, organizational structure, education, policies); individuals and organizational/social structures can oppress others in ways that limit access to resources and opportunities to meet their needs. Healy (2005) argues that there is the assumption that there are multiple forms of oppression at play, that oppression is tied to unequal power relations, and that critical reflection is paramount. Within the military environment, there are unequal power relations and multiple forms of oppression that exist; from the hierarchical structure of the military, to the hetero-normative masculine identities (Barrett, 1996; Coll et al., 2011; Garber et al., 2012; Green et al., 2010; Stotzer et al., 2012), stigma (Hooyer, 2012; Kim et al., 2011), and internalized oppression (Garber et al., 2012; Kim et al., 2011). Interestingly enough, however, there has been no research found that explores the issues of diversity and identity, various forms of oppression and the intersectionality of oppression for members in the CAF. Addressing these social and structural inequalities that exist and how they impact on military social services are crucial to providing and appropriately responding to the needs of CAF members.

The CAF is a very structured organization that is hierarchical in nature (a clear division exists between officers and non-commissioned members [NCM], and between members of varying ranks) and governed by numerous policies and guidelines that need to be adhered to. It can then sometimes become challenging for military personnel to navigate the organization and to gain access to and utilize social services when having to follow these policies. The CAF not only dictates the process whereby members can seek assistance, but currently there are a number of policies CAF social workers must follow as is mandated. These policies include the Canadian Forces Health Services Policy and Guidelines 51000-42 and DAOD 5017-0 Mental Health and Mental Health concept paper. They not only outline the role and responsibilities of the CAF health professionals, but the policies also dictate who within the CAF can access services and the types of support military social workers can provide to members [DND, 2014]. Reserve Force members, for example, do not have the same medical and dental coverage as their Regular Force counterparts and are only covered during specified periods of eligibility based on duty status and whether or not their illness or injury is related to military service (DNCAF, 2013b). As such, part-time reservists do not always have access to and cannot utilize the same services, even though the aim of the policy is to assist and contribute to the "achievement of a high level of morale, efficiency, and mental health in the Canadian Forces through the provision of a professional social work service to military members" (Department of National Defence, 2007, p. 1). This grants a certain degree of power and privilege by the Chain of Command (CoC), social workers and health care professionals, and the organization as a whole, as members must adhere to these policies as outlined, or be reprimanded if they do not.

In addition to these barriers, the stigma and negative attitudes toward treatment seeking mean that individuals may find themselves feeling further marginalized and oppressed, and

would thus avoid treatment at all costs, either because they don't perceive there is a need for it or because of the fear of their careers being jeopardized if their CoC were to find out about their situation and utilization of social services.

Altogether, these are forms of oppression that create and enforce barriers to seeking treatment and present additional challenges for members which can adversely further oppress and negatively impact their lives. From an anti-oppressive framework, understanding how these power relations and forms of oppression impact the access to, delivery of, and utilization of services for military members is tantamount to creating an equitable environment that empowers members to overcome the barriers and obstacles that might be oppressing them.

Dominelli (1993) defines anti-oppressive practice as one that,

> "embodies a person-centered philosophy, an egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people's lives; a methodology focusing on both process and outcome; and a way of structuring relationships between individuals that aims to empower users by reducing the negative effects of hierarchy in their immediate interaction and the work they do together (p. 24).

In other words, anti-oppressive theory and practice seeks to provide an egalitarian working environment where service users identify their needs and collaborate with social workers to identify their strengths and resources to overcome the barriers and obstacles within their environments in a way that is empowering in nature, while providing opportunities for service users to combat oppression, access resources and meet their needs.

When it comes to anti-oppressive research, a critical perspective must be adopted in order to understand the dynamics at play and to effectively create strategies of resistance for marginalized groups. A critical anti-oppressive paradigm must then seek to analyze and

transform the social, cultural, organizational, institutional, and individual-level structures and processes that oppress CAF members in need of social services, while also focusing on "creating spaces that promote service users' empowerment and working in partnership with those users in practice, pedagogical, and research settings" (Poole et al., 2012, p. 22). For the purpose of this study, this will be best achieved through exploratory research that examines the phenomenon from the perspective of CAF members, while providing them an opportunity to express their views, thoughts and ideas based on their lived experience.

Since anti-oppressive theory and practice seeks to recognize the oppression that exists in our society and attempts to mitigate the effects of these forms of oppressions, with hopes of equalizing the power imbalance, qualitative research such as this becomes an essential tool in giving individuals who may have been oppressed or have not previously been given an opportunity to have their voices heard, share their stories and lived experiences, and to illustrate the complex and multiples forms of oppression and how it impacts them from their perspective. For the CAF, there is limited qualitative research that explores the realities of life for CAF members, and none that explores their experience with social services. It is my goal that through this exploratory research, using detailed descriptions provided by CAF members themselves, and close analysis of the individual lived experience that this study will be able to capture the meaning and common themes to better understand the experiences of CAF personnel in accessing, the delivery of and utilization of social services.

In so doing, by exploring this subject and presenting the findings, not only is valuable information gained in a subject area that has not been previously explored, but with an improved understanding of the experience of CAF members with social services, and by recognizing power imbalances and forms of oppressions, social workers can then work towards the promotion of

change to redress the balance of power (Dalrymple & Burke, 1995), by finding ways of better

advocating for CAF members, structuring relationships and creating avenues aimed at further

empowering members.

CHAPTER 4. METHODOLOGY

Methodology

This study aims to explore the CAF members' experience with military social services in an attempt to understand more about the issues, strengths, limitations and barriers facing CAF personnel in relation to current delivery, access and uptake of social services while employed in the CAF. To achieve this, an exploratory approach using a qualitative method of interviewing was used in this study. Using semi-structured interviews, CAF veterans were asked to describe their personal experience with accessing, delivery of, and uptake of social services while employed in the CAF. The goal was to give members an opportunity to share their thoughts, experiences and ideas, and to explore creative responses and solutions to some of the many issues CAF personnel face when it comes to utilization of these services.

The study seeks to gain insight into the experiences of CAF members through in-depth, semi-structured interviews in order to gain a deeper understanding into the realities of the lived experiences of military members with social services in the CAF; that is, knowledge, provision and utilization of social services while so employed in the CAF. Qualitative research is a good way to study everyday life situations and allows for a better understanding of those situations by providing thick, rich descriptive data. Given the dearth of research on the topic, a qualitative exploratory study seemed most appropriate.

The purpose of exploratory research is to examine a research problem when there is limited to no earlier studies to refer to. The focus is on gaining insights and familiarity for later investigation when problems are in a preliminary stage of investigation. Whether it is seeking to explore, describe, or explain, qualitative research seeks to unearth and understand meaning. In order to achieve this, qualitative research seeks to explore social meaning from the perspective of

research participants who are enmeshed in their context by investigating how people assign meaning to their experiences. In addition, "qualitative research examines how the meanings we assign to our experiences, situations, and social events shape our attitudes, experiences, and social realities" (Hesse-Biber, Nagy & Leavy, 2011, p. 12). As such, it is the hope that by utilizing an exploratory qualitative approach, this study will be able to capture the essence and experiential meaning of CAF members with social services in the military.

Though it is difficult for a researcher to enter into a project from a completely objective standpoint, it is important to have an understanding of and to be reflexive of my biases and how my own experience could potentially influence this type of research. Since qualitative research is open to different interpretations, the researcher involved may be more prone to accusations of bias and personal subjectivity. Being critically aware of myself as a researcher is crucial, especially when it comes to leaving assumptions behind, but it is also a necessary part of being an objective researcher. As such, I was reminded to approach the research study as that of the 'learner' and not 'knower'.

Feasibility is also a major consideration to the research. I know due to the limitations of this study, the sample size will be small (three to five participants) and I will not be able to include a very diverse sample of the CAF population (such as, Regular Force, Reserve Force, Non-Commissioned Members, Officers, etc.) or cater to every epistemological issue that arises, but being critically aware of these limitations was important. It was equally important to allow respondents the opportunity to be as open and descriptive as possible, leaving room for added responses with open-ended questions, validating their lived experiences and social realities.

From my personal experience and anecdotal evidence, there appears to be a gap in utilization of military social services by members in the CAF. The findings in the literature have

attributed this to structural and organizational barriers, stigma, personal factors, and negative attitudes toward treatment (Bennett et al., 2011; Castro et al., 2004; Clinton-Sherrod et al., 2012; Drapalski et al., 2008; Garber et al., 2012; Kim et al., 2011; Vogt, 2011). To better understand this issue, it can be critically examined using the theoretical framework of anti-oppressive practice (AOP) theory.

All voluntary participants were also asked about their opinions and ideas for future social work practice; what changes needed to be made to provide better social services for CAF members (that is, to create better accessibility and delivery of services, and to increase uptake); what ideas they had for innovative new practices for working with CAF members, and; what kinds of procedures would facilitate greater engagement and more effective social service practice with military personnel.

This study was reviewed by, and received ethics clearance and approval by the Ryerson University Research Ethics Board. As such, participation in interviews was strictly voluntary and confidential.

Research Design

This was an exploratory study, using a qualitative approach, that allowed participants to share and have dialogue about their experiences and specific challenges they faced in the access to, delivery of and uptake of social services while employed in the CAF. In particular, I considered the following questions about social service practice in the CAF: Are CAF members knowledgeable of the social services available to them while serving? Are social services in the CAF easily accessible? What are the strengths and limitations of social services in the CAF? What ideas do members have for service provision? Through this research I also identified

possible new ways forward that would facilitate greater engagement and more effective access to, delivery of and uptake of services for CAF personnel.

The purpose of using an exploratory approach for this study was to gain new insight and knowledge in a subject area where there have been few studies conducted that addressed these issues and to which could be referred to. While the study drew on previous research that existed, it is only through qualitative research such as this, using semi-structured, in-depth interviews that a deeper understanding (from the CAF members' perspective from personal experience) will be gained in an area that has not been previously explored.

Data Collection

Due to the simplicity and small nature of the study, as well as the availability of willing participants who agreed to be interviewed, only three individuals were selected and eventually interviewed.

Recruitment Process. Invitations to participate were posted via flyers and sent through e-mail to various CAF veteran associations (such as, the Royal Canadian Legions and Veterans Affairs Canada) and social service agencies (such as, Integrated Personnel Support Centres) that have worked with or currently serve CAF veterans, for distribution. Prospective study participants were identified either through self-selection in response to recruitment posters and e-mails distributed to various service agencies or through existing informal networks involving personal contacts the researcher had. Interested participants were asked to follow up with the principal researcher who then informed participants of the nature of the research, assessed eligibility, answered questions and forwarded the consent agreement (Appendix A). Once agreed upon, the researcher then scheduled participants for interviews that lasted approximately one and a half hours in length.

Selection Criteria. CAF personnel are diverse in terms of gender, age, race, ethnicity, sexual orientation, marital status, and component (reserve force and regular force), among other categories. Given that this is an exploratory study conducted on a very small scale, I did not seek to recruit particular categories of CAF personnel; rather, I recruited participants based on a first-come first-serve model. It must be noted, however, that due to the limitations based on my current employment with the CAF, I only interviewed recently released CAF veterans (that is, members who had recently released since the year 2000 and were no longer employed with the CAF) who had served for a minimum of 10 years. Ethically, this minimized the risk to participants as I took appropriate steps in ensuring I did not have any previous working relationships with a participant that would make them feel uncomfortable at any point in sharing their personal experiences or feel obligated in any way to me.

Profile of Participants. In total, there were three participants selected for interviews. All three were male and ranged in ages from 29 to 52 years old. Of the three, two were Navy veterans and one was an Army veteran. Two of the participants had served in both the Regular Force and Reserve Force over their military careers, while the third participant had only served in the Reserve Force. As is a minimum requirement of the CAF, all three had a minimum Grade 10 level education, with one having completed post-secondary education. Both participants who had served in both the Regular and Reserve Forces were married while employed in the CAF and had both been on overseas postings or missions at some point in their Regular Force career. For the purpose of the study, participants' proper names and other identifiers were converted to pseudonyms or removed from data to ensure confidentiality.

Data Collection. Participants were invited to participate in individual interviews that lasted approximately one and a half hours in length and deliberately allowed participants to share

and have dialogue about their experiences and specific challenges they had previously faced in the access to, delivery of and uptake of social services while employed in the CAF. The interviews were held in mutually agreed upon locations and over the telephone. All interviews were digitally recorded and later transcribed. Consent to digital recording was a condition of participation and was outlined in the consent agreement. Steps were also taken to maximize confidentiality. While the interviews were held to an expectation of confidentiality, participants were ensured that in all transcripts, analyses, publications or other data related to the study identifying information (such as names and other identifiers) would be removed and all data would be kept on password-protected and encrypted USB keys and on computers that were password-protected. When reporting study findings pseudonyms were used in place of participants' actual names, as well as the removal of any other identifying information related to the participants. After each interview, the digitally recorded interview were then transcribed and coded based on emerging themes.

Research Questions

Qualitative research allows for a holistic view of the situation being studied, giving participants a voice in sharing their stories and experiences. In order to do this, qualitative "inductive" methods are typically used, with interview questions being semi-structured and generally open-ended, "allowing for a multiplicity of findings to emerge" (Hesse-Biber, Nagy & Leavy, 2011, p. 9).

As this is an exploratory study on the perception of CAF veterans and their past experience with social services, the interview questions were used as tools and guidelines to seek out participants' personal experience (while employed in the CAF) in relation to: knowledge of social services in the CAF; use of social services in the CAF, and; opinions and ideas for future

social work practice (Appendix B). Although these categories of questions guided the study, it was expected that specific areas of interest and additional questions would emerge during the interview process that allowed participants to further elaborate on their experience. This type of research also gave participants a voice in sharing their stories by providing thick, rich descriptive information about their experiences.

Analysis Procedures

At the heart of qualitative research is the attempt to extract meaning from data. According to Hesse-Biber, Nagy & Leavy (2011), "The social meaning people attribute to their experiences, circumstances, situations, as well as the meanings people embed into texts and other objects, are the focus of qualitative research" (p. 4). By utilizing an exploratory qualitative approach, this study was able to capture the essence and experiential meaning that these former CAF members experienced throughout their military careers. Through a series of semi-structured questions that sought to explore what the experience had been like for CAF members, an opportunity was provided for participants to clearly define from their perspective what they experienced during their military careers.

Interviews were digitally-recorded using a recorder application on the researcher's cellular phone and later transcribed verbatim using Microsoft Word. Once this was completed, the researcher continued using an exploratory approach in the data analysis stage. This first step involved the process of looking within each interview and listing the significant statements that were contained about the experience (van Manen, 1990). These statements were then grouped together with verbatim quotes utilized to provide the researcher with a sense of the lived experiences and meanings as experienced by the participants. This provided a fuller sense of the

experience as it identified themes and highlighted material in the interviews that spoke of each person's individual experience.

The transcribed interviews were reviewed multiple times, and selected quotes that described a particular aspect of the lived experience of participants, as well as common themes that emerged from all three interviews, were identified and highlighted using colour coded highlighters and post-it notes that could be moved around to different categories. Categories were created using the researcher's question guide during the interviews that facilitated the process of identification of themes. While participants focused their comments on certain question areas, which developed into themes, other themes emerged and were then identified in the process. The data was then reviewed with the common themes and similar categories combined and labelled into groups, by colour-coding and recording them onto separate documents in Microsoft Word. The common coding framework that was developed from the process was used across all interviews in analyzing the data.

Given the shortage of data and theory on this subject, this research will be used as a pilot study with the goal of identifying themes for future study.

In utilizing an exploratory qualitative approach, the intent of this study was to gain insight into the access to, delivery of and use of military social work through the lived experiences of CAF members. According to Hesse-Biber, Nagy and Leavy (2011), qualitative research allow for a multiplicity of findings to emerge from giving participants a voice in sharing their experiences from their perspective. As such, themes emerged through the data analysis and writing process that linked and illustrated the lived experiences of the participants. The emerging themes were related to: differences between components (Regular Force vs. Reserve Force), perceived need and its effect on utilization of services, significant improvements in services post 9/11 and Afghanistan, organizational and systemic influence, impact of service providers, and better promotion of social services to the greater CAF community.

Throughout the research, each participant provided thick, rich descriptions of their lived experience while employed in the CAF and expressed their opinions and ideas based on said experience. To gain a better understanding of these experiences, direct quotes from each participant have been used whenever possible.

It's Not All Uniform

In the CAF, there are two components in which members can serve: Regular Force (Reg F) and Reserve Force (Res F). Reg F personnel are members who are employed full-time and with mandatory postings to various bases, wings or units within Canada or deployed overseas, depending on the need of their skills and abilities at the time. Res F personnel (also referred to as reservists) serve part-time for an undefined period (unless voluntarily signed on to a full-time contract for a period of time which could last up to three years) and are not required to serve

overseas. Since most reservists are part-time, many often have non-military careers and/or are students.

As indicated before, two of the participants in this study had experience working in both components throughout their military careers while the third participant had only been employed as a reservist. Having experience in both the Reg F and Res F environments over the years meant that the experience and opinions shared provided a unique, personal perspective of what life was like in each environment, as well as the social services that were available and provided to them. These participants were also able to provide comparisons between the components based on their experience. The participant who was the reservist could not provide comparisons as he had only experienced what it was like working as a part-time member.

From the data gathered from the interviews, it was found that regardless of component there was some form of support that was available to members but there were marked differences in the level of support that was provided and the overall knowledge and use of the services. For reservists, units generally have a religious figure (referred to as the Chaplain or Padre) whom members can seek support from regardless of religious affiliation. The role of the Chaplain is sometimes extended to that of a social worker in providing emotional support for military members. But, since reservists generally worked only once a week and the Chaplain was not always available every time, the level of support was considered minimal and not highly effective. In fact, while participants indicated knowledge of the Chaplain, they admitted not using them as a means of support during their military career unless they were on training and had a specific religious request they needed met (such as religious dietary requests or prayer availability), were directed by their instructor on a military course or by their Chain of Command (CoC) to seek the support of the Chaplain to boost their morale.

Michael, a Res F veteran who worked part-time (sometimes full-time on contract) in the Naval Reserves while full-time in a civilian occupation shared his experience seeing the Padre while on basic training:

I never abused the social services. In fact I never used them except for one time in basic (training). It was the Padre who was helpful and encouraging. Didn't care if I was a person of different faith. Instead he made sure my kosher meal requirements were taken care of. Also encouraged me to stay strong and was available to me whenever I felt the need. Of course we were ordered to see the Padre and with our busy schedule in basic it was near impossible to make the time but we were educated and reminded of such services almost like a tick in the box for them, like, oh, I did my job by educating them of the existence of such services kinda thing.

Apart from that, unless the situation is related to and/or the result of military duties, reservists are expected to seek social services outside of the military (either at their own expense or through their provincial health care coverage). If the reservist is on a long-term contract, only then can he/she access the services of the military as they would be covered by the CAF health and dental and it would be the responsibility of the CAF Health Services to offer treatment to the member. For Reg F members, since their only health coverage is from the CAF, it is the responsibility of the CAF Health Services to provide support to members and the role of the social worker to deliver services that support the morale, efficiency and mental health of members.

For the participants who had experience working in both components, it was felt that as a Reg F member there were more services available to them if they needed it while the Res F participant felt that other than the Padre, he would not know where he could turn to for support

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other than his family and friends or having to conduct a search on his own for resources related to his situation. Michael shared his opinion regarding accessing support:

> *Yeah, there were times I am sure I could have sought help from someone, like when I was going through family problems, or struggling with some financial and emotional stuff, but who would I go to? Yeah, there's the Chaplain they tell you about, but they're not always there when I go in to work once a week…when you're in the reserves you don't get a social worker or counsellor or whatever you call them anytime you want one. You don't see the docs unless you were hurt on training or on an exercise related to work. Same way you have your own doc, you would have to find your own help.*

"I don't really think I needed that much help."

A general theme emerged from not only the participants that volunteered for the study but from most veterans that expressed interest in the research: perceived need. When speaking to a number of veterans who initially expressed interest in the pre-interview stage, often times they would eventually state that they did not believe they would be a good fit for the study because they had never used the services while employed, and then would reluctantly decline further participation. When asked why services were never used, these veterans stated that they did not feel as if they ever needed to seek assistance for any matters on a personal level.

Throughout the interview, Zachary shared the sentiment that he did not believe he needed to see the social worker or counselor for his marital problems:

> *…To be fair, I don't really think I needed that much help.*

Michael also had mixed opinions regarding seeking treatment and entitlement.

> *I don't abuse the system 'cause I don't feel the need to use it yet just because I have ways to de-stress and have people in my life to talk to. I just think those services should be used*

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and recommended to people who don't have the support in their lives or even if they do

they are way beyond the threshold of coping with stress and need the help with whatever

bothers them in life.

Participants appeared to trivialize some situations that require assistance while highlighting other situations or issues as needing more support. Adam, for example, a 48 year old veteran who had served for more than 18 years in both the Res F before transferring to the Reg F and had been deployed to Afghanistan three times, expressed his opinion based on his own experience in using social services after being hospitalized twice for overdosing on medication and alcohol and being admitted to an external inpatient program:

The PTSD program was really good. The alcohol, I didn't really go for that too much

'cause I really didn't consider myself an alcoholic. I still don't, really. But…clinically I

guess I am, I fit the bill…of an alcoholic…but, I really don't consider myself to be.

Since members did not feel that there was a need for using certain services, follow up sessions were frequently dismissed as necessary and after either the first or few sessions later, members tended not to continue use of services. Zachary mentioned that while he was initially instructed to see the social worker/counsellor because of his marital problems at the time, he eventually stopped seeing the social worker on his own accord after two or three sessions:

I think I just saw him once with my ex-wife, and I think I just saw him twice or three times

on my own. As I recall, the last time he said, well do you feel you need to see me, and I

said well, I guess not.

Post 9/11 and Afghanistan

With Canada's recent involvement over the years in overseas missions (such as Afghanistan) that has seen a shift from peacekeeping to combat roles of its CAF members, so too

has there been a shift in the level of and types of services available to returning veterans and the military community alike. Since all the participants involved in the study were employed and had experience prior to the events of 9/11, as well as after, they were able to share the differences they noticed in the services that were previously available to them compared to what they experienced or was aware of after.

Adam described what he believed to be significant improvements in the services that were available to him and his comrades:

The way they advertise things has gotten a lot better, over the years. I know when we first went to Petawawa in 2005, things were just sort of ramping up in Afghanistan really. 2005 was when things was just starting to build up in Afghanistan really. We hadn't taken too many casualties at that point. 2007, 2008, 2009 were our bad years...In 2009 everything started to come together and things really started to be advertised and really started to be pushed because we were losing so many soldiers in Petawawa.

…I think it's a lot better than it was. Certainly when I came in to the Reg F in '03 there was nothing. There was nothing there at all.

For Adam, one example of such improvements was through the use of annual meetings and presentations presented by the CoC that provided relevant information on the services that were available to members.

…In 2009 is when they really started to push the annual briefings. We never really had those before.

The way the information was delivered had changed as well whereby mandatory briefings were conducted pre- and post-deployment about services that were available to members. For Zachary, who had worked for years in the CAF, this was a significant strength:

They're mandatory now. So, even when you come back from a deployment you have to

see them initially but you have to follow up six months later.

However, these changes did not happen right away and as participants noted, it was only until recently that it became more efficient with the resources in place to assist members. Still, there were differences in the experience and what was available to them based on location at the time.

For Adam, trying to access the services he needed was challenging over the years and the interview highlighted the additional challenge other returning troops would face:

When I was based in Petawawa, 'cause I was based in Petawawa for years, I did try to

use the social services that were available there. Although it was, when I did try to access

it, that was in 2008 the first time, they were very over stressed from Afghanistan and it

was very, they had very few social workers at the time, and it was hard to access. It was

even harder to access the psychiatric services, umm, and uh, I never did get to see the

psychiatrist.

When asked about accessing and using services while employed, Adam described the differences in services that he experienced between bases and locations. Not only did he report a lack of services available within his own geographic location at the time, but consequently it meant he would often have to travel to other locations for long distances in order to access the appropriate care. While based in Petawawa, his experience was described as:

We didn't have, at that time, we didn't have a psychiatrist in Petawawa. We had to go to

Ottawa to access specialist services. We would have to travel every day, in a van, to

Ottawa, to access specialist services in Ottawa, at that time.

He further went on to say that while access might have been easy, delivery and availability was not always efficient or effective:

To go in and get it, or to ask for it was easy. You could go to the Warrior Support Centre. Once that was set up that was easy to go in and ask for it. I didn't feel any stigma with that. There was just a clerk at the desk and you just went in and signed in and asked to speak to somebody. But that was just an intake interview kind of thing... You didn't normally wait for long to speak to somebody....But then they would tell you it would probably be about six weeks before you get to see anybody. That was pretty off-putting, 'cause you just, whatever. Then they would tell you if you have any issues there's a helpline you could phone...Toronto was a lot easier to see a psychiatrist. I saw a psychiatrist in two weeks.

His experience in Toronto was completely contrary:

It wasn't 'til I saw a doctor here (Toronto) in 2013, in December, and she said straight away from looking at my file and talking to me, she said "you need to see a psychiatrist"...She was civilian...It was her initial interview, my initial appointment with her, lasted almost two hours actually. It was amazing. She went through my file like I've never seen a military doctor do before. She went through both my files, from back to front, and uh, she said straight away "you need to see a psychiatrist". And within two weeks I was seeing a psychiatrist, and within two sessions he diagnosed me with PTSD. But, that was six years after the fact.

Zachary also shared his experience in differences between bases and what was available to members. While his experience in using services was prior to 9/11, he felt that location and element had a lot to play in availability of services. As a Naval member, he expressed in his

opinion how unaware he was and how few resources were available when it came to seeking assistance with social services compared to when he worked on an Air Force base, and Army base.

> *First time I ever had to use it, wasn't more of the social worker, was more of the Padre you would see, not the social workers, so. Even as a clerk I wasn't that aware the services existed. In Petawawa, sure, and, in the Navy there was no, there was never, you never knew of that services, really.*

What was even more surprising about this was the fact that Zachary's occupation as a clerk meant that part of his responsibilities was having the knowledge about the policies and guidelines, as well as familiarity with what was available in order to assist members when it came to navigating military life in the CAF. Yet, as he described, he was unfamiliar with what was available.

The overall consensus, however, was that while there were improvements to the availability and access to social services over the years, they were not always consistent across the country for the participants interviewed. Strengths were identified in the access to and delivery of services by participants who also shared a number of limitations based on their personal experience that could be addressed in future practice that would not only help with getting the knowledge out to the military community, but better increase uptake and improve services as well.

Organizational Responsibility

In a highly structured and organized environment as the military is, it is not surprising to find that this trickles down to every aspect of military life as well. With policies and directives that need to be adhered to at all times, coupled with the hierarchical nature of the CAF, comes a

great deal of power and influence when it comes to accessing and utilizing of social services by its members.

As previously mentioned, while participants had been employed for numerous years within the CAF, there was very little knowledge that existed about the services that were really available to them and what the proper procedures were to access these services. For most, they believed the onus was on their CoC to guide them, and as such, did not know if and how they could utilize services on their own if needed. This meant that participants believed that it was up to the CoC to educate their subordinates and to recognize the need for services.

When asked about his experience accessing and using social services, Zachary shared his experience of having his superior make the appointment for him and what it was like.

Accessing it, it was easy. I was given time off work. In the first place, I was quite upset at work one day and my, the officer made me go see him, made the appointment.

When asked further about accessing service, he stated:

The CoC would obviously assist you. So, if your CoC knew you had a serious medical problem or any kind of problem, they would refer you I'm sure.

For Adam, he believed that his lack of knowledge about the services and the procedures to accessing them were not entirely his responsibility. He also expressed how rank played a huge role in whether or not persons would seek treatment. These attitudes relate back to the idea of perceived need and utilization of services. It also hints to the hetero-normative masculine ideas military members share that were explored in the studies by Barrett (1996) and Green et al. (2010).

I come from the old school. I don't ask for anything. You know, I'm a Corporal, I don't ask for anything unless I really need something.

Michael also shared a similar opinion on the matter and the role the organization and CoC play in accessing of services:

> *Now of course if there are severe cases where the person is stressed or has anger issues or has PTSD then they make sure to push it forward but in case of the guys we have to get to that point or else we are expected most of the time to either be strong or walk it off. Best case, talk it out with your peers of IF you have the time and it does not affect work use these services. It all depends on who is in charge too 'cause the newer officers and instructors who just came off instructing basic would be a lot more catering than the gung ho old school mentality types.*

In addition, it was not always a simple process for members in gaining access to services. As mentioned previously, different locations provided diverse services and had access to resources that were either delivered differently or not easily available at other locations.

A concern was also raised by participants with regards the system by which the services were offered and delivered which further impacted the effective delivery and utilization of services. While Adam shared some later positive experiences, he made it clear that there was a gap in the delivery of services whereby follow-ups appointments and active engagement with members were missing. This played a role in how he not only perceived the effectiveness of services but how it impacted on further treatment.

> *Nobody followed up with me every time I just cancelled out. I never finished a course or a set of sessions. I never did. I just fizzled out 'cause it was just the same s*** every time. It just never went anywhere. I think I did four. I went four times in the two and a half years.*

Zachary and Michael also shared this concern indicating that without proper follow-up by health care staff, it was easy for members to minimize their problems without actually resolving

them, in turn causing more damage to their well-being. This, according to Adam was what he believed exacerbated his mental health concerns, which could have been easily avoided had there been proper procedures in place.

Inconsistency in Service Provision

When it came to the delivery and utilization of services, the participants shared what their experience was like using the services based on the service provider and how this impacted on the effectiveness of the services provided. While there were some positive experiences, for the most part, the feedback was negative and participants expressed areas where they believe could see improvement.

For the CAF, the role of social service providers can be both civilian and military personnel. From data gathered from the interviews, participants had seen both civilian and military members at some point during their career when seeking assistance. In fact, other than the Padre who was always a military member, social service providers were often a mix of civilian and military, regardless of base and location.

Whether the provider was civilian or had a military background should not make a difference in the service being provided as they were expected to deliver the same type of assistance to members in meeting their respective needs. However, participants indicated that there was a marked difference for them and it did play a role in the effective delivery of service and the provider's perception and understanding of military knowledge and culture had an impact for them as well.

Adam shared what he believed to be a negative experience visiting the civilian social worker for the first few times after his third deployment. His statement also highlights the limited resources available for military social workers, hence the use of civilian providers.

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What is this? She's sitting there smiling at me and asking me how I feel. And it's the same, you know, she's civilian. She has no idea of what I went through. This is what it was in Petawawa, back in '08. It's like, you have no clue of what I went through. I could see it in her eyes. She was just staring at me. You have not got a clue what it is I'm talking about. You're asking me how I feel about it and I'm telling you, and you're like, well okay. You're just going through the motions, you know. I mean, we did have military social workers because we had them in Afghanistan, but they were few and far between. They knew what we had gone through. But we didn't have any in Petawawa.

Adam was not the only participant who believed that having a military social worker working with members was more beneficial. Zachary and Adam shared similar sentiments as they both believed that it's easier explaining themselves to someone they believed had the same knowledge and background of the military, having undergone the same or similar training and having an understanding of what military life is like from a personal level from lived experience. Participants felt that seeing a social worker who understood the military system and shared their experience was beneficial to their self-confidence and the quality of care they received. They felt that a shared background fostered good communication and mutual understanding, while also providing "continuity of care".

As mentioned before, Zachary had seen both the Padre and social worker/marriage counselor during his military career and had described his experience as ineffective. While part of his reasoning behind the delivery of the service being ineffective was because he perceived there was no need for him to use the services, he also indicated that if he had a choice, his preference would be for the provider to be military as opposed to civilian.

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Maybe at the time, I would prefer it if they were military. They might, they would relate

more.

Michael also shared his opinion regarding whether or not the service provider was

civilian or military and the impact that would have on service:

Military would understand your difficulties better than a civilian because they can relate

but that could also create bias in the sense they may think you should be able to cope

with what they may think are lesser problems. Civilians can't relate but they probably

would consider even small problems as major ones 'cause they may lead to bigger

problems eventually.

Other than differences between service providers having a military background or not and

the influence this has on delivery of services, there was also an issue regarding inconsistency in

the provision of services. Since Adam was the only participant who used the services for an

extended period of time over the years, he was able to clearly explain the difficulties and

tribulations he experienced and how it impacted further utilization of services.

Everytime you did go back it would be a different person. You wouldn't see the same

person. So, invariably you're telling different people the same story over and over

again…You just get fed up of doing that and you know, you just don't go back again. Or

you know, it's, and like I said, you just get fed up of going back, and you just tend to

minimize your own problems because, nothing gets done, and you think obviously my

problems aren't as bad as other people. That's what I thought because I never did get to

see the psychiatrist.

Of course, there were changes acknowledged over the years that were identified by

participants who expressed their confidence in the improvements in the way services are

provided and delivered. Having been through the system and using social services for more than eight years while employed in the CAF, Adam described what he believed to be a better understanding and advancement of the services that the CAF provides:

Now, I would say that they're designed for us. They've got the right people for the right job. I think they've got the experience now, to deal with our unique experiences…They've learnt, certainly over the last, since '08, '09, as the rotos (rotations) have gone on, how to deal with things and how to train people.

Such beliefs in the improvements of military social services leaves one to believe that there is hope that services will continue to be improved upon and will benefit the military community if the CAF continue to acknowledge the changes that need to be made.

Education is Key

Finally, while the participants did acknowledge that they have seen improvements over the years in the way the CAF has been educating the military community about social services, another theme that emerged from the data was the fact that there was still more that could be done to better promote the availability, access to and delivery of such services, which could then increase and maintain proper utilization.

On the one hand, participants maintained the overall opinion that even though the effects of recent combat missions has brought with it an increase in services and publicization has improved, it is still inconsistent, and still mainly geared toward the Reg F or full-time staff (that is, Reg F or Res F members on contract - Class B or C). Without properly educating the community, members will always be unaware of what is available to them and as such utilization of services will continue to remain minimal.

In fact, Michael indicated in his interview that there was a clear differentiation between the education and knowledge available depending on your employment status.

As Class A I didn't know about such services. I knew more when I was Class B.

For Zachary, education is a key aspect to strengthening and improving the social services within the military community.

People have to be aware that they have that option. So, it has to be publicized and advertised, so that people know that resources exist for them if they wanted to use it, and to see what they can do for you. I still think a lot of people don't even know.

Michael, however, felt that the CAF was already doing a good job at advertising the services that are available to members, but having worked only in the Res F (both part time (Class A) and full-time contracts (Class B)), he made it clear that with the differences that exist based on employment, revisions still need to be made to create services for members. Having recently released from the CAF, he shared his opinion regarding promotion of social services and education of military members:

Well they are already doing it. Advertising more via e-mails, posters in units, on bases, occasional mandatory info. Sessions to attend where they are educated about services they can use and what Class A and B are entitled to. They are still revising it but Class A personnel don't have as much entitlements as Class B folk, but that's also because they don't have too much funding for them.

Participants also agreed that while education has been improved, it is only through consistent education that people can become more aware of and be reminded of what services are available to them and the process by which they can assess them.

For Adam, limiting briefings to only pre- and post-deployments isn't as effective without further reminders when members are busy with numerous other taskings at the same time.

A lot of the soldiers would have been told when they went and when they came back. But, for most of the young guys they probably didn't think about it. They probably forget. They were just rushing around doing different things. Unless it was constantly told to them, they probably never thought about it.

Having been posted to various different bases across the country and even internationally, Zachary used his experience to express his ideas for better future practice. While he still believed it is the CoC's responsibility to recognize problems with their subordinates and refer them to appropriate services, he suggested that there should be changes made to the policies that require social workers to provide mandatory briefings to units to educate members and be a reminder to them about what is available.

I would say, social workers can actually go to units, like they do in the Reserves. Like go to Reg F units. Like maybe once a year…To talk to the units and maybe make it part of, if it's not already, the in-clearance. So, when you get posted to a base, you actually have to go see the social worker. So when you clear in, you have to have like an interview with the social worker who say hey, this is who I am, this is what our office can do. I've never had that clearing into a base.

CHAPTER 6. DISCUSSION

The purpose of this study was to critically explore the successes, limitations and gaps in social services within the CAF community in relation to current delivery, access and uptake of social services while employed in the CAF. This study attempted to provide insight into the lived experiences of CAF personnel with regards to their knowledge of and use of military social services, with the hopes that findings of the research could be used as a catalyst for future research that would be able to provide a better understanding of social services for CAF members, as well as to find ways of advocating for, structuring relationships and creating avenues aimed at empowering members, while making meaningful contributions to social work services and practices with this unique group.

Findings

Throughout the research process, this study was able to present findings that provided very useful data about the experiences that CAF personnel face throughout their military careers and the impact the effectiveness of social services have on these members. As an exploratory study that sought the lived experiences of Canadian military members and engaged them in describing and sharing their stories from their perspective about their knowledge of and use of social services, this study was able to provide rich data that could be used for future research and practice in understanding and providing better social services for the military community.

This study found that while there have been improvements over the years in educating CAF members of current services that are available to them, efforts are minimal at best and there is room for improvement to better promote services and ensure that members are fully aware of them. There were also significant organizational and structural issues related to the education and access of social services whereby leadership responsibility was identified as being one of the

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most significant factors in making sure that members had the knowledge of and were using essential social services that met their needs.

What was surprising in the findings was the fact that while participants agreed that the Res F members have limited resources available to them compared to their Reg F counterparts, participants believed, and expressed their opinion, that the procedure of annual briefings conducted by the Res F units provided a better means of educating members than what was available to the Reg F. As such, while reservists were provided information that social workers were available, they did not have access to them (only to a unit Padre), and while Reg F members knew social workers existed and had access to them, the information was not always available to them so they were usually unaware of the services available and how to access them.

It was also surprising and disappointing at the same time to find that services were not always available and consistent throughout the country for members posted at different bases and locations, regardless of element and component. There was a great deal of inconsistency and inequality that existed for members when it came to accessing services that appeared to mitigate the need of members, and favouring others in an environment that requires individuals to perform the same or similar duties and responsibilities, whether or not they were working full-time or part-time, on land or on a ship, pre- or post-deployment.

From a researcher's perspective, these findings indicate that more research is needed that might inform future restructuring of the organization, including its policies and guidelines that are better able to meet the social service needs of its members. Clearly, there are a number of gaps identified in the findings that are affecting the way services are available, accessible, delivered and utilized by the CAF members. These are not findings based on judgments or

preconceived notions by the researcher but evidenced from data provided directly from participants' lived experience, having had lengthy careers in the CAF that took them across the country to various bases and locations, internationally on postings and deployments, managing other careers, school and family life while employed, as well as across components that gave them unique experiences in what life was like as both a reservist and Reg F member.

While the findings support the need of appropriate social services to target and meet the needs of personnel post-deployment (Boulos & Zamorski, 2013), it also highlighted the fact that military personnel face additional stressors in their lives (Beder et al., 2011; Bray et al., 2001; Vogt, 2011) that may require the use of social services in order to manage and cope. With regards perceived need and the association with structural barriers, the findings were consistent with previous research (Kim et al., 2011), while challenging the perception that stigma had a great influence on care seeking propensity. For the participants, stigma did not have an impact on their seeking treatment. This is consistent with other studies (Britt et al., 2011; Kim et al., 2011) that show no association with stigma and treatment seeking. There was also a strong association with findings from past research that demonstrated the broad range of structural and attitudinal barriers involved in the decision to seek care (Fikretoglu, Guay, Pedlar, & Brunet, 2008; Hoge et al., 2004; Sareen et al., 2007; Wang, 2006, as cited in Garber, Sudom & Zamorski, 2012).

Implications

With Canada's recent mission in Afghanistan and other activities post 9/11, it is important for social work to develop programs and improve on services that can effectively meet the needs of the CAF community. The results of this study suggest that while there have been improvements over the years, there is still a need to better promote and deliver services to

members in the CAF in a way that is more consistent and provides equal access to social services for all members of the Forces.

Findings from this research are important not just for anti-oppressive social work but for social work in general. As has been mentioned before, working from within an anti-oppressive framework means being aware of and acknowledging the structures that exist within all levels of society that lead to inequality and oppression. The findings of this study indicate that within the CAF there are indeed forms of oppression and inequality in power relations that exist and negatively impact upon social work in the military community. Having brought these facts to the forefront by giving members an opportunity to have their voices heard and share their opinions, it then becomes essential that these inequalities and oppressive factors are appropriately addressed in order to improve on social services and appropriately respond to the needs of the CAF community. More research is needed, however, that explores the experiences of members based on identity and diversity, while acknowledging and challenging various forms of oppression and the impact they have on the lives of CAF members, their families and social service provision and utilization.

It should be noted that research in itself cannot bring about positive change unless something is actually done with the findings. While this research highlighted the challenges members face in trying to access and navigate the system to utilize social services, without further research and a change in policies and organizational structure that makes this process more easily accessible for members, no improvements can be made and members will not benefit as they should. Hopefully this research can create awareness about the inequalities and inconsistencies that exist and encourage others to advocate for the CAF community to create

better, and more equal services to all members (regardless of component, element, rank, etc.), while empowering them so that they can overcome the barriers that exist.

Forms of oppression often create and reinforce the barriers that restrict individuals from seeking treatment and can present challenges that further oppress and negatively impact upon service users. Since the delivery of military social work is not restricted to providers who have a military background but are offered by civilians as well, findings of such research is helpful in giving service providers insight into the relations and experiences of CAF members so that a better understanding can be gained.

Understanding how these experiences impact the access to, delivery of, and utilization of services for military members is tantamount to creating an equitable environment that empowers members to overcome the barriers and obstacles that might be oppressing them. It not only opens doors to anti-oppressive practice by providing an egalitarian working environment where CAF members can identify their needs but they can then collaborate with social workers to identify their strengths and resources to overcome the barriers and obstacles within their environments in a way that is empowering, while providing opportunities to also combat the various forms of oppression, access resources and adequately meet their needs.

Given what I have learnt through this research process, it is recommended that in conducting future studies, it is important to be able to have a wide range of participants with various military backgrounds (including, but not limited to, different components, elements, deployments and/or postings, etc.). It would also be beneficial to have more studies that examine and include issues of diversity, identity and varying forms and intersectionality of oppression as there is currently no information available that explores such issues and experiences of members employed in the CAF and the impact they have on utilizing social services. Due to the fact that

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the majority of available research is focused on veterans and the correlation of mental health and deployment or war-related mental health illnesses, further studies will need to be conducted on currently serving CAF members, the impact of stressors while employed in the CAF, and what the experience with social services is like for these members. As a female, visible minority, and reservist in the CAF, I do not assume that I share the same experiences as that of my comrades and recognize the need for future research that identifies and explores our individual experience.

Limitations

One of the limitations of this study was that it was conducted on a very small scale with recently released veterans, and because the criteria to participate were very specific, only a small number of participants could be interviewed.

Not all participants shared the same amount of time employed in the CAF, nor did they have similar employment experience with regard to component; two had experience working in both the Res F and the Reg F, while one only had experience in the Res F. Representation of elements was also limited as two participants had experience working in the Royal Canadian Navy for all of their military careers, and the third participant had worked only in the Canadian Army. There was no participant from the Royal Canadian Air Force.

Since English was the language in which this study was conducted, the experiences of Francophone veterans lacking adequate English skills were excluded.

Due to the fact that this study was not able to sample currently serving CAF members, or Francophone members, these findings cannot be generalized to all of the CAF community.

In addition, since all participants in the study identified as male, this study was not able to gather information regarding the experience for female CAF veterans.

The small sample size of the study also limited the extent the research was able to explore experiences of CAF members based on identity and diversity (such as, race, gender, ethnicity, sexuality, age, etc.).

Finally, using an exploratory qualitative approach, participants were asked to be retrospective. This meant that some participants had to recall past experiences regarding knowledge of, access to and use of military social services while employed with the CAF, meaning that these experiences had the potential of susceptibility to distortion.

CHAPTER 7. CONCLUSION

The aim of this study was to critically explore the strengths, limitations, barriers and gaps in social services within the CAF community in relation to delivery, access and uptake of social services while employed in the CAF. The study provided CAF members an opportunity to express their thoughts, ideas and opinions based on their lived experiences, and to explore creative responses and solutions to some of the many issues they face when it comes to access, delivery and uptake of social services. The themes that emerged from the research captured the lived experiences of the participants and were related to: differences between components (Regular Force vs. Reserve Force), perceived need and its effect on utilization of services, significant improvements in services post 9/11 and Afghanistan, organizational and systemic influence, impact of service providers, and better promotion of social services to the greater CAF community. While the study found that there have been improvements over the years in educating CAF members of current services that are available to them, it suggests that efforts in doing so have been minimal at best leaving room for improvement to better promote services and ensure members are aware of them. There were also significant organizational and structural issues related to the education and access of social services that were identified.

It is the hope that findings of this research will be useful in providing an improved understanding of social services and social work with the CAF community, and will make a contribution to future research and social work practice in ways that better advocate for service users, structure relationships and create avenues aimed at empowering members, while at the same time providing opportunities to combat the forms of oppression that exist.

APPENDIX A

Ryerson University
<u>**Consent Agreement**</u>

Research Project Title: The Canadian Armed Forces (CAF) members' experience with social services in the military: An Exploratory Study.

You are being asked to participate in a research study. Before you give your consent to be a volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Researcher: Felisha Khan, Graduate Student of Ryerson University. This research is the final component of the requirements for the Master of Social Work Program being conducted under the supervision of Dr. Lisa Barnoff.

Principal Researcher: Felisha Khan
felisha.khan@ryerson.ca

Supervisor: Dr. Lisa Barnoff, Ryerson University (416) 979-5000 ext. 6243
lbarnoff@ryerson.ca

Purpose of the Study: This study aims to understand more about the issues, strengths, limitations and barriers facing CAF personnel in relation to current delivery, access and uptake of social services while employed in the CAF.

This is an exploratory study that allows participants to share and have dialogue about their experiences and specific challenges they have faced in the access to, delivery of and uptake of social services while employed in the CAF. In particular, I consider the following questions about social service practice in the CAF: Are CAF members knowledgeable of the social services available to them while serving? Are social services in the CAF easily accessible? What are the strengths and limitations of social services in the CAF? What ideas do members have for service provision? Through this research I will identify possible new ways forward that would facilitate greater engagement and more effective access to, delivery of and uptake of services for CAF personnel.

Use of Data: The information which participants share in interviews will be used for the purpose of a supervised Major Research Paper (MRP) submitted to Ryerson University in partial completion of a Master of Social Work degree. The information included in the finalized MRP may then be used for publication and presentation at various seminars or other events.

Description of the Study: You are being asked to participate in one interview approximately two hours (120 minutes) in length. Interviews will take place either on the phone or at a private, agreed-upon location with the researcher and participant. This might include bookable rooms at a local library or community centre, or preferably at Ryerson University. You will be asked to reflect on your personal experiences with military social services and to think about what worked

well, what did not work well, what ideas you have for innovative new practices, and what kinds of procedures would facilitate greater engagement and more effective social service practice.

Risks or Discomforts: It is important to note that you may experience some stress and/or anxiety as a result of participating in this study. The questions that will be asked are personal in nature and may require you to recall memories and events that are stress inducing. You are reminded that there is no expected direct therapeutic benefit due to participation and if you are not comfortable with some questions you are able to decline answering them. Additionally, a list of resources will be made available for you if any issues arise and you require further assistance.
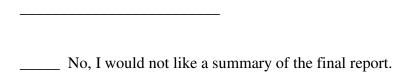
Benefits of the Study: I believe the potential risks of participating in the study are reasonable and are offset by the potential benefits that emerge from having the opportunity for you to share your personal experiences and from the knowledge that you are participating in research which could benefit CAF personnel and the future of social work with CAF members.

Confidentiality: To assist in the data collection process all interviews will be digitally recorded and transcribed. The interviewer will also take notes throughout the interviews. All information shared will be confidential and no names or other identifying information such as military units you were a member of with will be published or shared in any way. Confidentiality and privacy will be maintained in the way the data is collected and handled as well as the way the findings are reported. For example, pseudonyms will be used (both for individual participants as well as the agencies they might speak about or military units they were a member of). Multiple steps will be taken to maximize confidentiality. All interview materials will be stored at the researcher's home in a locked location with access only to the researcher. Only the researcher will have access to the collected data. Digital recordings will be password protected. Data will be kept on computers that are password-protected. The researcher's smart phone will be password protected. Data will be stored on USB keys that are password-protected and which encrypt the data. Printed transcripts will be kept in a locked cabinet in the researcher's place of residence. Transcripts will be shredded upon completion of the project and digital password-protected files will be kept for up to five years and then deleted.

Once the interviews have been transcribed you will be given an opportunity to review the interview transcript for accuracy. This transcript can be directly e-mailed to you one week post-interview with any changes or comments made by you returned to the researcher one week after it was sent. You are entitled to a summary of the final report that will be made available no later than August 2014.

_____ Yes, please send me a copy of the transcript for revision of accuracy.

_____ Yes, please send me a summary of the final report. It can be mailed to me at:

Name: _____

Address: _____

Please include your email address if you prefer to have the summary emailed:

_____

_____ No, I would not like a summary of the final report.

Incentives to Participate: You will not be paid to participate in this study.

Voluntary Nature of Participation: Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with Ryerson University nor will it affect your relationship with the Canadian Armed Forces, the Royal Canadian Legion and/or any other veteran associations you may be affiliated with. If you decide to participate, you are free to withdraw your consent and to stop your participation within one month of the interview process without penalty. However, once I have submitted my major research paper (MRP) on 01 June, 2014, you will not be able to withdraw the data provided.

Questions about the Study: If you have any questions about the research now, please ask. If you have questions later about the research, you may contact.

Principal Researcher: Felisha Khan
E-mail: felisha.khan@ryerson.ca

Supervisor: Dr. Lisa Barnoff
E-mail: lbarnoff@ryerson.ca

If you have questions regarding your rights as a human subject and participant in this study, you may contact the Ryerson University Research Ethics Board for information.

Research Ethics Board
c/o Office of the Vice President, Research and Innovation
Ryerson University
350 Victoria Street
Toronto, ON M5B 2K3
416-979-5042

Agreement:

Your signature below indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your legal rights.

_____
Name of Participant (please print)

_____   _____
Signature of Participant   Date

_____   _____
Signature of Investigator   Date

Your signature below indicates that you acknowledge and agree to being digitally recorded for the purpose of this study.

_____   _____
Signature of Participant   Date

APPENDIX B

Screening Telephone Call Script

Interviewee: _____
Date: _____

Good day.

Thank you for your interest in participating in this study. Do you have about 10-15 minutes for me to speak to you about the study?

If Yes: The researcher will proceed with the telephone interview.

If No: The researcher will ask if there is an alternative time to contact the potential participants.

My name is Felisha Khan and I am currently completing a Master of Social Work degree at Ryerson University. This research is the final component of the requirements for the Master of Social Work Program being conducted under the supervision of Dr. Lisa Barnoff.
As such, I am in the process of recruiting participants for a small study about recently released CAF veterans and their experience with social services while employed in the CAF.

This study aims to understand more about the issues, strengths, limitations and barriers facing CAF personnel in relation to current delivery, access and uptake of social services while employed in the CAF. This is an exploratory study that allows CAF veterans to share and have dialogue about their experiences and specific challenges they have faced in the access to, delivery of and uptake of social services while employed in the CAF. Participants are required to be a CAF veteran who has been recently released from the CAF and have served for more than 10 years. Recently released personnel refer to anyone who has been released from the CAF anytime after the year 2000. This study is open to veterans of all components (Regular Force and Reserve Force), elements (Land, Sea, Air), and ranks (Officers and Non-Commissioned Members). Study participants must be fluent in English.

Do you meet these requirements?

If No: Unfortunately this study is limited to those who meet these criteria. Do you have any questions or can I provide you with any information related to supports/resources?
Thank you for your interest in participating.

If Yes: If you choose to participate in this study your role will include participating in one interview approximately two hours (120 minutes) in length. Interviews will take place either on the phone or at a private, agreed-upon location with the researcher and participant. This might include bookable rooms at a local library or community centre, or preferably at Ryerson University. The questions that will be asked are personal in nature and may require you to recall memories and events that are stress inducing. You are reminded that there is no expected direct therapeutic benefit due to participation and if you are not comfortable with some questions you

are able to decline answering them. You will be asked to reflect on your personal experiences with military social services and to think about what worked well, what did not work well, what ideas you have for innovative new practices, and what kinds of procedures would facilitate greater engagement and more effective social service practice. Some of the questions may require you to reflect back on stressful times which may or may not cause you some degree of stress. Do you feel that you would be able to manage any stresses that may occur from participating in the interview?

If No: I would not want this study to cause you any stress that you don't feel you could manage. For ethical reasons, research should do you no harm; therefore you will not be able to participate. Do you have any questions or can I provide you with any information related to supports/resources? Thank you for your interest in participating.

If Yes: Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with Ryerson University nor will it affect your relationship with the Canadian Armed Forces, the Royal Canadian Legion and/or any other veteran associations you may be affiliated with. If you decide to participate, you are free to withdraw your consent and to stop your participation within one month of the interview process without penalty. However, once I have submitted my major research paper (MRP) on 01 June, 2014, you will not be able to withdraw the data provided. Do you have any questions about this study that I have not yet answered?
Do you think that this study is something that you would be interested in participating in?

If No: Thank you for your interest in this study, do you have any other questions or can I provide you with any supports/resources?

If Yes: Several ethical considerations need to be taken when doing research. One of the most important considerations is that the research will not cause you any harm that you would not normally encounter. As a precautionary measure all participants will be provided with a resource list of relevant services provided for military veterans. Do you have any questions or can I provide you with any other information? Thank you for your interest in participating.

If No: If you are still interested in participating, your participation would be welcome.
Can I answer any questions for you? Can we set up a time and location to meet for your interview? (At this point a time and location would be decided).

If you have any questions before the interview or need to cancel or reschedule, please feel free to contact me at felisha.khan@ryerson.ca. Thank you for your interest in this study and I look forward to meeting you on at.

APPENDIX C

INTERVIEW GUIDE

This is an exploratory study on the perception of Canadian Armed Forces (CAF) members and their experience with social services. These questions are tools and guidelines in this study to seek out your personal experience in relation to: access to, delivery of and uptake of social services while employed in the CAF. Any information that you feel you would like to share that is not addressed in the questions please do so. There is no expected direct therapeutic benefit due to participation and you are free to decline answering any question or terminate the interview at any time without explanation.

Research Questions

Knowledge of Social Services in the CAF
- Were you aware of the Social Services and Support available to CAF members while employed?
  - If yes, please describe in detail how you knew about the Social Services and Support available.
  - If no, where did you and how did you seek support? Give examples. Was this support helpful?

Use of Social Services in the CAF
- Were Social Services easily accessible to CAF members?
  - If yes, please indicate how?
  - If no, please indicate why.

- Did you utilize any Social Services while employed in the CAF?
  - If yes, please describe which services were used and for how long.
  - If no, please indicate why.

- Describe your experience in accessing of Social Services while employed in the CAF.
  - What worked well in accessing of Social Services in the CAF?
  - What did not work well in accessing of Social Services in the CAF?

- Describe your experience in using Social Services while employed in the CAF.
  - What worked well in using Social Services in the CAF?
  - What did not work well in using Social services in the CAF?

- Were the providers of Social Services military members or civilian workers?
  - Does it make a difference to you whether they are military members or civilian?
  - Does it make a difference in the services provided?

- Were Social Service providers helpful or not?
  - If yes, please describe why.
  - If no, please describe why.

- Describe your personal experience in the delivery of Social Services.
    - What worked well in the delivery of Social Services in the CAF?
    - What did not work well in the delivery of Social services in the CAF?

- In your opinion, what are the strengths of Social Services in the CAF?
- In your opinion, what are the limitations of Social Services in the CAF?

Opinions and Ideas for Future Practice
- What changes need to be made for better Social Services for CAF members?
    - To create better accessibility?
    - To create better delivery?
    - To increase uptake?

- What ideas do you have for innovative new practices for working with CAF members?

- What kinds of procedures would facilitate greater engagement and more effective Social Service practice?

Additional Comments

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