



Veterans Affairs  
Canada

Anciens Combattants  
Canada

# NEW VETERANS CHARTER EVALUATION - PHASE I

FINAL: December 2009



Canada 



Unadopted version prepared by the  
Audit and Evaluation Division

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## EXECUTIVE SUMMARY

The New Veterans Charter (NVC), represents the most sweeping change to Veterans' benefits and services in the past 60 years. "The New Veterans Charter shifts the focus from one of disability to one of wellness, and responds to Canada's commitment to injured Canadian Forces (CF) members and Veterans."<sup>1</sup> The suite of services and benefits available under the NVC include a lump-sum disability award, rehabilitation, financial benefits, health benefits, and job placement assistance. "Ensuring access to benefits and services and improving quality of life and standard of living for CF Veterans demonstrates the government's pursuit of good public policy, founded on the values of fairness, generosity, respect and caring."<sup>2</sup>

This comprehensive evaluation, being conducted from April 2009 to December 2010, will be completed in three phases with a report developed for each phase. The Phase I report will focus on the relevance and rationale of the NVC and its programs. The Phase II report will focus on outreach and the service delivery framework. The Phase III report will focus on unintended impacts and the success in achieving desired outcomes. The findings from these reports will help program managers improve the design and delivery of the NVC programs and the evaluation will fulfill a Departmental commitment.

As part of this evaluation, the alignment of the NVC with federal priorities was assessed. It was determined that the NVC is highly consistent with the priorities and objectives of both the federal government and Veterans Affairs Canada (VAC). The Department has a long history of supporting the re-establishment of Veterans and their families which is Veterans Affairs Canada's key strategic outcomes and these programs contribute to the public interest.

The need for each program available under the NVC was also examined. Research conducted prior to implementation identified a number of unmet clients needs which the NVC programs address. There were some issues identified with the design of components of these programs but as a whole the suite of NVC programs provide the services and benefits needed to support re-establishment. Any identified issues will be further analyzed in relation to their effect on the delivery and achievement of outcomes.

A review of similar benefits and services offered by other federal departments was completed. Some instances of overlap were identified with the Rehabilitation and Job Placement Programs. In these cases, program managers should further explore the identified overlap to determine if program adjustments are required or if there are opportunities to develop a more collaborative approach with other federal programs.

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<sup>1</sup> *The Canada Gazette. Part II. Vol. 140, No. 7 (5 April 2006)*

<sup>2</sup> *Ibid.*

A comparison to the services and benefits available to Veterans in other countries was also completed. While each country's suite of programs are very different, it was identified that there is general consistency in the services and benefits available to support a Veteran's re-establishment. Additionally, Canada's suite of programs generally compares favourably to other countries by offering equal or additional services and benefits. Moreover, a recent study conducted by the Australian Department of Veterans Affairs identified the NVC as the closest to a "wellness" approach of the systems reviewed which included Australia, the United Kingdom and the United States.

As part of this analysis, some unmet needs that go beyond the existing legislative framework were identified. The most significant unmet need related to additional support for families. It is important to note that the introduction of the NVC has improved services and support available to survivors, spouses and dependents. However, there is a disconnect between the expected results and the legislative authority resulting in staff confusion regarding VAC's role in meeting the needs of families. Other identified unmet needs were the design of the extended Earnings Loss benefit, the ability of some clients to pay health benefit premiums and the absence of dental coverage.

Finally, in preparation for Phase III, the study team assessed measurement of program performance for the NVC programs. It was determined that some additional work is required to clarify one of the desired outcomes relating to "stable health" and that the department needs to begin collecting and analyzing performance measurement information for all NVC programs.

Based on the findings presented in this report, the following seven recommendations were identified:

- R1 It is recommended that the Director General, Program Management Division, complete a comprehensive needs assessment related to career transition services for Veterans.**
- R2 It is recommended that the Director General, Program Management Division, further explore the identified overlap with other Federal programs to identify opportunities to enhance efficiency and service delivery to clients.**
- R3 It is recommended that the Senior Assistant Deputy Minister - Policy, Programs and Partnerships Branch, review and reconcile the Department's role in supporting the needs of families in relation to the services and benefits currently available.**

- R4** It is recommended that the Director General, Policy and Research Division, prepare options and costings as to whether to provide additional support for clients and families who cannot afford to access the Health Benefits Program.
- R5** It is recommended that the Director General, Policy and Research Division, reassess if dental coverage should be proposed as a component of the New Veterans Charter.
- R6** It is recommended that the Director General, Program Management Division, more clearly define the NVC desired outcomes and finalize and implement the corresponding logic models and performance measurement plans for all five programs.
- R7** It is recommended that Director General, Program Management Division, identify and implement opportunities to improve the utility of information collected from the Client Re-establishment Survey.

## 1.0 BACKGROUND

Following World War I, the Government of Canada committed to support those who had served the nation. Vocational training began to be offered in 1918 to eligible disabled Veterans and those who had enlisted as minors. Additionally, in 1919, the *Pension Act* was introduced, providing pension awards to those suffering from disabilities related to military service, either during peace or war time.

During World War II, the Government of Canada began to plan for soldiers' returning home. In 1939, an Order in Council extended the benefits of the *Pension Act* to those who served in the World War II. A Privy Council Order in 1941 promised a rehabilitation benefit (including education and training as well as unemployment benefits, temporary incapacity payments, and subsidies for businesses) to any persons who served in the Armed Forces during the war. Other benefits for World War II Veterans included a clothing allowance, insurance, and a comprehensive medical plan. This comprehensive program of benefits later became known as the Veterans Charter. Over the years, legislation and policies were amended to incorporate the needs of new Veterans groups.

In 1944, the *Department of Veterans Affairs Act* became Law. This Act forms the basis of the Department's mandate for Veterans Affairs Canada (VAC). Section 4 of the current Act states the Minister of Veterans Affairs is responsible for the care, treatment, or re-establishment in civil life of any person who served in the Canadian Forces and the care of the dependents or survivors.

The *Canadian Forces Members and Veterans Re-establishment and Compensation Act* often referred to as the New Veterans Charter (NVC), came into effect in 2006. "The New Veterans Charter contains a new program mandate that is based on years of study and consultation. Research has identified the need for VAC programs to focus on rehabilitation and re-integration to civilian life, with the aim of helping CF Veterans regain employment and attain their fullest potential. Studies highlighted the need to align the approach with the best practices of modern disability management."<sup>3</sup>

### PREVIOUS STUDIES AND REPORTS

From 1996 to 2000, Veterans Affairs Canada conducted a comprehensive Review of Veterans' Care Needs to study the issues and gaps related to the care and support of clients and their families. This study identified that the Canadian Forces (CF) client base was growing at an annual rate of 9% and had doubled between 1990 and 1999. The average age of these CF clients was 39 years, about 75% of them were married and 40% had dependent children. In addition, these CF clients had less formal education and worse health than the general population, particularly in the area of pain,

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3 Ibid.



back problems and symptoms consistent with post-traumatic stress disorder and/or depression. The report further indicated that VAC needed to better focus program delivery on meeting the needs of this client group. During this time, numerous other studies regarding the needs of CF members were also conducted by other federal organizations, including those described below.

In 1997, the Department of National Defence (DND) published two reports examining how the Canadian Forces support CF members with health problems. The “Care of Injured Personnel and their Families Review” examined injured CF members, their families, and the families of members who died as a result of service. The “Study of the Treatment of Members Released from the CF on Medical Grounds” assessed the adequacy of policies and procedures affecting the successful transition from military to civilian life of members releasing from the CF for medical reasons. Both studies had implications for VAC services and benefits, including service eligibility requirements and income supports for injured Veterans. The Standing Committee on National Defence and Veterans Affairs report “Moving Forward: A Strategic Plan for Quality of Life Improvements in the Canadian Forces” was published in October 1998. This report put forward numerous recommendations pertaining to disability benefits, treatment and rehabilitation and income security for CF members injured in the line of duty.

Following the Review of Veterans Care Needs, additional studies were performed which provided a more detailed picture of the issues facing injured CF members and their families. The Canadian Community Health Survey’s CF Supplement on Mental Health (September 2003) further identified mental health problems that were more prevalent among CF members than among the general population. The study found that the rates for major depression and for panic disorder were significantly higher among CF members than among the Canadian civilian population. The following year, the Department of National Defence Operational Stress Injury Social Support Team produced the report, “Family Support Needs Analysis,” which provided an understanding and identification of the issues facing the families of persons suffering from psychological injuries as well as the impact of these issues and the supports families need as a result. In March 2004, the VAC-CF Advisory Committee published a report that synthesized the issues raised in the above-mentioned studies. Based on that analysis, the report, “Honouring Canada’s Commitment: Opportunity with Security for CF Veterans and their Families in the 21<sup>st</sup> Century,” made recommendations for further reform of VAC programs.

In response to these studies, and others, in 2003 VAC formed a Task Force to assess the findings and recommendations and develop measures to address them. The result was the NVC coming into effect on April 1, 2006.

## **2.0 STUDY APPROACH**

### **2.1 EVALUATION CONTEXT**

This is the first evaluation of the NVC and the findings will assist VAC program managers improve the design and delivery of the NVC programs and provide an assessment of the achievement of desired outcomes. In addition, this evaluation fulfills a Departmental commitment to complete a comprehensive evaluation of the NVC before December 2010.

Prior to commencing this evaluation, an evaluation framework and a detailed plan were developed. Given the size and complexity in conducting this comprehensive evaluation, the work will be completed in three phases with a report developed for each phase. This Phase I report focusses on the relevance and rationale of the NVC and its programs. The Phase II report will focus on outreach, the application process and the service delivery framework and the Phase III report will focus on unintended impacts and the success in achieving desired outcomes.

While this is the first evaluation of the NVC, other related work has previously been completed or is currently underway. The Audit and Evaluation Division recently completed a review of the NVC Redress process and a separate project has commenced to evaluate components of the Disability Pension and Disability Award programs. In addition, VAC has recently completed an internal review of case management and an evaluation of case management is planned for 2010/11. As a result, these areas were not included in the scope of this Evaluation.

## 2.2 SCOPE OF WORK

The core evaluation issues and specific evaluation questions which will be covered by this evaluation are presented in the table below.

<b>Table 2.1 - NVC Evaluation Questions</b>	
<b>Core Evaluation Issues</b>	<b>Evaluation Questions</b>
Continued Need for the Program	<p><b>Phase I</b></p> <p>1. What is the need for each of the NVC programs?</p>
Alignment with Government Priorities	<p><b>Phase I</b></p> <p>2. To what extent does the NVC align with Government priorities?</p>
Alignment with Federal Roles and Responsibilities	<p><b>Phase I</b></p> <p>3. To what extent does the NVC align with Government priorities?</p> <p>4. Is there duplication or overlap with other programs or services?</p>
Achievement of Expected Outcomes	<p><b>Phase I</b></p> <p>5. Are there unmet needs which should be covered by the NVC?</p> <p>6. How do the NVC programs compare to similar programs offered by other countries?</p> <p>7. How is program performance measured?</p> <p><b>Phase II</b></p> <p>8. Are there appropriate supports in place for operational staff delivering the NVC programs?</p> <p>9. Are roles and responsibilities clearly defined and appropriate?</p> <p>10. How efficient and effective is the application process?</p> <p>11. How satisfied are clients with the NVC programs?</p> <p><b>Phase III</b></p> <p>12. How efficiently and effectively does VAC assist clients in transitioning from military to civilian life?</p> <p>13. Are the NVC programs adequately supporting all NVC clients?</p> <p>14. How does the effectiveness of VAC's NVC programs compare to other similar programs?</p> <p>15. What are the unintended impacts that have occurred?</p>
Demonstration of Efficiency and Economy	<p><b>Phase II</b></p> <p>16. How efficient and effective is VAC's outreach?</p> <p>17. How efficient and effective is the application process?</p> <p>18. What are the inputs and outputs?</p> <p><b>Phase III</b></p> <p>19. How efficiently and effectively does VAC assist clients in transitioning from military to civilian life?</p>

## 2.3 METHODOLOGY

To strengthen the governance of this project, a Steering Committee consisting of VAC's senior management was formed to monitor progress and provide strategic direction to the evaluation. In addition, an Advisory Committee was formed consisting of Directors from Head Office, regional offices and district offices across the country. The role of the Advisory Committee is to support the fieldwork and provide input into the development of data collection tools and evaluation findings. These two committees will support all three phases of the Evaluation.

The scope of the first phase covers the period from April 1, 2006 to March 31, 2009. The data collection methodology incorporated multiple lines of evidence to ensure the reliability of information collected and results reported. Fieldwork for this report was conducted between May and September 2009.

For the first phase, an extensive documentation review was performed to assess the theory, design and concept of operations for the NVC programs, as well as to provide important background information. Primary sources for the documentation review included the Departmental Subject Record files, NVC legislation, VAC policies and business processes and the results of any previously completed studies, reviews or analysis. In addition, an extensive internet search was performed to collect information for the comparative analysis. This information was derived from the web sites of Veterans departments of other countries. Data analysis of the forecasts, actual client utilization and expenditures also supported findings. This information was derived from multiple sources in VAC's Reporting Database, FreeBalance financial system, quarterly statistics reports and contractor reports.

Finally, key informant interviews served as an important source of information. These interviews provided context to the documentation review and data analysis as well as qualitative input on the relevance and rationale of the NVC programs. In total, 52 interviews were completed with VAC staff across the country in Head, regional and district offices as well as with Operational Stress Injury Support Service staff who provide peer support to Veterans. Phases II and III will include input from additional sources outside VAC such as DND staff and representatives of Veterans organizations and clients.

During this time, work was also performed by the Study Team to begin developing a client survey, focus groups and planning for an analysis of client files. Statements of work have been finalized and the procurement process to secure various contractors has been initiated. The results of the client survey, focus groups and analysis of client files will form part of the analysis for Phases II and III which will be completed in 2010.

### 3.0 DESCRIPTION OF THE NEW VETERANS CHARTER

As described in Section 1.0, the original Veterans Charter legislation, enacted at the end of World War II, provided a comprehensive set of programs and services designed to facilitate the transition and rehabilitation of Veterans from military to civilian life. As these Veterans aged, their needs changed, and the programs changed with them. However, the unique needs of the now releasing CF Veterans and their families require the assurance of a secure future. These clients also require assistance as they transition from their specialized career in the Forces to civilian employment. In addition, some clients require support to address chronic pain, permanent disability and operational stress injuries resulting from their service to our country.

The New Veterans Charter shifts the focus from one of disability to one of wellness, and responds to Canada's commitment to injured CF members and Veterans. "VAC's suite of modernized programs is a needs-based, co-ordinated system of resources designed to support CF Veterans and their families through the transition from military to civilian life."<sup>4</sup> The services and benefits provided include a lump-sum disability award and other allowances, rehabilitation, financial benefits, group health insurance, job placement assistance and support to families. A summary description of each NVC program is presented in Annex A.

The expected outcomes from VAC's modernized programs, as outlined in the Regulatory Impact Analysis Statement accompanying the Regulations, are that CF members, Veterans and their families:

- experience optimal levels of health as a result of access to health benefits and rehabilitative services;
- actively participate in the civilian workforce as a result of access to employment-related supports in the form of rehabilitation services, vocational assistance, training and job placement assistance;
- are supported and compensated where disabilities are of a severe, permanent nature and full reintegration is not possible;
- have a level of income adequate to meet basic needs as a result of enhanced employment opportunities provided by job placement assistance, and access to rehabilitation services;
- actively participate in and are integrated into their communities; and
- feel recognized for their contribution to the safety and security of the country.

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<sup>4</sup> Canada. Veterans Affairs Canada. *Integrated Results-based Management Framework and Risk-based Audit Framework*. Charlottetown: March 24, 2005.

Table 3.1 below provides a snapshot of the clients accessing the various NVC programs during the 2008-2009 fiscal year. It should be noted that clients can access multiple programs at the same time or various programs separately based on their need. As a result, the total number of NVC clients presented in this Table is not intended to be the sum of the previous columns.

Still serving members are eligible for a disability award and components of the Job Placement Program, but they are not eligible for the Rehabilitation, Financial Benefits or Health Benefits Programs. Also, there are no clients in the Job Placement Program who released prior to 2001 because eligibility is limited to within two years of release.

Since April 2006, there have been 17,670 CF released members. From this population of released CF members, 14% (or 2,431) accessed NVC programs with only 6% (or 1,068) requiring rehabilitation treatment. This adds important context to this report in that the majority of releasing CF members are relatively healthy and the NVC programs are designed to promote “wellness” and support any re-establishment needs not simply fulfilling treatment needs.

<b>Table 3.1 - Number of NVC Clients as of March 31, 2009</b>						
Clients	Clients who Received a Disability Award	Clients in Rehabilitation Program	Clients Receiving Financial Benefits	Clients Receiving Health Benefits	Clients in Job Placement Program*	Total Number of NVC clients
Released before April 1997	5,763	607	351	208	N/A	6,194
Released from April 1997 to March 2001	429	242	131	54	N/A	619
Released from April 2001 to March 2006	547	601	261	102	8	1,056
Released after April 2006	1,533	1,068	248	218	233	2,431
Still Serving	3,221	28 **	11 **	4 **	159	3,389
Survivors/ Spouses	216	44	138	9	1	341
<b>Total</b>	<b>11,709</b>	<b>2,591</b>	<b>1,140</b>	<b>595</b>	<b>401</b>	<b>14,030</b>

\* Numbers represent clients who applied for the Job Placement program (ie. career counselling or job finding assistance). As described in Section 4.2.5, 1,490 clients have attended a workshop.

\*\* Data error. Still serving members are not eligible for the rehabilitation, financial benefits or health benefits programs.

Some additional observations noted are that clients who received a disability award would have been eligible to receive a disability pension prior to the NVC. In addition, some disability conditions such as hearing loss don't develop until many years after release which explains the large number of clients receiving an award in 2008-2009 who released prior to 1997.

For the Rehabilitation Program, it is important to note that 56% of clients receiving rehabilitation treatment were released prior to 2006. This is important because, as discussed further in Section 4.2, many of these clients have been released for a number of years without the benefit of timely rehabilitation programs focussing on wellness and they now have chronic conditions requiring long-term support. Additionally, a significantly higher percentage of these clients require financial benefits and health benefits support which was not available prior to the NVC. It should also be highlighted that 44 survivors or spouses were able to access support through the Rehabilitation Program. This support was not available prior to the introduction of the NVC.

## 4.0 EVALUATION FINDINGS

This section of the report presents the findings, conclusions and recommendations relating to the evaluation of the relevance and rationale of the NVC. As described below, some findings in Phase 1 will require further analysis in Phase II and III before determining a final conclusion and appropriate recommendation (if necessary).

### 4.1 ALIGNMENT WITH FEDERAL GOVERNMENT PRIORITIES

The Government of Canada's annual Speech from the Throne identifies the federal government's priorities for the upcoming year. While the federal government priorities shift each year, an analysis of these Speeches from 1999 to 2009 identified the following seven common themes:

1. stimulating the economy,
2. sustainable development,
3. improving the health of Canadians,
4. helping workers develop their skills and obtain employment,
5. keeping Canadians safe,
6. supporting Canadian families, and
7. making government more effective through public private partnerships.

The NVC contributes to four of these federal government priorities. First, the NVC contributes to improving the health of Canadians by providing Veterans access to rehabilitation treatment and offering some clients coverage for health benefits. Secondly, the NVC provides services to help both disabled and healthy Veterans develop their skills to improve their opportunities to obtain employment. The NVC also supports Canadian families by providing support to eligible survivors, spouses and children through financial benefits, skill development, and coverage of health benefits. Finally, the NVC has developed partnerships with third-parties to deliver health services, vocational assistance and job placement support.

For VAC, the NVC directly supports the Department's mandate which is to provide *"care, treatment or re-establishment in civilian life of any person who served in the Canadian Forces or merchant navy or in the naval, army or air forces or merchant navies of Her Majesty, of any person who has otherwise engaged in pursuits relating to war, and of any other person designated by the Governor in Council."* The focus of this mandate is further highlighted in VAC's strategic outcome, which is that *"eligible Veterans and other clients achieve their optimum level of well-being through programs and services that support their care, treatment, independence and re-establishment"*. While other VAC programs contribute to this mandate and strategic outcomes, the NVC programs are considered the foundation for releasing CF members and their families.



## Conclusion

The NVC is highly consistent with the priorities and objectives of both the federal government and VAC.

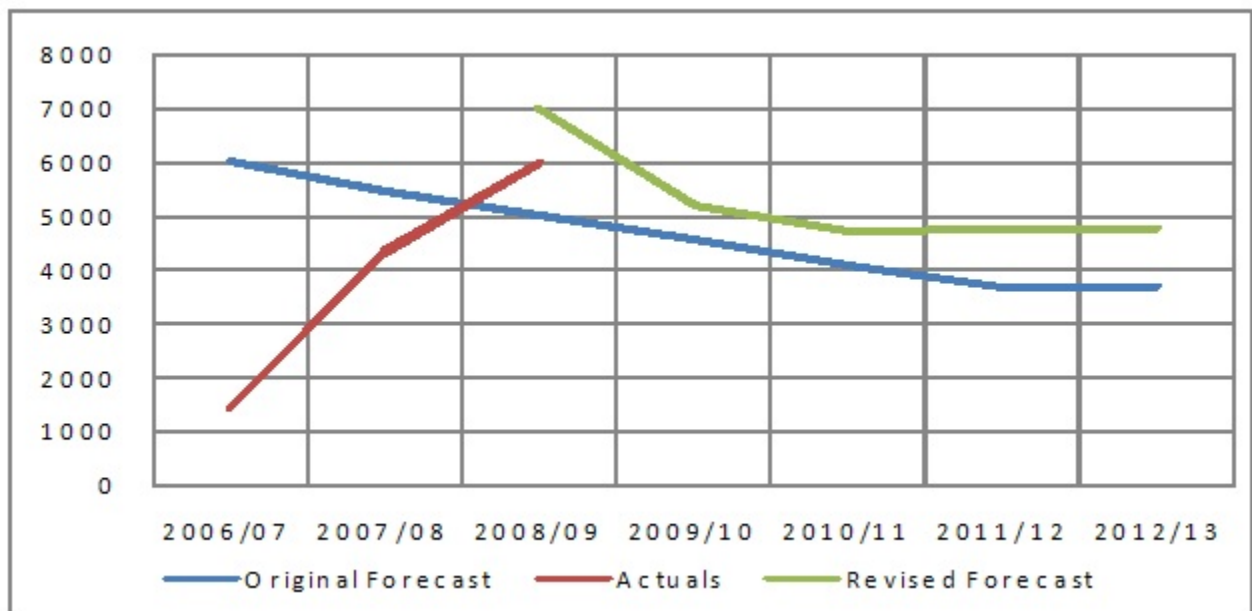
### 4.2 NEED FOR THE NEW VETERANS CHARTER PROGRAMS

Sections 4.2.1 to 4.2.5 present the analysis of the need for each of the NVC programs.

#### 4.2.1 Disability Award Program

The Disability Award Program is the mechanism through which VAC recognizes and compensates Veterans and eligible clients for service to Canada that resulted in death or a loss of a previously healthy state. This recognition and compensation is for the non-economic effects of a service-related disability. These disability benefits are entitlement based and have been provided to Veterans since 1919. As illustrated in Chart 4.1, in 2008-2009, 6,000 clients accessed the Disability Award Program.

**Chart 4.1 - Number of Clients in the Disability Award Program**



It is important to note that in 2006-2007, the number of clients who received benefits under the Disability Award Program was significantly lower than estimated. This was the result of a higher than expected number of disability pensions awarded to CF clients. Then in 2007-2008, the forecasted utilization was close to the actual utilization and, in 2008-2009, actual utilization was higher than forecasted. A key factor identified for this increase is the intensity of current military operations. As a result, VAC has increased its Disability Award forecasts for future years.

Unlike the other components of the Disability Award Program, financial counselling is not based on entitlement. The rationale for reimbursing clients for the cost of financial counselling was to have financial planning assistance available for clients who receive a large lump-sum payment. Since April 1, 2006, only 66 clients (less than 1% of those who received an award greater than \$12,500) have been reimbursed for financial counselling. VAC staff identified two main reasons for the low utilization were that clients can often receive similar advice for free from other sources (e.g. financial institutions) or clients have already decided how they will use the money. However, regardless of the utilization, VAC staff and stakeholders agreed that it was important to continue to offer such a service, to help clients manage the large lump sums of money some are receiving.

## **Conclusion**

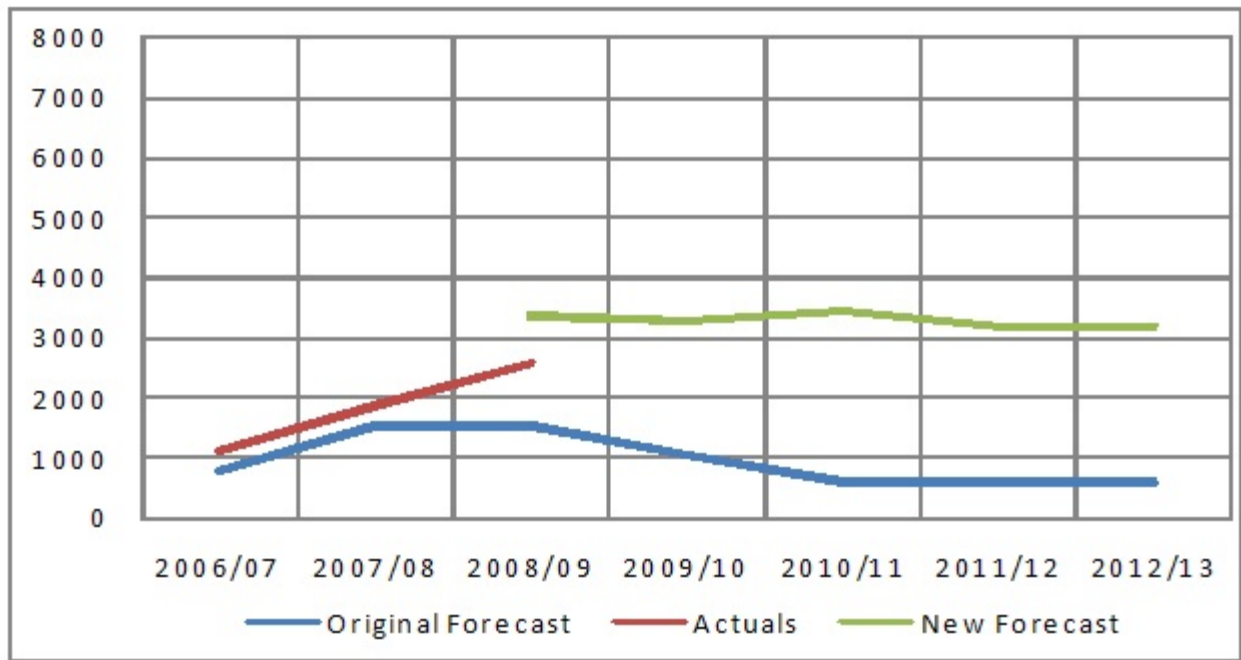
The Disability Award Program is a legislated entitlement for clients who have suffered a service-related disability. VAC has a long history of recognizing and compensating clients for the impacts of serving one's country and the Disability Awards Program is the key mechanism to accomplish this. The question of the continued need for financial counselling will be further analyzed in Phases II and III.

### **4.2.2 Rehabilitation Program**

Prior to the implementation of the Rehabilitation Program, VAC was more limited in the benefits and services that could be provided to clients. In order to receive any benefits or services from VAC, Veterans had to be eligible for a disability pension, and the benefits and services often were focussed on treating the pension condition and not a broader focus on the re-establishment of the Veteran. The introduction of the Rehabilitation Program has allowed VAC to enhance benefits and services available to clients with a barrier to re-establishment and to enhance benefits and services available to families.

As illustrated in Chart 4.2, similar to the Disability Award Program, the number of clients accessing the Rehabilitation Program has been steadily increasing, and is currently higher than was originally estimated. This increased utilization is the result of several factors. One factor is that there were a higher number of clients who had previously released requiring rehabilitation support. Another factor is the intensity of current military operations which has resulted in a higher number of service-related injuries. The third factor which has contributed to utilization being greater than originally forecasted is the duration of rehabilitation treatment required. The original forecast based on industry standards for rehabilitation assumed that, on average, clients would require rehabilitation treatment between 18 and 24 months. However, as described in Chart 4.2, three years experience with the program has identified that a large number of clients require rehabilitation support for significantly longer than the expected 24 months.

**Chart 4.2 - Number of Clients in the Rehabilitation Program**



Research has identified the importance of receiving this rehabilitation treatment within two years of the injury. The greater the delay in receiving this rehabilitation treatment the less effective the treatment will be in achieving desired outcomes. As illustrated in Table 3.1 (page 7), as of March 31, 2009, there were 1,450 clients in the rehabilitation program who released from the military more than three years ago and almost half of this group had released before 1997. Many of these clients were released without the benefit of timely rehabilitation programs focussed on wellness and now have chronic conditions requiring long-term support. In addition, there are a number of clients returning from current operations such as Afghanistan, with extremely complex conditions who also require long-term support.

For both of these types of clients the desired program objective of restoration of function within 24 months which may not be realistic. Instead the focus is on maximizing function or reducing the deterioration in function. Examples of this are clients who require long term access to certain medication(s) or ongoing periodic treatment(s) to maintain a specific level of functioning. Currently, it is not known how many clients requiring long term support are in the rehabilitation program; however, as of March 31, 2009, only 10% (251 clients) have actually completed the rehabilitation program since inception. This indicates that the result is a significant number of clients receiving rehabilitation treatment require support for a longer period of time than was originally expected.

## Conclusion

The Rehabilitation Program is considered the key component in assisting clients to re-establish in civilian life and maximize participation at home, community and work environments. However, as noted, there is a significant number of clients requiring support for longer periods of time than was anticipated in order to maximize function or reduce the deterioration of function. Further analysis of these clients and the impact on the achievement of desired outcomes will occur in Phases II and III.

### 4.2.3 Financial Benefits Program

In 1997, a DND study entitled “Treatment of Members Released from the CF on Medical Grounds,” identified that 54% of CF members studied rated their standard of living as significantly worse than while serving in the CF. To assist with this, the Financial Benefits Program provides clients various forms of income-replacement or support. The majority of clients in the Financial Benefits Program receive the Earnings Loss Benefit which provides income-replacement for clients participating in the Rehabilitation Program. The intent of this benefit is to provide clients assurance that their financial obligations will continue to be met while allowing clients to focus on their rehabilitation. Additionally, the permanent impairment allowance is a monthly benefit paid to recognize the impact that a severe permanent impairment has on employment potential. The supplementary retirement benefit provides compensation for the lost opportunity to contribute to a retirement pension due to the loss of employment potential due to a service-related disability. Finally, the CF income support ensures that all eligible clients have a minimum level of income. Chart 4.3 illustrates the number of clients who have received a Financial Benefit.

**Chart 4.3 - Number of Clients in the Financial Benefits Program**

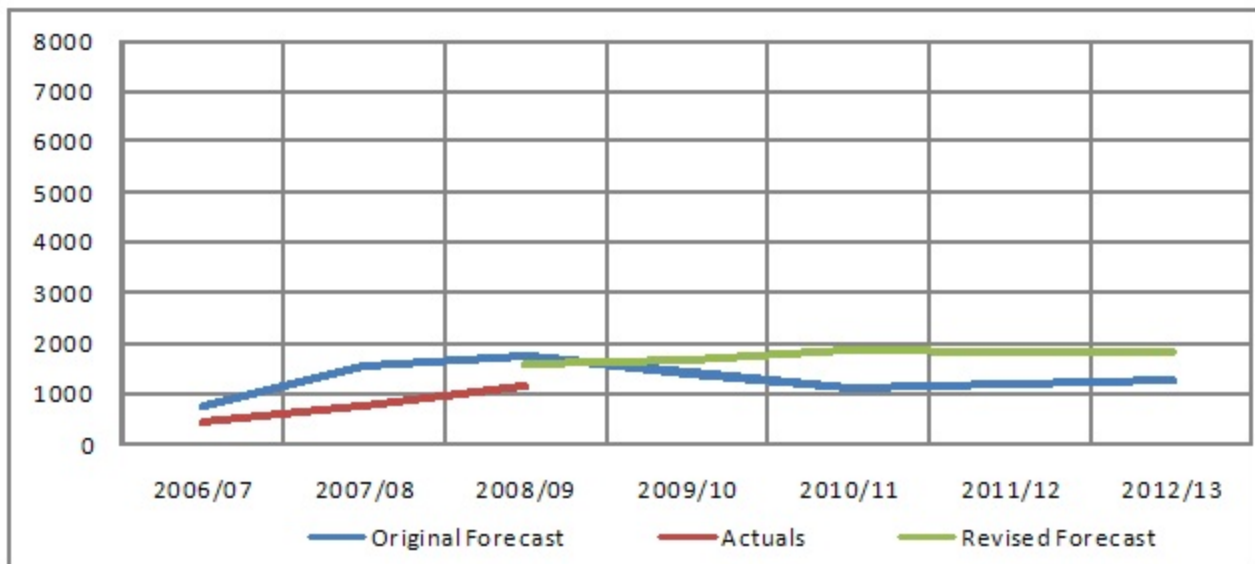


Chart 4.3 identifies that the number of clients who received a financial benefit was noticeably lower than forecasted. The reason for this is that the original forecast assumed that all eligible clients would receive an Earnings Loss Benefit. However, less than half of eligible clients received a payment because they were in receipt of other relevant sources of income such as Service Income Security Insurance Plan (SISIP), CF Superannuation, or Disability Pension income. These other sources of income are included in the calculation of the earnings loss benefit which reduces or negates the potential payment. This has also impacted program expenditures which in 2008/09, were forecasted at over \$35 million, but actual expenditures were only \$19 million.

## **Conclusion**

The Financial Benefits Program provides necessary income-replacement and support to clients. The amount of financial support that most clients would require was over estimated; however, the number of clients requiring support is increasing and the financial benefits provide a key source of income to ensure that the financial obligations of injured CF Veterans continue to be met.

### **4.2.4 Health Benefits Program**

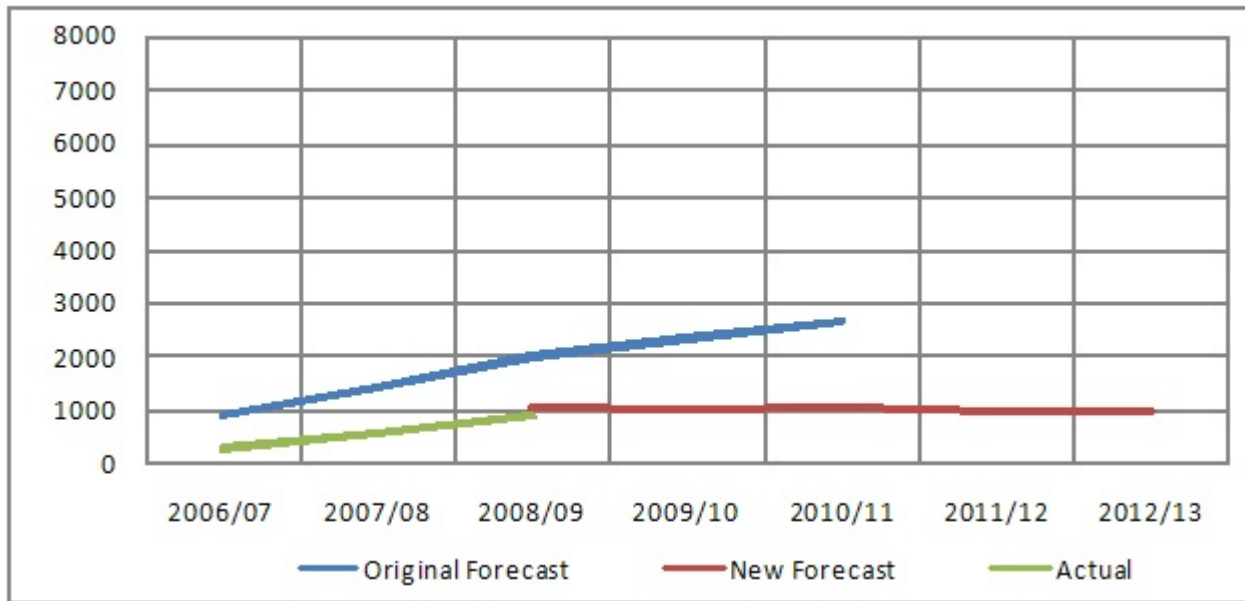
During service, CF members receive full health and dental coverage from the DND. Families have access to health care coverage through provincial insurance and Canadian Forces members may enrol their family members in the Public Service Health Care Plan (PSHCP) and the Canadian Forces Dependents Dental Care Plan. Upon release, CF members become immediately eligible for provincially-insured services by applying to the appropriate provincial authority within 30 days of release. Family members maintain access to medicare. The Canadian medicare system provides basic medical coverage; it does not, however, cover services such as prescription drugs, dental and vision care.

In the VAC-CF Advisory Council report "Honouring Canada's Commitment: *'Opportunity with Security'* for CF Veterans and Their Families in the 21st Century (2004), it was identified that, once CF personnel left the military community, there were gaps in the coverage provided by provincial health care programs, resulting in some CF Veterans not obtaining needed health services. In addition, the *Review of Veterans Care Needs* identified the need for coverage for the cost of: audiological, dental, home care nursing, access to or continuity of treatment, prescription drugs, prosthetics and orthotics, special equipment, vision care, special clothing, and aids to daily living.

While VAC does provide clients with health care benefits and services related to their rehabilitation plan and disability entitlement, a broader program was needed to promote wellness, and provide some access to health insurance for family members. The Health Benefits Program fulfills this need by helping clients and their families who do not qualify for health benefits within the CF Superannuation Plan.

As illustrated in Chart 4.4, the uptake of the program is significantly lower than originally estimated. A primary reason for this is the recent Canadian Forces Superannuation Modernization project that resulted in expanding eligibility for CF Superannuation, thereby reducing the number of clients requiring coverage under VAC's Health Benefits Program. Another factor is that many clients have a spouse who has coverage through a separate health care plan.

**Chart 4.4 - Number of Clients in the Health Benefits Program**



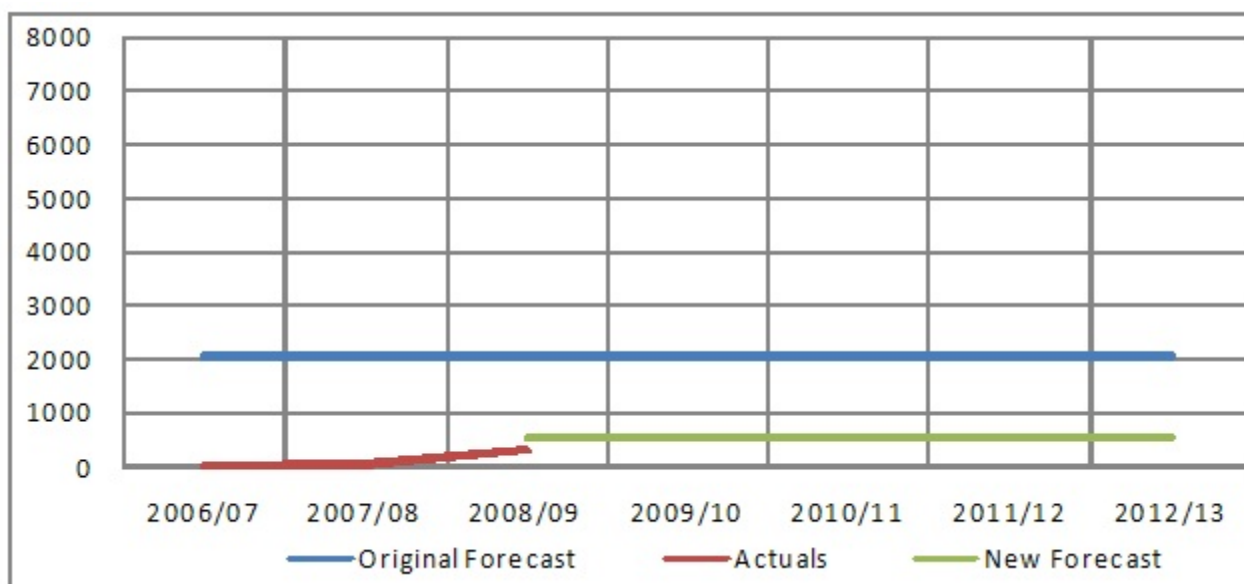
## Conclusion

The Health Benefits Program fills a gap in post-release health coverage by ensuring that eligible Veterans and survivors, have access to group family health insurance.

### 4.2.5 Job Placement Program

The security of appropriate employment is considered a key contributor to a person's well-being. For CF members and Veterans, employment can support a successful transition to civilian life. The Job Placement Program was designed to increase opportunities of finding civilian employment for CF members and Veterans by offering career transition services. However, all of the research studies forming the basis for the NVC focussed on CF members or Veterans with a disability even though the Job Placement Program was designed for Veterans who do not require the Rehabilitation Program. This lack of information regarding the needs of the target population is one of the factors which contributed to VAC significantly over-estimating the demand for the Job Placement Program, illustrated in Chart 4.5.

**Chart 4.5 - Number of Clients in the Job Placement Program<sup>5</sup>**



Additionally, the estimated number of clients was based on a sample of 400 released CF members drawn from the population of disability pension clients between 1998-1999 and 2002-2003. Since the Job Placement Program was not designed for clients with a disability the methodological flaw was increased. In addition, from this sample only 162 clients participated with 52% (84 clients) indicating that they would have “liked help in finding a job after release.” This percentage was then used as the basis for estimating that 2,080, or 52% of the approximately 4,000 CF who release annually, would access the Job Placement Program. VAC further estimated that of these 2,080 clients, 90% (or 1,890) would access the career counselling and job finding assistance components. However, since full implementation in October 2007, only 1,490 clients have attended a workshop with only 18% receiving career counselling and 3% accessing job finding assistance.

In attempting to increase participation, VAC management have been working with the contractor to increase awareness and make adjustments to the program. In the spring of 2008, over 8,000 letters and application forms were sent to Veterans who were potentially eligible, informing them of the program and encouraging them to apply. However, the response from the mail-out resulted in only a few hundred additional Veterans applying.

<sup>5</sup> It should be noted that full implementation of the Job Placement program was delayed until October 2007, when a national contract for the delivery of the program was awarded. In addition, the table above identifies clients in the Job Placement program; however, clients can attend the workshop without applying for the program. Since 2007, 1,490 clients have attended a workshop.

## Conclusion

Career transition support is a key component to promote re-establishment. However, the low utilization brings into question the current design and delivery of the Job Placement Program. Currently VAC is developing adjustments which are expected to increase utilization, but it is still unclear why Veterans are not utilizing the career counselling and job finding assistance components of the program. Additional information and client feedback is required to properly assess current client needs for career transition support. In addition, further analysis in Phase II and III of this evaluation is required to assess design, program delivery, achievement of desired outcomes and the impact of upcoming changes to the program.

**R1 It is recommended that the Director General, Program Management Division, complete a comprehensive needs assessment related to career transition services for Veterans.**

### Management Response:

Management agrees with this recommendation.

In the spring of 2008, in response to concerns about the lower than forecast level of activity under the Job Placement Program, a joint working group of VAC and DND representatives conducted a high level review of the program to determine unmet needs, assess its effectiveness and make recommendations for improvements. It was concluded that the program was relevant and highly-valued, but services needed to be accessed earlier in the release process, and the program required re-branding and promotion to increase awareness.

A number of recommendations were subsequently approved by VAC/CF/DND and are being implemented. Once these changes are in place, some time will be required for the impact of the recommendations to be assessed.

The level of program activity and awareness among potential clients will be closely monitored by utilizing various feedback sources, including focus groups, CF Town Halls, telephone surveys and client evaluations forms.

Following an appropriate period to permit the changes to take effect and the impact of the recommendations to be analysed, a comprehensive needs assessment will be completed of the career transition needs of releasing CF members in time to inform decision making around program direction.



**Management Action Plan:**

Corrective Actions to be taken	OPI (Office of Primary Interest)	Target Date
1.1 Changes approved by VAC/CF/DND Steering Committee regarding Job Placement Program changes will be fully implemented.	Program Management Division	October 2010
1.2 The following data sources will be used to obtain feedback on the Program and monitor impact of program changes: 1) Focus Groups to support Phase II of the NVC Evaluation; 2) CF Town Halls; 3) Telephone survey of clients who have already participated in the workshop component of the program; and 4) Client evaluation forms (will be improved and implemented when new contract is awarded).	Program Management Division	October 2010
1.3 A comprehensive needs assessment related to career transition services of releasing CF members will be completed once all program changes have been operational for 6 months. A report will be completed which will include recommendations for use by VAC senior management.	Program Management Division	December 2010

**4.3 SIMILARITIES TO OTHER PROGRAMS**

Canadians have access to various forms of health services, financial and career transition support through numerous federal, provincial and community organizations. Some of these programs may potentially duplicate or overlap coverage under the NVC. However, given that VAC provides a suite of programs requiring nationally consistent service to clients across the country, the Study Team’s analysis was limited to benefits and services offered by other federal departments. The following is a summary of similar benefits and services offered by other federal departments.

**Disability Award**

SISIP is an insurance plan offered by the CF exclusively to serving and former members of the CF and their spouses at a cost. Through SISIP, Veterans can apply for an Accidental Dismemberment Insurance Plan which provides a lump-sum benefit to eligible current and former CF members whose condition is attributable to military service and incurred by way of accidental, external and violent means. This benefit may appear to duplicate the Disability Award; however, the purpose is very different.

Accidental Dismemberment Insurance Plan is an insurance payout while Disability Award is a award for pain and suffering, in recognition of the non-economic effects of service related disability on the lives of CF members, Veterans and their families.

## **Rehabilitation**

SISIP Long Term Disability Vocational Rehabilitation Program provides training and education to eligible beneficiaries with the goal of enhancing the former member's existing education, skills, training and experience. This program is administered to provide eligible individuals with the skills to obtain gainful employment in the civilian workforce. This program overlaps with VAC's vocational rehabilitation services which has been designed to identify and achieve appropriate vocational goals given the level of disability, education, transferable skills and current labour market realities. It is estimated that approximately 15% of the 3,700 Veterans currently in the SISIP Vocational Rehabilitation Program will go on to access VAC's vocational rehabilitation services. The difference between these programs is that through SISIP the vocational training is centred on the existing education while VAC's vocational rehabilitation services concentrates on providing training for a skill that is appropriate for the client's health interests and in the long term will provide gainful employment.

DND provides CF members a Transition Assistance Program which assists medically releasing CF members in making the transition into the civilian workplace. VAC provides a similar service within the Rehabilitation Program by providing vocational assistance to help medically released CF members find suitable employment. There is some overlap present in that both programs provide medically releasing CF members with information on résumé writing, job search assistance and job finding assistance. The difference is that DND's Transition Assistance Program actively recruits prospective employers; in both the public and private sector.

The Opportunities Fund for Persons with Disabilities, provided by Service Canada, is a program designed to help individuals with disabilities prepare for and obtain employment. The Canada Study Grant for the Accommodation of Students with Permanent Disabilities provides up to \$8,000 a year to help cover exceptional education-related costs associated with an individual's disability. The Canadian Pension Plan (CPP) Disability Vocational Rehabilitation Program, administered by Service Canada on behalf of Human Resources and Service Delivery Canada (HRSDC), offers vocational counselling, financial support for training and job search services to recipients of the CPP Disability Benefit to aid them in returning to work. There is overlap present with VAC's Rehabilitation Program; however, VAC's Rehabilitation Program, specifically vocational assistance, provides consistent service nationally and are also available for the families of Veterans. As a result, these complementary programs could be used to enhance services and benefits for Veterans who may meet their limited eligibility requirements.

## **Financial Benefits**

Numerous income support programs exist such as SISIP Canadian Forces Personnel Assistance Fund, VAC's Benevolent Fund, Service Canada's CPP Disability Children Benefits and the Employment Insurance Regular Benefits, however, the financial benefits provided by VAC will deduct all relevant sources of income received through these programs. Therefore, while these programs are similar, the financial benefits offered by VAC are designed to enhance various services found elsewhere for Veterans.

## **Health Benefits Program**

The Health Benefits Program was designed to fill gaps in health coverage for clients not eligible for the PSHCP or covered by the Veteran's or spouse's employer. As a result, there are no instances of duplication or overlap with other programs.

## **Job Placement**

DND's Second Career Assistance Network is designed to assist CF members in order to provide transferable skills analysis, as well as counselling and training to individuals who are preparing for civilian life. VAC's Job Placement program is integrated with this network and a VAC-DND program arrangement was developed to establish the roles and protocols for VAC to now deliver these services which were previously delivered by the DND.

Service Canada provides career transition support for unemployed Canadians. The services available under this program are similar to the service available under the Job Placement program; however, Service Canada's program is for Canadians in receipt of Employment Insurance whereas the majority of clients applying for VAC's Job Placement program are still serving with the Canadian Forces. In addition, Service Canada's web site offers tools to assist individuals in creating a résumé, learn about the labour market, and helps Canadians access local training or career counselling. These tools and resources are available to all Canadians including Veterans. As a result, despite the current eligibility requirements which limit a Veteran's ability to access some Service Canada programs there is overlap in the intent and services offered by both Federal Departments which could potentially create an opportunity for further collaboration in the future.

## **Conclusion**

Some instances of overlap were identified with VAC's Rehabilitation and Job Placement Programs. In these cases, VAC should further explore the identified overlap to determine if program adjustments are required or if VAC could develop a more collaborative approach with these other federal programs.

**R2 It is recommended that the Director General, Program Management Division, further explore the identified overlap with other Federal programs to identify opportunities to enhance efficiency and service delivery to clients.**

**Management Response:**

Management agrees with the need to clarify identified overlaps with other Federal programs.

With respect to the Job Placement Program, in addition to the recommended needs assessment in support of career transition needs of releasing CF members, VAC will further explore the identified overlaps between the Job Placement Programs and Service Canada.

With respect to the Rehabilitation Program, significant work has been undertaken with Federal partners involved in providing services and benefits to disabled CF members and Veterans.

VAC will continue to explore options for improving integration and harmonization with SISIP-LTD.

**Management Action Plan:**

<b>Corrective Actions to be taken</b>	<b>OPI (Office of Primary Interest)</b>	<b>Target Date</b>
2.1 In addition to the recommended needs assessment in support of career transition needs of releasing CF members, VAC will further explore the identified overlaps between the Job Placement Programs and Service Canada. The needs assessment will include consultations with Federal Departments referenced, as well as other key stakeholders, such as the CF. A report will be prepared for the use of senior officials to inform future direction.	Program Management Division	December 2010
2.2 VAC will work with DND to optimize integration and harmonization of the SISIP-LTD Program and the VAC Rehabilitation Program and will update the Program Arrangement accordingly.	Program Management Division	June 2010

#### 4.4 COMPARISON TO OTHER COUNTRIES

As part of this evaluation a comparative analysis was performed between VAC's benefits and services and the benefits and services offered to Veterans in Australia, the United Kingdom and the United States. These countries are considered to have structures similar to Canada and are often used for various types of international comparison. Table 4.6 provides some background information on the relative size of each country's Veteran population and the Department which supports them.

<b>Table 4.6 - Profile of Comparison Countries</b>				
	<b>Canada</b>	<b>Australia</b>	<b>United Kingdom</b>	<b>United States</b>
<b>Name</b>	<b>Veterans Affairs Canada</b>	<b>Department of Veterans Affairs</b>	<b>Service Personnel and Veterans Agency</b>	<b>United States Department of Veterans Affairs</b>
Total Population	33,500,000	21,200,000	61,100,000	307,200,000
Number of clients served	220,000	415,000	900,000	23,800,000
Number of annual releases	Approximately 4,000 release annually.	Approximately 5,000 release annually.	Approximately 24,000 release annually.	Approximately 200,000 release annually.
Budget (2009-2010)	\$3.4 billion	\$11.13 billion*	\$19.40 billion*	\$100.14 billion*
Number of staff	3,700	2,100	2,100	278,500
Programs Supporting Transition **	<ul style="list-style-type: none"> <li>• New Veterans Charter</li> <li>• Disability Awards</li> <li>• Rehabilitation</li> <li>• Financial Benefits</li> <li>• Health Benefits</li> <li>• Job Placement</li> </ul>	<ul style="list-style-type: none"> <li>• Military and Compensation Act</li> <li>• Rehabilitation</li> <li>• Permanent Impairment</li> <li>• Incapacity Payments</li> <li>• Special Rate Disability Pension</li> <li>• Career Transition Assistance Scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Armed Forces Compensation Scheme</li> <li>• Lump-Sum Payment</li> <li>• Guaranteed Income Payment</li> <li>• Career Transition Partnership</li> </ul>	<ul style="list-style-type: none"> <li>• VA Disability Compensation</li> <li>• VA Disability Pension</li> <li>• VA Health Care System</li> <li>• Independent Living Program</li> <li>• Vocational Rehabilitation and Employment Program</li> <li>• Post 9/11 GI Bill</li> </ul>

Notes:

\* Currency was converted to Canadian dollars using current rates as of September 30, 2009.

\*\* The focus of this analysis was a comparison of the services and benefits available to Veterans in other countries to support their transition to civilian life. It is important to note that each country provides a variety of additional services and benefits, such as public health care or old age security, not listed in the above table.

It is important to note that there are significant differences in the design, delivery and type of services available to Veterans in each country. However, all of these countries provide Veterans re-establishment support in five common domains: disability compensation, rehabilitation, income support, health services coverage, and career transition support. Annex C provides a summary of the information contained in these tables.

## **Disability Compensation (Annex C-1)**

All four countries compensate Veterans for any assessed disabilities incurred during service. With the exception of the United Kingdom, there is no restriction on how long after the injury a Veteran can apply for this disability compensation. However, each country provides this compensation differently. In Canada and the United Kingdom, Veterans receive a lump-sum award. In the United States, Veterans can receive either a lump-sum award or, for more serious disabilities, a monthly pension. Finally, in Australia, Veterans have a choice of receiving a lump-sum award or monthly pension, although it is important to note that Australia is the only country which adjusts compensation based on the Veteran's age. It is also important to note that the three countries who recently modernized their programs (Canada, Australia, United Kingdom) moved from paying a monthly pension to providing a lump-sum award. Finally, only Canada and Australia cover the cost of financial counselling to help clients manage this compensation which, in some cases, can be quite a significant amount of money.

## **Rehabilitation (Annex C-2)**

In all four countries, Veterans receive medical, health and rehabilitation treatment for any service-related injuries. However, the delivery of this treatment varies. The United States has the only department which manages and delivers this rehabilitation treatment, whereas in Canada and Australia the Veterans departments manage this rehabilitation treatment that is delivered by external service providers. Finally, in the United Kingdom, rehabilitation treatment is managed by the Department of Health and delivered by external service providers. One key difference is that the United States is the only country offering a dedicated program for severely disabled clients which provides not only specialized medical, health and rehabilitation treatment but also services to address any personal or family adjustment issues and independent living skills training.

## **Income Support (Annex C-3)**

All four countries provide a form of income support to Veterans who are unable to work as a result of a service-related injury. In Australia, this benefit is based on the client's pre-release income, whereas in Canada (Permanent Impairment Allowance), the United Kingdom and United States it is calculated based on the assessed disability. Canada also provides Veterans with an earnings loss benefit for Veterans receiving rehabilitation, the Supplementary Retirement Benefit to compensate for low retirement benefits resulting from lower career earnings and Canadian Forces Income Support to ensure that all clients meet a minimum standard of income.

## **Health Services Coverage (Annex C-4)**

It is first important to note that coverage of health services for Veterans is influenced by the degree of health service coverage available to each country's citizens. For

example, the United Kingdom, which provides the most comprehensive coverage to its citizens, does not provide any additional coverage for Veterans, whereas Canada and Australia provide citizens a similar degree of health service coverage. In Canada, Veterans with a service-related rehabilitation need can receive health coverage for themselves and their families for a monthly charge. In Australia, any Veterans with a severe disability or Veterans who are deemed to have low income receive free coverage. Finally, the United States, which provides the least amount of health coverage for citizens, provides the most health services coverage for Veterans. All Veterans are eligible for health coverage based on a means test and those clients under the threshold receive free coverage. Finally, the United States, United Kingdom and Australia all provide dental coverage whereas Canada does not.

### **Career Transition Support (Annex C-5)**

All four countries provide clients vocational training, employment services, one-on-one support and job finding assistance. However, Canada is the only country which does not provide any counselling on housing or financial awareness. In addition, the United States is the only country which provides all Veterans up to 36 months of education benefits.

### **Conclusion**

While each country's suite of programs is very different, there is general consistency in the services and benefits available to support a Veteran's re-establishment. For the most part, Canada's NVC compares favourably to these countries by offering comparable or additional services and benefits. Moreover, a recent study conducted by the Australian Department of Veterans Affairs identified the NVC as the closest to a "wellness" approach of the systems reviewed which included Australia, the United Kingdom and the United States. However, one exception was noted in that Canada does not provide Veterans with dental coverage. This will be discussed further in Section 4.5.

## **4.5 UNMET CLIENT NEEDS**

Following a review of the legislative intent of the New Veterans Charter as well as key informant interviews the evaluation team identified the following unmet client needs which may limit VAC's achievement of desired outcomes.

### **4.5.1 Support for Families**

As mentioned in Section 1.0, studies indicate CF families face stress caused by the nature of military service life. These stresses are caused by being repeatedly subject to frequent moves, family separation due to the member's training and deployments, and military families living the deployments via the television news and newspapers.

Furthermore, when a CF member re-establishes to civilian life it can have a significant impact on the entire family.

As referenced in the NVC's Integrated Results-based Management Framework and Risk-based Audit Framework, "support for families is highlighted as an important component of the NVC and VAC has identified the following expected results for the NVC programs".

- all at-risk CF Veterans and their families have their needs identified and have access to required services and benefits through active case management services;
- enhance the health, wellness, independence, functional capacity and quality of life of all CF Veterans and their families by providing access to health benefits and rehabilitation services; and
- enhance the employment capacity of CF Veterans and their families through the provision of employment related supports in the form of vocational rehabilitation and training, and job placement assistance.

The NVC increased VAC's capacity to respond to the needs of families. Currently, the NVC legislation and regulations defines spouse, common-law partner, survivor and dependent children. Within existing authorities and eligibility requirements, some family members have access to the following: an opportunity to participate in the transition interview and rehabilitation plan, access to the VAC Assistance Service, OSI clinics, the Operational Stress Injury Social Support (OSISS) program, rehabilitation services to the extent required to achieve the Veteran's rehabilitation goals, case management services, group family health insurance (Public Service Health Care Plan); and in the case of a Veteran who is too disabled to take part in vocational rehabilitation, the spouse or common-law partner can access vocational assistance services.

In the circumstance of a service-related death of a CF member or Veteran, the surviving spouse and children can benefit from the Death Benefit (if the death occurs within 30 days of the injury/illness in service), financial benefits which include Earnings Loss Benefits, Supplementary Retirement Benefit, and when needed, Canadian Forces Income Support, access to the VAC Assistance Service, assistance from the Operational Stress Injury Social Support (OSISS) program, vocational assistance for the spouse or common-law partner, access to group family health insurance (Public Service Health Care Plan), educational help for the children, and case management services.

The regulations, policy and expected results all identify support for families as an important component of the NVC. However, staff across the Department indicated confusion regarding VAC's role in meeting the needs of families. One of the difficulties is that family members are not entitled to direct support from VAC initially as a



matter-of-right. Staff noted various examples of the problems this can cause such as a Veteran with severe mental health conditions who refuses to apply for the rehabilitation program. The Veteran's mental health condition has a negative impact on family members and family functioning, but VAC is unable to provide support to the family unless the Veteran is in the Rehabilitation Program. It should be noted that while there are some family services offered by other federal, provincial or community programs, resources in many locations are often limited and inadequate to address these families needs which are directly related to Veteran's re-establishment. Another difficulty affecting many families is their employment needs following the Veteran's release from service. Due to numerous military postings, child care needs and, in many instances, care of the Veteran, military spouses often lose the opportunity for developing or sustaining a career during the Veteran's service. After release, job finding assistance for spouses would also support the Veteran's re-establishment.

## **Conclusion**

The introduction of the NVC has improved services and support that VAC is able to provide to survivors, spouses and dependents. Research into military families shown that continuing levels of stress and demands for adjustment have put many military families in crisis. There is a disconnect between the expected results and the legislative authority resulting in staff confusion regarding VAC's role in meeting the needs of families.

**R3 It is recommended that the Senior Assistant Deputy Minister - Policy, Programs and Partnerships Branch, review and reconcile the Department's role in supporting the needs of families in relation to the services and benefits currently available.**

## **Management Response:**

Management agrees with this recommendation.

VAC is currently working with staff to ensure a consistent understanding of our role in serving CF Veterans' family members so that we provide the maximum support available within existing authorities to achieve optimal outcomes for the whole family.

In tandem, we will continue work with Communications Division on a focussed Outreach to military members and families to ensure that they have a clear understanding of the full complement of services and benefits available to them from the Department.

In support of the principles of modern disability management, VAC is actively working with DND to engage the releasing CF member and his/her family at an earlier stage in the release process. This will facilitate earlier identification of needs and better support during transition planning.

A number of stakeholders, including advisory bodies to the Department and Veterans organizations have identified what they perceive as gaps in the benefits and services available to support families and have suggested areas where improvements should be made.

**Management Action Plan:**

Corrective Actions to be taken	OPI (Office of Primary Interest)	Target Date
3.1 Utilize consultation forums to obtain additional information on needs of CF families and awareness of current VAC services and benefits for families: 1) CF Town Halls; 2) Focus Groups to support Phase II of the NVC Evaluation	Policy and Research Division and Program Management Division	April 2010
3.2 Consolidate existing analysis on family needs and develop a plan of action.	Policy and Research Division and Program Management Division	September 2010
3.3 Communicate with staff to clarify the Department's mandate in supporting the needs of family's and provide guidance to staff regarding their role.	Program, Policy and Partnerships Branch and Service Delivery and Commemoration Branch	October 2010

**4.5.2 Earnings Loss Benefit**

The Earnings Loss Benefit is based on 75% of a Veteran's pre-release salary and provides income-replacement to eligible CF Veterans participating in the Rehabilitation Program. The intent of this benefit is to provide clients assurance that their financial obligations will continue to be met and allows clients to focus on their rehabilitation treatment. One identified gap relates to clients who released back in the 1990's or earlier. As presented in Table 3.1 (page 7) there are 351 of these clients currently receiving the Earnings Loss Benefit. The issue identified is that for some of these clients who released at a lower level, 75% of their pre-release salary is not sufficient to meet their financial obligations. Another identified gap relates to injured Veterans who require an extended Earnings Loss Benefit for a severe disability. Many of these clients are younger and returning from Afghanistan, with extremely complex conditions requiring long-term support. The issue identified is that the Earnings Loss Benefit does not factor in future promotions. However, the military has a well established career progression system with automatic promotions over time so not factoring in potential career progression would have a significant financial impact for some clients.

## Conclusion

The Earnings Loss Benefit supports the majority of clients; however, identified gaps limit the ability for some clients to meet their financial obligations. The impact of this on the achievement of desired outcomes will be further analyzed in Phase III.

### 4.5.3 Clients Ability to Pay Health Benefits Premiums

The Health Benefits Program provides individuals who would otherwise not be eligible for health insurance with an opportunity to purchase health coverage for themselves and their family. This coverage is available to eligible clients in the Rehabilitation Program for a monthly cost of \$14.71 for individuals and \$29.80 for families. This monthly premium is the same paid by CF Pensioners and Public Service employees.

VAC staff interviewed noted the importance of this health care coverage for both clients and their families. However, the cost of monthly premiums and deductibles was stated to be an obstacle for some clients. Staff noted that some clients indicated interest in the Program but did not apply because they could not afford the associated costs. In addition, from April 1, 2006 to March 31, 2009, 56 clients (approximately 10% of program clients) have been removed from the Health Benefits Program for non-payment of premiums.

## Conclusion

While the cost of coverage through the Health Benefits Program is reasonable, it was identified that some clients who have low income and are in receipt of financial benefits cannot afford coverage for themselves and their families which is a necessary component of a client's overall wellness.

**R4 It is recommended that the Director General, Policy and Research Division, prepare options and costings as to whether to provide additional support for clients and families who cannot afford to access the Health Benefits Program.**

### **Management Response:**

Management agrees with this recommendation.

VAC's Health Benefits Program provides eligible CF Veterans and their families the opportunity to purchase lifetime, post-release health coverage through the Public Service Health Care Plan (PSHCP). Under the PSHCP, CF Veterans and their families qualify for such things as: drug benefits; vision care benefits; and miscellaneous expenses such as medical supplies. Participation is voluntary and involves paying a monthly premium.

The following individuals are eligible for the Health Benefits Program:

- CF Veteran who has been approved for benefits under the Service Income Security Insurance Plan Long Term Disability (SISIP LTD) and who does not otherwise qualify for PSHCP;
- CF Veteran with a rehabilitation need related to service and who does not otherwise qualify for PSHCP; or
- the survivor of a CF member or a CF Veteran whose death is service-related, and who does not otherwise qualify for PSHCP.

The NVC Phase 1 Evaluation noted that some low income clients may be challenged to afford this coverage for themselves and their families, with some staff noting that some CF Veterans and families may need financial support to pay the monthly premiums of the Health Benefits Program.

Currently, VAC can provide some assistance to clients with respect to health care benefits. A wide range of treatment benefits are available to address needs related either to the Veteran's pensioned/awarded condition or to needs identified in the Veteran's active rehabilitation case plan. Other clients may be eligible for VAC treatment benefits related to any condition, to the extent that they are not covered through the province/territory of residence or through private health plans.

In addition, VAC assists eligible low income clients to access health coverage. Under section 27 of the Veterans Health Care Regulations (VHCRs). Recognizing that some individuals who may not be eligible for benefits from the Department may have access to supplemental health care benefits from provincial health authorities. Policy and Research will work with Service Delivery Management colleagues to determine what additional supports may be required from a case management perspective to promote greater awareness of and referrals to provincial programs that can provide financial assistance. Case managers will be encouraged to work with these individuals in need.

**Management Action Plan:**

Corrective Actions to be taken	OPI (Office of Primary Interest)	Target Date
4.1 Utilize consultation forums to obtain additional information on the needs of CF Veterans and their families with respect to accessing the Health Benefits.	Policy and Research Division	April 2010
4.2 Cost any gaps in coverage that affect the transition of CF members to civilian life.	Policy and Research Division	June 2010

#### 4.5.4 Dental Coverage

Oral health is recognized as an important part of overall wellness. During service, CF members receive full health and dental coverage from the DND. On release, CF members in receipt of DND's Superannuation are eligible for the PSHCP as well as CF Pensioner's Dental Service Plan.

During the NVC design phase, a gap in health coverage was identified for some CF who are not in receipt of DND's Superannuation or coverage from the CF member's or spouse's employer. The NVC Health Benefits Program was intended to fill this gap in post release health coverage for those in the rehabilitation program. However, a gap still exists in that routine dental services are not covered as part of the NVC Health Benefits Program.

Additionally, as illustrated in Annex C-4 and described in Section 4.4, other countries such as the United States, the United Kingdom and Australia all provide their clients with coverage for routine dental services.

#### Conclusion

Oral health is an important part of overall wellness. The NVC Health Benefits Program was intended to fill gaps in post release health coverage. Routine dental services are not covered as part of the NVC Health Benefits Program. Therefore, a gap continues to exist for some clients in the rehabilitation program.

**R5 It is recommended that the Director General, Policy and Research Division, reassess if dental coverage should be proposed as a component of the New Veterans Charter.**

#### Management Response:

Management agrees with this recommendation.

The issue of dental care eligibility was analyzed during the development of the New Veterans Charter (NVC). The NVC focussed on addressing the most pressing gaps, identified as those areas which presented a significant barrier to successful transition and reintegration. Existing dental coverage was analyzed and it was found that most members had an option to purchase dental coverage from the Department of National Defence (DND) upon release. Additionally, it was determined that, overall, the lack of dental coverage did not significantly impact on the successful transition to civilian life.

Coverage under the PSHCP includes dental care benefits for oral surgical procedures and treatment for accidental oral injury. Routine dental services, however, are not included.

VAC's current legislative and regulatory authorities do not include the provision of dental benefits to ineligible survivors and other ineligible groups either directly or through an insurance-based regime similar to the health care coverage resulting from the implementation of the NVC. Assuming the will of Government to extend dental benefits to currently ineligible individuals in the same manner as PSHCP coverage is provided, negotiations with Treasury Board Secretariat (TBS) and Memorandum of Understanding would be required. This assumes TBS concurrence with the program expansion to provide coverage to the new client group(s) under the Public Service Dental Care Plan and to assume costs associated with the employer share of dental plan costs.

Recent discussions with external partners indicate work on this issue is ongoing. Depending on progress and proposed approach for addressing this gap, VAC will consider the extent to which gaps in dental coverage have a negative impact on achieving reintegration and rehabilitation outcomes and ultimate successful transition to civilian life.

**Management Action Plan:**

Corrective Actions to be taken	OPI (Office of Primary Interest)	Target Date
Explore options and develop a plan of action for review by senior officials in order to inform future program direction.	Policy and Research Division	September 2010

**4.6 MEASUREMENT OF PROGRAM PERFORMANCE**

VAC established the following desired outcomes for the NVC:

- Veterans experiencing stable health as a result of access to health benefits and rehabilitative service.
- Veterans actively participating in the civilian workforce (unless totally disabled or retired) as a result of access to employment-related supports in the form of vocational assistance training and job placement assistance.
- Veterans having a level of income adequate to meet basic needs a result of enhanced employment opportunities provided by job placement assistance, and access to employment enhancement supports such as re-training opportunities as part of vocational rehabilitation.
- Veterans actively participating in and are integrated into their communities.
- Veterans feeling recognized for their contribution.

However, VAC has not clearly defined what is meant by “stable health”. Moreover, this desired outcome identified in the NVC’s Integrated Result-based Management Framework and Risk-based Audit Framework differ from the health outcome in the

regulations, presented Section 3.0. Staff reported that this lack of clearly defined outcomes made it unclear how best to manage some clients. In addition, as described in Section 4.2.2, there is a significant number of clients in the Rehabilitation Program who require ongoing support to maximize function or reduce the deterioration of function, meaning their version of “stable health” is very different post release.

During the design phase of the NVC, VAC developed a high level logic model and identified some performance measurement indicators, but a detailed performance measurement strategy to properly measure outcomes was never implemented. At the completion of fieldwork, VAC was in the process of developing logic models and performance measurement plans for the NVC programs. However, neither a logic model nor a performance measurement plan were being developed for the Health Benefits Program.

A key part of measuring program performance will be the “Client Re-establishment Survey” which is distributed to NVC clients at program entrance, completion of the program and two years afterwards. This survey is well developed and collects valuable information directly from clients but there were some challenges which limited the utility of information collected. One issue was the availability of resources to compile the information and analyze the results. As a result, at the completion of fieldwork, the results of 2008-2009 still had not been analyzed. A second issue was limitations with respect to generalizability of results. In 2007-2008, 44% of the 1,059 surveys were returned. However, only 21 respondents had actually completed the program. This is partly because back in 2007-2008 only a limited number of clients had actually completed the programs but early indications are that this continues to be an issue with the 2008-2009 results. In addition, it was noted in the analysis of the 2007-2008 results that there were significant differences between responder and non-responder groups with respect to their ages and regions of residence.

Besides the survey, the majority of other information being analyzed was primarily operational relating to client utilization, number of applications, duration on the program, etc.. While this operational information is important to support the delivery of the NVC programs, without analyzing other indicators more focussed on measuring outcomes rather than outputs, VAC is unable to adequately measure program performance.

## **Conclusion**

While the primary intent of the NVC is generally understood, it is important to have clear and achievable outcomes that are being measured. Collecting and analyzing this performance measurement information for all NVC programs, including the Health Benefits Program, will support informed decision making and facilitate action to further improve the efficiency and effectiveness of the NVC programs.

**R6 It is recommended that the Director General, Program Management Division, more clearly define the NVC desired outcomes and finalize and implement the corresponding logic models and performance measurement plans for all five programs.**

**Management Response:**

Management agrees with this recommendation.

In accordance with the evaluation finding, management will limit its response to the “stable health” outcome. An updated outcome statement for the health outcome has been written and will be validated with external rehabilitation experts. Following this, VAC will ensure the widespread internal communication of these updated statements to ensure clarity of expected program outcomes.

Logic models and performance measurement plans for the Rehabilitation Program, Job Placement Program and Financial Benefits Program have been developed and are pending approval. Performance measures in relation to Disability Awards and Health Benefits are being integrated into the logic models and performance measurement plans of Disability Benefits and Health Care Benefits respectively due to outcome similarity. Data gathering has commenced for these plans and full implementation is targeted for June 2010.

**Management Action Plan:**

<b>Corrective Actions to be taken</b>	<b>OPI (Office of Primary Interest)</b>	<b>Target Date</b>
6.1 Validate health related NVC outcome statement.	Program Management Division	February 2010
6.2 Communicate updated NVC outcome statements internally at all levels.	Program Management Division	March 2010
6.3 Implement all Performance Measurement Plans.	Program Management Division	June 2010

**R7 It is recommended that Director General, Program Management, identify and implement opportunities to improve the utility of information collected from the Client Re-establishment Survey.**

**Management Response:**

Management agrees with this recommendation. The “Re-establishment Survey” was implemented in September 2007 to measure program outcomes as outlined in the 2006 Results-based Management Accountability Framework for NVC. Initial survey results



were published in February 2009 to provide a baseline against which to measure program outcomes in subsequent years - recognizing that outcome data would not yet be available for clients completing the Rehabilitation Program due to the expected duration of program participation.

The NVC Phase I evaluation noted two issues with respect to the utility of the NVC "Re-establishment Survey": firstly, the availability of resources to compile the information and analyse the results and secondly, the utility of results.

With respect to the availability of resources to collect and analyse the survey results, Management would like to clarify that delays in publishing the 2008-2009 survey results were necessary to conduct analysis and implement system changes to ensure accuracy of the survey distribution system and to verify the 2008/2009 survey response rate. This is not anticipated to be an ongoing issue. VAC anticipates publishing the 2008/2009 survey results in February 2010 which will provide outcome data.

With respect to the utility of the results; while there were limitations noted with respect to age and region of residence in the 2007/2008 baseline results, the survey findings were generalizable with respect to gender, marital status, service type, language, self-rated health and mental health.

Program Management recognizes that improving the response rate may increase the generalizability of the survey findings and has implemented activities over the past year to increase the response rate, including outreach to NVC clients through the Carillon publication and implementing self-addressed, stamped envelopes for survey responses. VAC will continue to investigate opportunities to improve the response rate and expedite survey distribution and analysis.

**Management Action Plan:**

Corrective Actions to be taken	OPI (Office of Primary Interest)	Target Date
7.1 Implement changes to survey distribution system to ensure surveys are distributed to the correct clients at the correct program milestone (i.e program entry, program completion, 2 years post program completion).	Program Management Division	January 2010
7.2 Publish NVC Outcome Measurement Survey Results for 2008/2009.	Program Management Division	February 2010
7.3 Investigate opportunities to improve response rates and to expedite data analysis following completion of the 2008/2009 survey results.	Program Management Division	April 2010

## LISTING OF ACRONYMS

CF	-	Canadian Forces
CPP	-	Canadian Pension Plan
DND	-	Department of National Defence
HRSDC	-	Human Resources and Service Delivery Canada
NVC	-	New Veterans Charter
PSHCP	-	Public Service Health Care Plan
SCONDVA	-	Standing Committee on National Defence and Veterans Affairs
SISIP	-	Service Income Security Insurance Plan
VAC	-	Veterans Affairs Canada

## **5.0 DISTRIBUTION**

Deputy Minister

Chief of Staff to the Minister

Chair, Veterans Review and Appeal Board

Senior Assistant Deputy Minister, Policy, Programs and Partnerships Branch

Assistant Deputy Minister, Service Delivery and Commemoration Branch

Assistant Deputy Minister, Corporate Services Branch

Regional Directors General (4)

Regional Director Client Services, Western Region

General Counsel, Department of Justice

Director General, Departmental Secretariat and Policy Coordination

Director General, Policy and Research Division

Director General, Program Management Division

Director General, Service Delivery Management Division

Director General, Human Resources Division

Director, Rehabilitation

Director Disability Programs and Income Support

Director, Strategic Advisor

Director Operational Guidance in Service Delivery Management

Director, Strategic Program Initiatives Directorate

District Directors (29)

Director Client Advice and Planning, Communications Division

Deputy Coordinator, Access to Information & Privacy

Program Analyst, Treasury Board of Canada, Secretariat (TBS)

Comptrollership Branch (TBS)

## ANNEX A

The following tables provide a brief summary of each of the NVC programs. Please note that these tables do provide an exhaustive list of all service and benefits available under each program.

### Disability Awards Program

Program Description	Services and Benefits	Delivery Method
<b>Disability Awards</b> is a lump-sum payment designed to recognize and compensate for the non-economic impacts of a service-related disability.	A tax-free lump-sum payment, based on the Veteran's assessed disability resulting from service.	VAC
<b>Death Benefit</b> recognizes and compensates eligible survivors and dependents for the non-economic impacts of a service-related death.	A tax-free lump-sum payment issued to an eligible survivor or dependent for a service related death.	VAC
<b>Detention Benefit</b> recognizes and compensates a member for time detained.	A tax-free lump-sum payment based on the number of days the client was detained.	VAC
<b>Clothing Allowance</b> accounts for wear and tear of clothing or the need for custom made apparel related to those disabilities compensated by a disability award.	The clothing allowance is paid as a monthly benefit.	VAC
<b>Financial Counselling</b> reimburses clients for the cost of financial advice related to managing their lump-sum award.	If the award is more than \$12,500, VAC will reimburse clients up to \$500.	External Financial Advisors

## Rehabilitation Program

Program Description	Services and Benefits	Delivery Method
<p><b>Medical Rehabilitation</b> is designed to stabilize client functioning, reduce symptoms and restore basic physical and psychological functioning to the extent possible.</p>	<p>Services that may be provided include:</p> <ul style="list-style-type: none"> <li>• Psychiatric treatment;</li> <li>• Prosthetics and aids;</li> <li>• Massage therapy;</li> <li>• Occupational therapy;</li> <li>• Medications;</li> <li>• etc.</li> </ul>	<p>External health professionals reimbursed for service</p>
<p><b>Psycho Social Rehabilitation</b> is designed to restore independent functioning and promote adaptation to permanent disabilities that impact on daily activities at home and in the community.</p>	<p>Services that may be provided include:</p> <ul style="list-style-type: none"> <li>• Life skills;</li> <li>• Psychological counselling;</li> <li>• Physiotherapy;</li> <li>• Family or couples counselling;</li> <li>• etc.</li> </ul>	<p>External health professionals reimbursed for service</p>
<p><b>Vocational Rehabilitation</b> is designed to identify and achieve an appropriate occupational goal for a person with a physical or a mental health problem, given their state of health and the extent of their education, skills and experience.</p>	<p>Services that may be provided include:</p> <ul style="list-style-type: none"> <li>• Vocational evaluations/ counselling;</li> <li>• Education/training;</li> <li>• Child care;</li> <li>• Work place ergonomic assessment and modification;</li> <li>• Job finding/placement services;</li> <li>• Income support;</li> <li>• etc.</li> </ul>	<p>National Contractor</p>
<p><b>Vocational Assistance</b> applies to the medically released CF and/or spouses of eligible Veterans or survivors of deceased Regular Force Veterans or Members. It is a more streamlined process for persons who do not have a disability. The goal is to find suitable employment. A plan is developed and is based on the person's previous education, skills and experiences.</p>	<p>Services that may be provided include:</p> <ul style="list-style-type: none"> <li>• Employability assessments;</li> <li>• Career counselling;</li> <li>• Training;</li> <li>• Job-search assistance;</li> <li>• Job-finding assistance;</li> <li>• etc.</li> </ul>	<p>National contractor</p>

## Financial Benefits Program

Program Description	Services and Benefits	Delivery Method
<p><b>Earnings Loss Benefit</b> is a benefit designed to provide income-replacement to eligible CF Veterans who require rehabilitation.</p>	<p>Temporary Earnings Loss is a monthly benefit payable while the Veteran is actively participating in rehabilitation.</p> <p>Extended Earnings Loss is a monthly benefit payable to age 65 if the Veteran is unable to perform any occupation that would be considered suitable gainful employment.</p> <p>Benefits based on 75% of gross pre-release income.</p>	VAC
<p><b>Permanent Impairment Allowance</b> is a benefit designed to recognize the impact that a service related severe permanent impairment has on employment potential and career advancement potential.</p>	<p>Monthly benefit paid in addition to the earnings loss benefit. There are three grades based on level of disability</p>	VAC
<p><b>Supplementary Retirement Benefit</b> is a benefit designed to compensate for the lost opportunity to contribute to a retirement pension due to career ending or service-related disability.</p>	<p>Lump-sum benefit payable to Veterans in receipt of an Extended Earnings Loss Benefit who have reached the age of 65 or prior to age 65, if the Veteran is no longer considered to be "totally and permanently incapacitated". Benefits is 2% of gross earnings loss benefit.</p>	VAC
<p><b>CF Income Support</b> is a Benefit designed to provide a soft landing for Veterans that have successfully completed the rehabilitation program, and are capable of returning to 'suitable gainful employment' but have not been successful in obtaining such employment.</p>	<p>Clients are income tested against total household income.</p> <p>Monthly benefit which is not offset by VAC Disability Awards.</p>	VAC

## Health Benefits Program

Program Description	Services and Benefits	Delivery Method
<p>Eligible CF Veterans are offered the opportunity to purchase lifetime, post-release health coverage for themselves and their families through the Public Service Health Care Plan (PSHCP).</p>	<p><i>Supplementary coverage</i> augments benefits provided under the provincial/territorial plan in the member's province/territory of residence.</p> <p><i>Comprehensive coverage</i> provides benefits for those residing outside Canada who are not covered by a provincial/territorial health insurance plan.</p>	<p>PSHCP</p>

## Job Placement Program

Program Description	Services and Benefits	Delivery Method
<p>Eligible CF Veterans not requiring rehabilitation are offered Career Transition Services to support them in finding civilian employment.</p>	<p>Career Workshops</p> <ul style="list-style-type: none"> <li>• résumé writing, interview, and job search techniques</li> <li>• market research for job search and self-marketing</li> <li>• identification of transferable skills and civilian career management</li> <li>• mock interviews</li> </ul> <p>Career Counselling</p> <ul style="list-style-type: none"> <li>• aptitude testing and interest inventory</li> <li>• skills and experience assessment</li> <li>• finalization of resume</li> <li>• assessment of job market and identification of further training requirements.</li> </ul> <p>Job-finding assistance</p> <ul style="list-style-type: none"> <li>• coaching to job placement including assistance obtaining interviews</li> <li>• provide information on job vacancies</li> </ul>	<p>National Contractor</p>

## ANNEX B

<b>Expenditures by NVC Program (2008/09)</b>	
<b>Program</b>	<b>Expenditures</b>
Disability Award Program	\$ 238, 494,000
Rehabilitation Program	\$ 4, 251,000
Financial Benefits Program	\$ 19,078,383
Health Benefits Program	\$ 2,402,535
Job Placement Program	\$ 467,593
<b>Total</b>	<b>\$ 264,693,511</b>

<b>NVC Expenditures by Fiscal Year</b>			
<b>Fiscal Year</b>	<b>Original Forecast</b>	<b>Actual Expenditures</b>	<b>Revised Forecast</b>
2006 - 2007 *	\$238.2M	\$54.1M	
2007 - 2008	\$243.4M	\$171.8M	
2008 - 2009	\$239.4M	\$262.3M	
2009 - 2010	\$222.3M		\$336.5M
2010 - 2011	\$204.3M		\$305.9M
2011 - 2012	\$191.6M		\$321.3M
2012 - 2013	\$201.7M		\$345.2M

\* In 2006/07 the variance between actual expenditures forecast estimates can be attributed to timing. The forecast estimates assumed all new program applications received in 2006-07 would be paid in 2006-07 and did not include a provision for the gradual intake of applications over the year or for the time to process and/or adjudicate new applications.



## ANNEX C

### DISABILITY COMPENSATION

Country	Program(s)	Eligibility	Benefits
<b>Canada</b>	<ul style="list-style-type: none"> <li>• Disability Award</li> </ul>	<ul style="list-style-type: none"> <li>• No time limit on application.</li> <li>• Clients with a service-related injury are eligible for a Disability Award.</li> </ul>	<ul style="list-style-type: none"> <li>• Compensation is based on assessed disability and does not consider age.</li> <li>• Compensation is a lump-sum payment.</li> <li>• Costs for financial counselling is covered up to a limit.</li> </ul>
<b>Australia</b>	<ul style="list-style-type: none"> <li>• Permanent Impairment</li> </ul>	<ul style="list-style-type: none"> <li>• No time limit on application.</li> <li>• Clients with a permanent impairment resulting from a service-related injury are eligible for permanent impairment compensation.</li> </ul>	<ul style="list-style-type: none"> <li>• Compensation is based on assessed disability which is adjusted for age.</li> <li>• Clients are provided the choice between a lump-sum, monthly payments or a combination of both.</li> <li>• Costs for financial counselling is covered up to a limit.</li> </ul>
<b>United Kingdom</b>	<ul style="list-style-type: none"> <li>• Lump-Sum Payment</li> </ul>	<ul style="list-style-type: none"> <li>• Claims must be made within five years of the incident for medically released clients or five years from retirement for voluntary released.</li> <li>• Clients with a service-related injury are eligible for a lump-sum payment.</li> </ul>	<ul style="list-style-type: none"> <li>• Compensation is based on assessed disability and does not consider age.</li> <li>• Compensation is provided as a lump-sum payment.</li> <li>• Cost for financial counselling is not covered.</li> </ul>
<b>United States</b>	<ul style="list-style-type: none"> <li>• VA Disability Compensation</li> <li>• VA Disability Pension</li> </ul>	<ul style="list-style-type: none"> <li>• No time limit on application.</li> <li>• Clients with a service-related injury are eligible for a VA Disability Compensation or Pension.</li> </ul>	<ul style="list-style-type: none"> <li>• Compensation is based on assessed disability and does not consider age.</li> <li>• VA Disability Compensation is a lump-sum payment for clients with less than 20 years service and an assessed disability of less than 30%.</li> <li>• VA Disability Pension is a monthly payment for clients with over 20 years service or when a disability is assessed at over 30%.</li> <li>• Costs for financial counselling is not covered.</li> </ul>

## REHABILITATION

Country	Program(s)	Eligibility	Benefits and Services
<b>Canada</b>	<ul style="list-style-type: none"> <li>• Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans who have been medically released or clients who have a rehabilitation need are eligible for the Rehabilitation Program.</li> </ul>	<ul style="list-style-type: none"> <li>• Rehabilitation treatment is managed by the Department provided by external third parties.</li> <li>• Veterans receive priority access for any service-related injuries.</li> <li>• Operational Stress Injury Clinics provide specialized treatment exclusively for Veterans.</li> </ul>
<b>Australia</b>	<ul style="list-style-type: none"> <li>• Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans suffering or unable to work because of a service-related injury are eligible for the Rehabilitation Program.</li> </ul>	<ul style="list-style-type: none"> <li>• Rehabilitation Program provides specialized medical, health and rehabilitation treatment for service-related injuries.</li> </ul>
<b>United Kingdom</b>	<ul style="list-style-type: none"> <li>• Health services are the responsibility of the Department of Health's National Health Service</li> </ul>	<ul style="list-style-type: none"> <li>• All Veterans are eligible for the National Health System.</li> </ul>	<ul style="list-style-type: none"> <li>• Rehabilitation treatment is managed by the Department of Health and provided by external third parties.</li> <li>• Veterans receive priority access for any service-related injuries.</li> </ul>
<b>United States</b>	<ul style="list-style-type: none"> <li>• VA Health Care System</li> <li>• Independent Living Program</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans with a service-related injury requiring rehabilitation receive treatment under the VA Health Care System.</li> <li>• Veterans whose service-related injuries are so severe they are currently unable to pursue an employment goal are eligible for the Independent Living Program.</li> </ul>	<ul style="list-style-type: none"> <li>• Rehabilitation treatment is provided by the Department at VA Health Care facilities.</li> <li>• Independent Living Program provides:               <ul style="list-style-type: none"> <li>• specialized health services;</li> <li>• services to address any personal or family; adjustment issues; and</li> <li>• independent living skills training.</li> </ul> </li> </ul>

## INCOME SUPPORT

Country	Program(s)	Eligibility	Benefits
<b>Canada</b>	<ul style="list-style-type: none"> <li>Financial Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Clients are eligible for an Earnings Loss Benefit while participating in rehabilitation.</li> <li>Clients with a severe disability are eligible for a permanent impairment allowance until age 65.</li> <li>Clients over age 65 who were in receipt of the Earnings Loss Benefit.</li> <li>Clients who are below a minimum standard of income are eligible for Canadian Forces Income Support until age 65.</li> </ul>	<ul style="list-style-type: none"> <li>Earnings Loss are 75% of client's pre-release income.</li> <li>Permanent Impairment Allowance is a monthly benefit paid in addition to the earnings loss benefit. There are three grades based on level of disability.</li> <li>Supplementary Retirement Benefit offsets low retirement benefits resulting from lower career earnings.</li> <li>Canadian Forces Income Support ensures that all clients meet a minimum standard of income.</li> </ul>
<b>Australia</b>	<ul style="list-style-type: none"> <li>Incapacity Payments</li> <li>Special Rate Disability Pension</li> </ul>	<ul style="list-style-type: none"> <li>Clients who are unable to work as a result of a service-related injury are eligible for incapacity payments until age 65.</li> <li>Clients with a severe service-related injury are eligible for a Special Rate Disability Pension.</li> </ul>	<ul style="list-style-type: none"> <li>Incapacity payments are 100% clients pre-release income for the first 45 weeks, 75% thereafter.</li> <li>Special Rate Disability Pension provides clients a choice of receiving a tax-free payment or taxable incapacity payment.</li> </ul>
<b>United Kingdom</b>	<ul style="list-style-type: none"> <li>Guaranteed Income Payment</li> </ul>	<ul style="list-style-type: none"> <li>Clients with a severe service-related injury are eligible for a monthly Guaranteed Income Payment.</li> </ul>	<ul style="list-style-type: none"> <li>Guaranteed Income Payment is calculated based on the assessed disability.</li> </ul>
<b>United States</b>	<ul style="list-style-type: none"> <li>VA Disability Pension</li> </ul>	<ul style="list-style-type: none"> <li>Clients with a severe service-related injury are eligible for a VA Disability Pension.</li> </ul>	<ul style="list-style-type: none"> <li>VA Disability Pension is calculated based on the assessed disability.</li> </ul>

## HEALTH COVERAGE

Country	Program(s)	Eligibility	Benefits and Services
<b>Canada</b>	<ul style="list-style-type: none"> <li>• Health Benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans with a service-related rehabilitation need or survivors of Veterans who died as a result of military service and do not otherwise have health coverage are eligible for the Health Benefits Program.</li> </ul>	<ul style="list-style-type: none"> <li>• Health coverage for Veterans and their families.</li> <li>• Members required to pay a monthly contribution.</li> </ul>
<b>Australia</b>	<ul style="list-style-type: none"> <li>• Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans suffering or unable to work because of a service-related injury are eligible for the Rehabilitation Program.</li> </ul>	<ul style="list-style-type: none"> <li>• Free health coverage for severely disabled clients as well as for clients with low income.</li> </ul>
<b>United Kingdom</b>	<ul style="list-style-type: none"> <li>• Health services are the responsibility of the Department of Health's National Health Service</li> </ul>	<ul style="list-style-type: none"> <li>• All Veterans are eligible for the National Health System.</li> </ul>	<ul style="list-style-type: none"> <li>• Health coverage for Veterans and their families.</li> <li>• Dental coverage for Veterans and their families.</li> <li>• Members required to pay a monthly contribution.</li> </ul>
<b>United States</b>	<ul style="list-style-type: none"> <li>• VA Health Care System</li> </ul>	<ul style="list-style-type: none"> <li>• All Veterans are eligible for VA's Health Care System.</li> </ul>	<ul style="list-style-type: none"> <li>• Health coverage for Veterans and their families.</li> <li>• Dental coverage for Veterans and their families.</li> <li>• Cost of coverage based on a 'means' test:               <ul style="list-style-type: none"> <li>• Members under the threshold receive free coverage;</li> <li>• clients over the threshold are required to co-pay costs.</li> </ul> </li> </ul>

## CAREER TRANSITION SUPPORT

Country	Program(s)	Eligibility	Benefits and Services
<b>Canada</b>	<ul style="list-style-type: none"> <li>• Rehabilitation</li> <li>• Job Placement</li> </ul>	<ul style="list-style-type: none"> <li>• Medically released Veterans and Veterans with a rehabilitation need are eligible for all benefits and services listed as part of the Rehabilitation Program.</li> <li>• Voluntary released Veterans without a rehabilitation need are eligible for all the benefits and services listed, except vocational training as part of the Job Placement Program.</li> </ul>	<ul style="list-style-type: none"> <li>• Vocational training for Veterans with a service connected disability.</li> <li>• Employment services to develop job-search techniques, résumés, and improve interview skills.</li> <li>• One-on-one support and job finding assistance.</li> </ul>
<b>Australia</b>	<ul style="list-style-type: none"> <li>• Rehabilitation</li> <li>• Career Transition Assistance Scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Medically released Veterans and Veterans with a rehabilitation need are eligible for vocational training as part of the Rehabilitation Program.</li> <li>• Medically released Veterans and Veterans with 12 years of service or more are eligible for all the benefits and services listed, except vocational training as part of the Career Transition Assistance Scheme.</li> <li>• Veterans with less than 12 years service are eligible for some of the benefits and services listed as part of the Career Transition Assistance Scheme.</li> </ul>	<ul style="list-style-type: none"> <li>• Vocational training for Veterans with a service connected disability.</li> <li>• Employment services to develop job-search techniques, résumés, and improve interview skills.</li> <li>• One-on-one support and job finding assistance.</li> <li>• Counselling on financial awareness.</li> </ul>
<b>United Kingdom</b>	<ul style="list-style-type: none"> <li>• Career Transition Partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Medically released Veterans are eligible for full benefits and services.</li> <li>• Veterans with four years service or more are eligible for full benefits and services.</li> <li>• Veterans with less than four years service are eligible for some benefits and services.</li> </ul>	<ul style="list-style-type: none"> <li>• Vocational training for Veterans with a service connected disability.</li> <li>• Employment services to develop job-search techniques, résumés, and improve interview skills.</li> <li>• One-on-one support and job finding assistance.</li> <li>• Counselling on housing and on financial awareness.</li> </ul>

Country	Program(s)	Eligibility	Benefits and Services
<b>United States</b>	<ul style="list-style-type: none"> <li>• Vocational Rehabilitation and Employment Program</li> <li>• Post 9/11 GI Bill</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans with a service-related disability are eligible for the Vocational Rehabilitation and Employment Program.</li> <li>• Veterans with at least four years of service are eligible for the Post 9/11 GI Bill.</li> </ul>	<ul style="list-style-type: none"> <li>• Vocational training for Veterans with a service connected disability.</li> <li>• Up to 36 months of education, benefits for Veterans without a service connected disability.</li> <li>• Employment services to develop job-search techniques, résumés, and improve interview skills.</li> <li>• One-on-one support and job finding assistance.</li> <li>• Counselling on housing and on financial awareness.</li> </ul>