



*Honouring Our  
Commitment to Veterans  
and Their Families*

**The “Living” Charter in Action**



Report of the New Veterans Charter Advisory Group  
October 2009



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## Executive Summary

**E**ach year, about 4,300 members of Canada's armed forces are discharged from active duty. About 20% to 25% leave because of an injury or illness that ends their military career. Over time, many more develop health problems associated with the physical and mental demands of their military service. Some of the long-term physical consequences, which may not be felt until decades after an injury occurs, include osteoarthritis, hearing loss, and disc and spinal problems. Stressful deployments can also have latent long-term health effects even for those who are physically unhurt, and it can take months for symptoms of an operational stress injury, such as post-traumatic stress disorder, to appear.

Many Veterans and their families need support making the transition from military to civilian life, and coping with the ongoing, long-term effects of military service. With the New Veterans Charter (2006), the Government of Canada made a major commitment to provide that support. In the last three years, Veterans Affairs Canada has introduced new rehabilitation programs, economic benefits and other services for Veterans and families. While some progress has been made, there is still more to be done.

### ***Call to Action***

When the government introduced the New Veterans Charter, it made a commitment to continuously review and evaluate programs and services provided under the “living” Charter. In 2007, Veterans Affairs Canada (VAC) established the New Veterans Charter Advisory Group (NVCAG) to conduct an independent review and provide expert advice on ways to improve services and benefits.

The NVCAG looked specifically at services for families, financial benefits and rehabilitation services available under the New Veterans Charter, focusing on services for Veterans who are medically discharged or who have a career-ending or service-related health need. In its view, the spirit and intent of the New Veterans Charter is right. However, there are still gaps in services, which are mainly due to: the legacy of the previous disability insurance-based approach to services (with its arbitrary, “one size fits all” limits on services and benefits); lack of communication; and unforeseen and unintended consequences arising from how programs are administered.

The New Veterans Charter Advisory Group urges Veterans Affairs Canada to move quickly – using a determinants of health approach – to strengthen programs for new Veterans and families, thereby demonstrating that Canadians are honouring the commitment made in the New Veterans Charter.



**V**eterans are different from the average citizen. Because of their willingness to put their lives on the line to serve their country and the long-term impact of military service on health, they have earned ongoing support.



# Recommendations and Strategies

## 1. Strengthen Family Support Services

### 1.1 Take steps to create and maintain a respectful, family-centred culture in all VAC programs

A cultural change is required – both within the Canadian Forces (CF) and among the Canadian public at large – to recognize both the contribution and resilience of Canadian Forces families and their right to services. VAC should take a number of steps, including educating the appropriate VAC staff, service providers and the public about Veterans’ and families’ right to services, developing a covenant for Veteran families, reviewing the eligibility criteria for all programs to ensure family members have equitable access, and continuing to develop service models that treat Veterans and families with respect.



In this report, the term “survivor” includes spouses and families of members who fell before the implementation of the New Veterans Charter

### 1.2 Fill service gaps to ease the transition to civilian life

In particular, VAC should move quickly to meet families’ needs for services – including ongoing access to services provided by Military Family Resource Centres, counseling services including counseling for children, other mental health and addiction services, training and job placement services for spouses of disabled Veterans, and post-secondary education for spouses and children of disabled Veterans.

### 1.3 Improve access to skilled, knowledgeable health care providers

Veterans and families often have trouble finding primary care and other providers who understand their health needs. To create a stronger network of providers who have the skills to provide care for Veterans and families, VAC should explore a range of strategies such as contracting with family physicians, paying to train and employ physician assistants and nurse practitioners, developing training programs for service providers on the impact of military service on health, and ensuring Veterans and families have access to a wide range of health providers and benefits, such as licensed acupuncturists, naturopaths, dental care and prescription medications.

### 1.4 Provide more support for family members caring for Veterans

Family members provide a significant amount of care for disabled Veterans – often at great cost to themselves, emotionally and financially. To support them, VAC should make families eligible for the Veterans Independence Program (VIP) and tailor services to meet the needs of new Veterans, develop training programs for family caregivers, provide more respite services, and develop a comprehensive caregiver compensation program.

### 1.5 Provide more support for survivors and families of the Fallen.

VAC does not currently cover the cost of professional bereavement services, so survivors must depend on volunteer peer support



services available through the Operational Stress Injury Social Support (OSISS) program, or buy services themselves. While the volunteer peer bereavement services provided through OSISS are extremely valuable, VAC and CF should develop programs to cover the cost of professional bereavement support services. In addition, VAC should also automatically extend VIP benefits to all surviving spouses and families for at least one year, and tailor VIP services to meet surviving families' needs (e.g., child care services). Right now, VIP is only automatically available to surviving spouses and families if the Veteran was receiving VIP benefits at the time of death.

## **2. Ensure Financial Security**

Economic stability is essential to health and to a successful transition to civilian life.

### **2.1 End the legacy of the insurance-based approach to economic benefits**

Although the New Veterans Charter is designed to provide a needs-based approach to economic benefits, in practice the programs themselves continue to be limited by the fact that they were structured to be consistent with the Service Income Security Insurance Plan (SISIP) – an insurance-based approach to benefits. The relationship with SISIP leads to arbitrary time and benefit limits that prevent VAC from developing the seamless, transparent, equitable and easy-to-navigate system of benefits it wants to offer Veterans and families. To reinforce its needs-based approach, VAC must free itself from SISIP constraints. The Department of Defence (DND) should revamp SISIP. The full cost of disability insurance in the Canadian Forces should be borne by the Government, not by serving members. And VAC should no longer be required to align its programs and benefits with SISIP.

### **2.2 Ensure disabled Veterans receive a fair, equitable income consistent with a normal military career**

Veterans are eligible for the Earnings Loss Benefit (equal to up to 75% of their military salary and taxable) while they participate in rehabilitation and search for a job. Veterans who are permanently and totally incapacitated can receive the Earnings Loss Benefit until they reach age 65. The program as it is currently designed and administered (based on 75% of salary at time of medical release and taxable, with indexing for cost of living) means a significant loss in income for all eligible Veterans and families. It is particularly devastating for Veterans who are hurt at a young age because they will continue to be compensated at a low salary throughout their lives. It also creates economic hardship for Veterans who reach age 65 and have been unable (because of their injury) to build up their Canada Pension or save for retirement. To ensure disabled Veterans receive a fair equitable income consistent with a normal military career, VAC should set the Earning Loss Benefit at 100% of earnings, which is taxable. For long-term recipients, VAC should: use a probable earnings approach to reflect what the Veteran would have earned over a normal military career and set the minimum at the salary level of a corporal; either continue to provide the benefit after age 65 or use the benefit as a basis to calculate the Veteran's pensions; and increase the Supplementary Retirement Benefit and make it non-taxable.

### **2.3 Increase access to the Permanent Impairment Allowance**

Despite the fact that 149 Veterans had been deemed “totally and permanently incapacitated” as of October 2008, only four Permanent Impairment Allowances had been awarded as of January 2009. To increase access to this award, VAC should re-examine the eligibility requirements, review all cases, and make the Permanent Impairment Allowance retroactive to the date of the impair-



ment. VAC should also consider making Veterans who become permanently impaired later in life (as a result of a combination of a service-related injury and aging) eligible either for the Permanent Impairment Allowance or for the previous Exceptional Capacity Allowance.

#### **2.4 Ensure non-economic loss awards are comparable to those offered in civil society**

At the current time, the Disability Award given to Veterans to compensate for non-economic losses is significantly lower than the amount awarded by the Canadian Courts for personal injury claims. VAC should make the award consistent with that offered to other Canadians and with that offered by other nations to their disabled Veterans. VAC should also offer different payment options and supports (e.g., ongoing financial advice) that will help Veterans make the most of this lump sum award.

### ***3. Raise the Bar for Rehabilitation Services and Outcomes***

Rehabilitation programs can play a key role in helping Veterans and families make the transition to civilian life. Rehabilitation is most effective when it is holistic, comprehensive and client-centred (i.e., delivered in the context of the person's environment).

#### **3.1 Modernize the rehabilitation program**

VAC can improve its rehabilitation program by adopting best practices, such as integrating physical, psychosocial and vocational rehabilitation rather than providing them sequentially, educating VAC staff, developing an education assistance program for disabled Veterans, making contact with potential workplaces and employers early in the rehabilitation process, and educating employers on the benefits of hiring Veterans.

#### **3.2 Improve case management services**

A case management approach is important for all Veterans and families, but it is particularly important for Veterans and families with special needs, including clients with an operational stress injury or other mental health problem, clients who are severely disabled, and clients who need rehabilitation. To improve case management services, VAC should establish guiding principles, ensure case managers have appropriate training, and develop the policies, processes and technology to support effective case management.

#### **3.3 Improve access to VAC rehabilitation services**

Rehabilitation is most effective when it begins early and is consistent and ongoing. To overcome barriers to accessing rehabilitation services, VAC should continue to work with DND to develop an early determination process that fast tracks disabled Veterans to the VAC program. VAC should also ensure that the amount of rehabilitation services provided is based on client need and that the programs cover any travel expenses associated with participating in the program. Eligibility requirements should be changed to ensure that all Veterans and families with a health condition can apply for rehabilitation services, and to make it easier for participants whose needs change to re-enter the program at any time.



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### **3.4 Repair Damaged Relationships with Providers**

The success of VAC's rehabilitation program depends on having a roster of skilled providers, including psychologists, social workers, psychiatrists, physiotherapists, occupational therapists, chiropractors, and massage therapists. To meet Veterans' needs, VAC must nurture and maintain collegial relationships with all its providers, and develop a seamless approach to care. To repair damaged relationships with existing providers and recruit more providers with the right skills, VAC should review and update its payment schedule annually, ensure providers are paid in a timely way, and respect providers' clinical judgement.

### ***4. Actively Promote New Veterans Charter Programs and Services***

Veterans and families report that it is difficult to find information on programs and application procedures. VAC is aware of the need to communicate about its programs and is developing an outreach program to raise awareness of its programs among CF members, Veterans and families – including reservists, members of Parliament, the general public and the media. In addition, VAC should ensure its outreach and education materials focus on the full range of supports available to Veterans and families, and consider making communication about benefits mandatory, as it is in Australia.

### ***5. Establish Performance Measures, Gather Data and Assess Impact***

VAC needs more information to determine whether its programs and services for new Veterans are meeting their goals and having the desired impact.

#### **5.1 Monitor programs and services**

VAC should continue to develop both audit and evaluation tools for its programs. In addition, VAC should use measures that have been proven reliable in assessing health, economic well-being and the impact of rehabilitation services.

#### **5.2 Invest in research**

More research is required to identify best practices in family support, economic benefits and rehabilitation services for Veterans and families. Once again, Canada has the potential to be a world leader in health research and services for Veterans. VAC should support research on the impact of different services on health, economic well-being, employment and the capacity to make a successful transition to civilian life.



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## ***Preamble***

*The New Veterans Charter is the most profound transformation of Veterans' services and benefits since the end of the Second World War. It is the next chapter in Canada's long-standing commitment to take care of*

*those who take care of us at home and around the world.*

*It is a bridge from military to civilian life for veterans and their families.*

*This is just the start. It is a living document. It is an open Charter.*

*We are totally committed to improving this as required. It is a foundation that can be built upon as needed. The book is never closed.*

Excerpted from Speaking Notes for  
the Honourable Greg Thompson,  
Minister of Veterans Affairs  
at the launch of the New Veterans Charter  
April 2006

In April 2006, the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* – or the New Veterans Charter – came into effect. The new legislation was designed to meet the needs of new Veterans and their families, which were not being met by existing programs that had remained largely unchanged since the end of World War II.

The Veterans' programs that had been in place for the previous 50 years focused mainly on providing disability pensions. The New Veterans Charter *“shifts the focus from disability to wellness, and will ensure that those injured while serving their nation will have an opportunity to return to civilian life, prepared to participate and contribute as learners, workers, and members of families and communities. ... [I]mproving quality of life and standard of living for veterans demonstrates the Government's pursuit of good public policy, founded on the values of fairness, generosity, respect and caring.”* (Government of Canada, 2005)

### ***The Living Charter***

Members of the Canadian Forces, Veterans and their families have high hopes and expectations for the New Veterans Charter. It was implemented with the unanimous support of all Veterans' organizations because it is “living” legislation – rather than a “one-time fix”. It was the first step – the foundation for the ongoing work required to build respectful, caring and effective programs that meet Veterans' and families' needs.

When the government introduced the New Veterans Charter, it made a commitment to continuously review and evaluate programs and services provided under the Charter, adapting them – reworking the legislation if necessary – to meet the emerging needs of Veterans and their families. In 2007, as part of that commitment, Veterans Affairs Canada established the New Veterans Charter Advisory Group (NVCAG). Its role is to operate at arm's-length from VAC, providing an independent review and expert advice on ways to improve services and benefits. The NVCAG's task is to:



- review all the information gathered by VAC through consultations with Veterans' organizations, Veterans and families, and briefings with VAC Regional District Directors
- review information provided by other groups, such as the Special Needs Advisory Group (SNAG), the Operational Stress Injury Social Support (OSISS), the Mental Health Advisory Committee, and the Gerontological Advisory Council
- recommend changes that will help the Charter achieve its intent, fulfill its promise, and improve the lives and health of Veterans and their families.

*Honouring Our Commitment to New Veterans and Their Families: The Living Charter in Action* focuses primarily on strengthening the Charter programs designed to meet the needs of Veterans with career-ending or service-related injuries or illnesses and the surviving spouses and families of the Fallen, including: family support services, financial benefits and rehabilitation services.

Note: In this report, the term “survivor” includes spouses and families of members who fell before the implementation of the New Veterans Charter.

Our advice and recommendations were developed with input from Veterans' organizations, academics with backgrounds in policy and rehabilitation, service providers, and Veterans and their families. Staff from Veterans Affairs Canada provided information on the programs as well as all the numbers used in this report.



The Special Needs Advisory Group (SNAG) provides advice to VAC on how to meet the needs of Veterans who are severely disabled and their families, who face the greatest challenges making the transition to civilian life.

The Joint DND-VAC Operational Stress Injury Social Support (OSISS) program provides social support from people who have experienced an operational stress injury (i.e., peer support); it does not provide counseling services from qualified professionals.

The Mental Health Advisory Committee provides advice to VAC on mental health and social supports that can improve programs and services for Veterans and families.

The Gerontological Advisory Council advises VAC on policies, programs, services and trends affecting Canada's aging Veterans.



## Members of the New Veterans Charter Advisory Group

Muriel Westmorland (Chair) McMaster University (Professor Retired)	Ken Henderson Army, Navy and Air Force Veterans in Canada (ANAVETS)
Pierre Allard The Royal Canadian Legion	Bruce Henwood Chair Special Needs Advisory Group (VAC)
Jeff Bentley/Bob McKinnon The Gulf War Veterans Association of Canada	Parker Kennedy The Royal Canadian Mounted Police
Charlie Cue/Spurgeon Stewart Canadian Forces Liaison	Gwen Manderville Family Representative
Don Ethell Chair Mental Health Advisory Committee (VAC/DND/RCMP)	Victor Marshall Chair Gerontological Advisory Council (VAC)
Brian Forbes National Council of Veterans Associations	Vivienne Rowan Director Assiniboine Psychological Group
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Bill Gidley The Royal Canadian Mounted Police Veterans' Association	James Struthers Trent University
Ron Griffis The Canadian Association of Veterans in United Nations Peacekeeping	Wolfgang Zimmerman National Institute of Disability Management and Research

### Acknowledgements

The NVCAG has worked hard to ensure that the comprehensive needs of younger Veterans will be met now and in the future. We are grateful to everyone who assisted us in our deliberations, including the Veterans Affairs Canada staff who provided information and assistance -- Katherine Morrow, Kelly Murphy, Will McDonald, Terry Dunsford, Darragh Mogan and Ken Miller – and the project staff – Andrew MacAulay, Beth Smith-Cooper and Janice McDonald. The NVCAG would like to acknowledge the major contribution of our writer Jean Bacon to this report. Her presence at our meetings and her ability to capture the discussion and changes to the document were outstanding.



## I. Canada's Social Covenant: Our Commitment to Members of the Canadian Forces

*Between those in uniform and the country they serve there is an implicit social covenant that must be honoured. ... Translating the social covenant between the public and the military into practical policy and judicious administration is the work of Veterans Affairs Canada in partnership with the Canadian Forces.*

Honouring Canada's Commitment:  
'Opportunity with Security' Veterans Affairs Canada -  
Canadian Forces Advisory Council, 2004

Serving in the Canadian Forces is a demanding and inherently dangerous career choice. When Canadians put on a uniform for our country, they – and by extension, their families – make an extraordinary personal and professional commitment and sacrifice. The men and women of the Canadian Forces and their families endure much in the line of duty, often with long-lasting negative effects on their health.

Every year, members of the Canadian Forces are injured in training exercises, humanitarian efforts within Canada (e.g., floods), and peace-keeping, humanitarian and other missions abroad. Many sustain injuries that affect their ability to do their jobs and limit their employment in the military.

When that happens, members of the Canadian Forces expect to be able to re-establish themselves in the civilian community, and be gainfully employed. If their injury or medical condition leaves them unable to work, they expect that their standard of living will not be compromised because of their service to their country, and that they will still be able to provide for their families. If they are killed in action, they expect their families to be cared for and have the services they need. If they develop health problems later in life related to their military service, they expect to receive treatment, rehabilitation and support.

These are reasonable expectations for members of the Canadian Forces: the opportunity to work and – if they are not able to work – security for themselves and their families. We owe a debt of gratitude to members of the Canadian Forces who put themselves at risk on our behalf. We have an obligation to provide services and supports that acknowledge their sacrifice and respect their dignity.

The New Veterans Charter reinforces the social contract between Canadians and the members of the Canadian Forces. Veterans are different from the average citizen – because of their willingness to put their lives on the line to serve their country and because of the long-term impact of military service on their health. The New Veterans Charter also acknowledges the crucial role of families in



### The Figures and Facts

8,578

The number of Canadian Forces members who released for medical reasons between 1998 and 2008

20%

Proportion of releasing Canadian Forces members in 2007-08 who released for medical reasons

40

The average age of a veteran who is medically released from the Canadian Forces.

*Statistics provided by VAC, March 2009.*



Veterans' lives. It commits Canada to fulfill its part of the social contract: to provide programs and services that will promote well-being among Veterans and their families, help Veterans reintegrate into civilian life, and enable them to reach their full potential. This is a major commitment that must be honoured in full. With this in mind the NVCAG submits the following report with recommendations for actions to enhance and strengthen programs and services for new Veterans.

### ***Understanding Veterans' Needs***

In the past, the Veterans Affairs Canada (VAC) programs for Veterans focused on financial compensation, health care services and some practical assistance to help Veterans remain independent. Most were run like insurance programs: Veterans had to make claims and meet complex eligibility criteria to receive certain payments or services. Although VAC rehabilitation services developed during the two world wars made Canada an international leader in the field and formed the basis for innovative civilian occupational rehabilitation programs, rehabilitation services for Veterans were phased out after those wars. For many years, VAC offered few services to help Veterans make the transition to civilian life, and almost no services for their families.

Because many of Canada's new Veterans joined the Canadian Forces as their first career, they often need support when making the transition from military to civilian life. For example, they may need medical, psychosocial and/or vocational rehabilitation for a career-ending or service-related injury. They and their family members may need counseling services to help them cope with the impact of physical and/or operational stress injuries, such as depression and post traumatic stress disorder. Veterans and their families may also need financial support, education, job search and other services to help them re-establish themselves in civilian life.

### ***Building a Network of Family-Centred Services***

The goal of the New Veterans Charter is to create a network of family-centred services that recognizes the sacrifices made by Veterans and their families, provides a safety net for them, enhances their health, and helps them make the transition to civilian life (Figure 1, Page 12).



Veterans Affairs Canada (VAC) exists to repay the nation's debt of gratitude toward those whose courageous efforts have given us this legacy, and have contributed to our growth as a nation. Its mission is:

*To provide exemplary, client-centred services and benefits that respond to the needs of Veterans, our other clients and their families, in recognition of their services to Canada and to keep the memory of their achievements and sacrifices alive for all Canadians.*



**Figure 1: A Network of Family-Centred Services**



## II. New Veterans Charter Programs Now

### *Who is eligible for the programs?*

Some of the New Veterans Charter programs – such as job placement programs and family support services – are available to everyone leaving the Canadian Forces since 2006; others – such as financial benefits, health benefits and rehabilitation services – are primarily limited to:

- Veterans who were medically discharged or who have “a physical or mental health problem resulting primarily from service in the Canadian Forces that is creating a barrier to re-establishment in civilian life”
- Surviving family members of people who have fallen in action
- Veterans discharged before the enactment of the New Veterans Charter (i.e., 1946 to 2006) who have a physical or mental health problem resulting from service in the Canadian Forces and who may be eligible for some of the new programs.

### *How many Veterans are using the programs?\**

**As of March 31, 2009:**

#### **Job Placement Program**

- 1,490 Veterans had attended job placement program workshops, 559 had participated in the one-on-one career counselling component of the program, and 20 placements had been made.

#### **Financial Benefits**

- 2,480 Veterans had been approved for the monthly Earnings Loss Benefit. Of those, 1,140 Veterans were receiving the monthly benefit and the remaining 1,340 were not because their incomes from other sources (e.g., other disability pensions) were too high (Figure 2).
- 3 clients were receiving the Permanent Impairment Allowance (one other was receiving it but has since died)
- 1 client was receiving the Supplementary Retirement Benefit, which is a one-time payment.

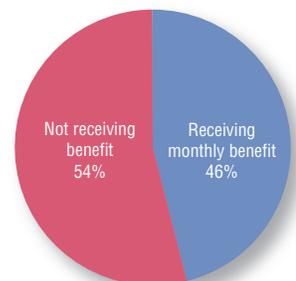


#### **Between 2006 and March 31, 2009:**

2,073 members of the Canadian Forces were medically released.

- 1,725 (83%) were male
- 348 (17%) were female.

**Figure 2: Proportion of Eligible Veterans Receiving the Earnings Loss Benefit**

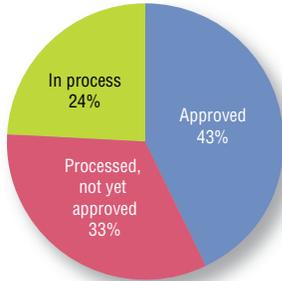


\*All numbers used in this report were provided by Veterans Affairs Canada



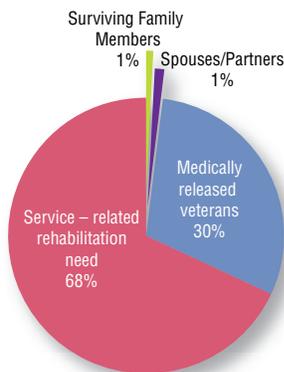
## Disability Awards

**Figure 3: Status of Applications for Disability Award (January 31, 2009)**



Between April 2006 and September 2008, 1,087 reserve members had accessed New Veterans Charter programs.

**Figure 4: Individuals Approved for Rehabilitation Services (April 2, 2009)**



- 20,712 of 27,077 applications for the Disability Award had been processed. Of those, 11,709 had been approved. It now takes, on average, 132 days to process an application for a Disability Award (compared to 167 days in October 2008) (Figure 3)
- 84 death benefits had been paid.

## Rehabilitation Program

- 3,519 releasing members had applied for rehabilitation services and VAC had processed 3,144 of the applications (average time to review an application is 44 days)
- 2,645 clients had been approved for the program, including 805 medically released Veterans, 1,760 Veterans with a career-ending or service-related rehabilitation need, 23 surviving family members, and 20 spouses/common law partners (Figure 4). This includes 1,793 Veterans who released before the New Veterans Charter came into effect (April 2006) and were eligible for the program
- 250 clients had completed the rehabilitation program. The gap between the number approved for rehabilitation services and the number who have completed the program is due to the time required: depending on the client's needs and the program's effectiveness, it can take as long as several years to complete a rehabilitation program.



## Profile of Rehabilitation Clients

- 83% are male, 17% are female
- 51% are between 40 and 49 (only 3% are 60+)
- 67% are married or have a common law partner
- 99% live in urban areas
- 91% have been approved for disability benefits
- 50% have an operational stress injury (35% with post traumatic stress disorder)
- 147 are totally and permanently incapacitated

## In terms of services and supports for families, between April 2006 and February 2, 2009:

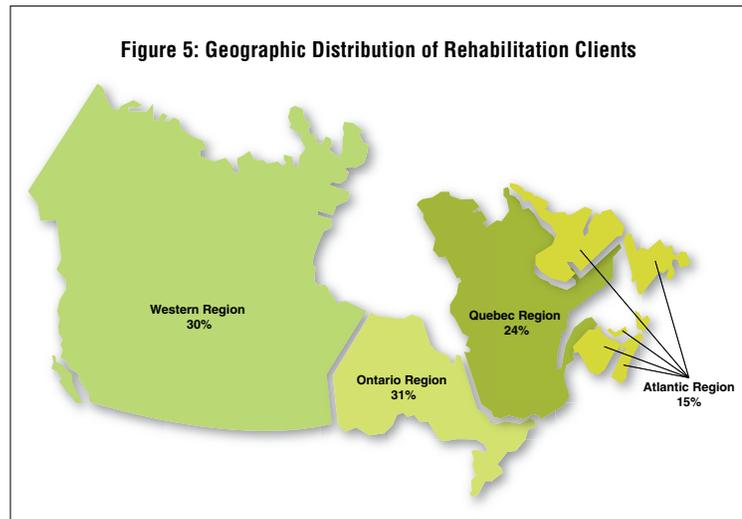
- 19 survivors (18 spouses and one common-law partner) had been found eligible for rehabilitation services; 69 survivors or dependents received death benefits; 36 families (33 spouses and 57 children) received the earnings loss benefit; 138 family members used the VAC Assistance Service; and 382 families used OSISS peer support services.



## ***What are the gaps?***

VAC has developed a wide range of programs for Veterans. However, according to information gathered by VAC, Veteran organizations and the Special Needs Advisory Group, there are still some gaps in benefits, services and awareness.

The following case studies – which were compiled from actual case studies provided through members of the NVCAG – illustrate some of the problems that Veterans and their families have faced when accessing and using VAC services. (Note: the names used in the cases are fictitious.)



## ***Lack of access to ongoing rehabilitation and support services***

*George was medically discharged from the Canadian Forces in 1999 due to a back injury he incurred during a peace-keeping mission to Bosnia. He received some rehabilitation services and vocational counseling. Because of the nature of his injury, he was not able to pursue the civilian career in construction that he wanted, and has had to work at a lower paying administrative job. George also suffered an operational stress injury related to his deployment. At the time he was discharged, he received counseling and other support services to help him cope with his operational stress injury (OSI). His family was also offered counseling. His spouse, Renate, took advantage of the service but his children, who were very young at the time, did not seem to need support. Ten years later, now that the children are teenagers, Renate would like to return to work to augment the family income but she has few skills and needs retraining, which the family cannot afford. When George was in the Canadian Forces, she was very active with the Military Family Services Program, and misses that support network, which is only available to active members' families, not to Veterans. George's youngest son has some learning disabilities, which were exacerbated by the many times he had to change schools when his father was on active duty. He has never completely adjusted to life off base, and is experiencing some social and behavioural problems. One of George's friends from the military has a son with similar problems but, because he lives in a different province, he is able to access a wide range of provincially funded services for his son that are not available to George and his family. George's oldest son is in grade 11 and has recently started to display signs of depression that George believes are a delayed reaction to his OSI and its impact on his family. Because the family lives in a rural community, there are no health professionals with experience in OSI nearby – even if VAC agreed to pay for the service. George is worried about how the family will be able to afford to send his son to university, given their limited income. George's back has continued to deteriorate because of his injury, leaving him unable to sit for long periods of time as required in his job. His workplace has recommended additional rehabilitation services and perhaps training for another occupation, but George would have to reapply to the VAC rehabilitation program and is not certain he would be eligible. (Note: this issue is now being addressed.)*



### ***Inadequate financial compensation and caregiving support for Veterans injured young***

*Alain, a reservist, was only 23 when he was severely injured by a roadside bomb, and is now unable to work. He receives the earnings loss benefit, which is equal to 75% of a senior private's salary (\$45,552) or \$34,164. Because the earnings loss benefit is taxable, his actual income is even lower. Because of his injuries, he requires a great deal of care. His wife, Lise, has to help him with bathing, dressing and eating as well as some medical care, while raising their young daughter. The stress on her is severe. Lise has received very little training in how to provide care. Lise's family has invited her to take a holiday with them to give her a break, but she cannot afford to pay for someone to look after Alain while she is away, and the province where they live does not cover the cost of respite services. Although Alain received a disability award and receives a Permanent Impairment Allowance, Lise is very concerned about their financial future. Under the current program, Alain's earnings loss benefit will continue to be based on his private's salary, even though he would have advanced through the ranks and his earnings would have increased had he stayed in the military. At age 65, his earnings loss benefit will stop and – because he will not have been able to save or contribute to the Canada Pension Plan – he will only have his Permanent Impairment Allowance, a one-time Supplementary Retirement Benefit of between \$28,000 and \$29,000 (2% of his gross earnings loss benefit based on 42 years of benefit) and old age security. Lise does not see how they can continue to manage on his income, and is now looking for a part-time job.*

### ***Loss of benefits after age 65***

*Maria was a corporal when she was injured in an equipment accident on a base in her 40s. She has not been able to work since the accident, and has been receiving Canadian Forces Superannuation of \$24,000 plus \$26,076 in earnings loss benefit to bring her income to 75% of her \$60,000 salary when she was hurt. After taxes, her income is much less than she used to receive. She has been able to manage financially for the past 15 years but – because the earnings loss benefit is not considered “earned” income (even though it is taxable) – she has not been able to contribute to her Canada Pension or to a retirement savings plan since she was hurt, and she is concerned about the future. Under the New Veterans Charter, as soon as she reaches age 65, the earnings loss benefit will stop. Maria will receive about \$16,000 in a lump sum Supplementary Retirement Benefit (equal to 2% of her gross earnings loss benefit based on 23 years of benefits) but, after age 65, her only source of income will be a small amount each year from her Canada Pension. Given this situation, Maria will have to turn to Old Age Security benefits and may have to apply for the Guaranteed Income Supplement. As a result of her injury, she is likely to live in poverty in her old age and may have to sell her home to be able to manage financially. (Note: these benefit amounts are based on the assumption that Maria was declared totally and permanently incapacitated; if this was not the case, her benefits and her income would be lower.)*

### ***The legacy of the pre-New Veterans Charter/disability insurance culture***

*In the early 1990s, Tom was one of the first to be deployed to the former Yugoslavia and suffered an operational stress injury that was never properly recognized or diagnosed. It caused him to become angry and sometimes physically abusive. He was discharged and given no benefits except severance pay, and he and his family had no place to live. He moved his three young*



*children into his wife's parents' small home; he and his wife lived in a tent in their yard. The CF shipped their belongings to a storage facility 350 kilometres from his temporary residence. Although he was told the Canadian Forces would cover his storage fees, that did not happen and the family had to borrow money to get their belongings. Tom wrote to headquarters about his case and after several years of efforts and correspondence was eventually able to get a medical assessment that diagnosed his OSI and provided information that led to him receiving a VAC disability pension calculated based on the severity of his impairment, which was equal to about 40% of his previous salary. Despite repeated contacts and efforts to work through the Ombudsman, he has never received benefits he believes he has a right to, including furniture storage fees, his missing years of pension, and money owed to him if he had been able to stay in the Canadian Forces and receive treatment for his OSI. Although he is now receiving treatment, it was delayed and the damage was done. Tom believes he deserves an apology for the way he was "kicked out" of the military.*

As these case studies illustrate, the transition from the Canadian Forces to civilian life is not easy, and it is more difficult for Veterans with health problems. The service gaps for Veterans are often most severe for people who were discharged before the New Veterans Charter came into effect, and many relate to the "insurance" culture of the older programs. As one report noted:

The Canadian Forces have not always treated injured soldiers with either compassion or understanding. A number of internal studies of the release system over the past three years have concluded that injured and sick soldiers have too often been left alone to deal with a complex, bureaucratic system that can deny them the disability benefits and programs that are their due, and proper recognition for their service. The system has been found to make little allowance for the fact that soldiers injured seriously enough to be released are often too ill or psychologically vulnerable to defend, much less promote, their interests. They are forced to accept what the system says they are entitled to because they do not have the combination of education, determination, and perseverance necessary to pursue their grievance, if necessary, for years on end, to a final decision by the Chief of Defence Staff. The experience leaves them bitter and psychologically scarred; a very poor advertisement for the Canadian Forces. (Report of the Senate Subcommittee on Veterans Affairs, 2003)

When making the transition to civilian life, members do not distinguish between the Department of National Defense and VAC: their frustration is "the system". Therefore, it is essential that VAC work closely with the Department of National Defense to improve the transition.

### ***How the Right Services Can Make a Difference***

Lack of services can have a devastating effect on Veterans and their families. Conversely, the right mix of services can enhance their inherent strength and resilience.

### ***Counseling, retraining and job placement can lead to a successful civilian life***

*During his career with the Canadian forces, Peter progressed from corporal to sergeant within seven years, and served on five tours: one in Cyprus, two in Croatia and two in Bosnia. As a result of his experience in the Balkans – which he described*



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*as “being handcuffed to an insane world” – he developed an operational stress injury, major depression, and panic attacks. He coped by drinking excessive amounts of alcohol, working himself to exhaustion and taking massive doses of Gravol to help him sleep. Despite his efforts to self-medicate, he continued to experience nightmares and flashbacks that could be triggered by being on a family camping trip, hearing a song about war, attending a wedding at a Croatian church, watching aggressive acts on television, seeing families in poverty in Mexico or hearing school kids yelling on the street.*

*Peter was released after 20 years of service and felt very angry about the way he was treated. He declined offers to attend OSISS and continued to struggle with alcohol abuse. His relationship with his wife deteriorated and they eventually separated. Peter did use VAC-supported services, and participated in some vocational rehabilitation / retraining as well as job placement services – but it was too late to save his marriage. Peter took a part-time job at a hardware and lumber company while also starting his own small renovations business. He worked long hours and eventually became head of shipping, receiving a “best employee” award.*

*Being successful in work and being able to re-integrate into the civilian world has made a real difference in Peter’s life. He has reconnected with his father, whom he had not seen in 15 years, and has become close to his mother and stepfather. He attends church regularly. Peter has developed an amicable relationship with his former wife, and they are successfully parenting their child, who is now in university and doing well. Peter is also functioning well in a new relationship. Eventually, he plans to quit his job at the hardware/lumber company, hire other released members of the military and work full time in the renovation business.*



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## III. Goals, Principles and Framework

### *Goals of the NVCAG*

The goal of the New Veterans Charter Advisory Group is to provide advice and guidance that will help Veterans Affairs Canada:

- fulfill the commitments made in the New Veterans Charter
- recognize the contributions, sacrifices and achievements of Canadian Forces members, Veterans and their families
- provide harmonized support programs, which help Veterans and their families make the transition out of the military and reintegrate into civilian life
- provide appropriate levels of compensation and benefits to ensure the economic and social well-being of Veterans and their families, and improve their overall health and quality of life
- develop an optimal, client-centred rehabilitation program that reflects best practices in disability management.

### *Principles*

**Moral obligation.** Canada has already expressed its commitment and moral obligation to support Veterans. Veterans and families should not be penalized or suffer economically because of injury or illness incurred during service to their country.

**The nature of military service.** Service in the Canadian Forces has a unique and long-term impact on health and family life that must be acknowledged in all programs and services.

**Family-centred.** Programs must recognize the vital role that families play in supporting members of the Canadian Forces, and the effect of military service on families.

**Strengths-based.** Veterans and their families are resilient, and have the inherent capacity and independence to succeed in civilian life.

**Wellness and early intervention.** Programs and services for new Veterans and families must focus on wellness, early intervention, and comprehensive case management.

**Respect, responsiveness and flexibility.** Veterans and families will be treated with respect and caring. Programs will respond immediately to Veterans' and families' urgent needs, and will be flexible enough to provide appropriate supports and services.

**Equity.** Veterans will have equitable access to VAC programs and services regardless of status (i.e., reservist or full-time member) or geography.

**Employment and health.** Employment is a major determinant of health. Veterans and their families must have adequate rehabilitation and support that lead either to employment or to activities that provide satisfaction and allow them to fulfill their potential.



**Evidence-informed.** Programs and services should reflect the best available knowledge of Veteran and family wellness and case management. VAC will monitor its programs and support research to continuously improve quality and effectiveness.

**Integration and collaboration.** Effective services will be tailored and integrated to meet individual and family needs. Collaborative partnerships will lead to more effective services and supports.

### ***Framework for Enhancing the Health and Well-Being of Veterans and Families***

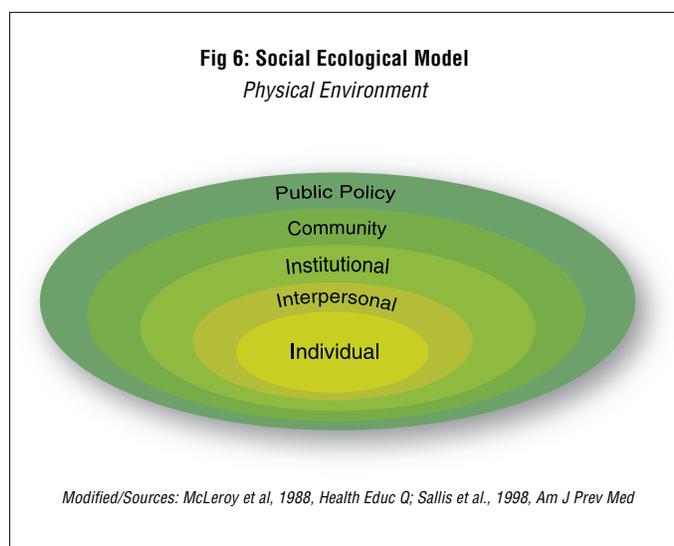
The New Veterans Charter Advisory Group recommends a social determinants of health framework to enhance the health and well-being of Canada's new Veterans and their families, and help them make the transition to civilian life.

The social determinants of health are the “upstream” economic and social conditions that influence the health of individuals and communities. They are the quantity and quality of resources that a society makes available to its members. They include: education, employment and working conditions, health services (including rehabilitation), housing, income and income distribution, social inclusion (including family support) and the social safety net. (D. Raphael, 2007)

The social determinants can affect health in a number of ways. When people have adequate income, education, employment, health services and social supports, they are more likely to enjoy better health and quality of life. When they do not, they are more likely to suffer stress and anxiety, which have a negative effect on their health.

The structure of VAC programs for Veterans – and their focus on family support, economic benefits, and physical, psychosocial and vocational rehabilitation and return-to-work status – already reflect a determinants of health approach. They also reinforce the Social Ecological Model (see Figure 6) recommended in *Keeping the Promise*, the VAC report on services for Veterans of WWI, WWII and the Korean War. (Gerontological Advisory Committee, 2006)

The model illustrates the importance of action at all levels – individual, interpersonal, institutional, community, public policy and environmental – to support health and well-being. The same multi-level approach is necessary to provide effective support for new Veterans. It is not enough to provide individual training and rehabilitation if workplaces are not ready to accommodate injured Veterans, if communities are not supportive, and if policies do not ensure that Veterans and their families have adequate incomes. The right mix of policies, supports and services can help address health inequities and improve health. (M. Lalonde, 1974; J. Epp, 1986)



## IV. Recommendations and Strategies to Put the Living Charter into Action

This section of the report describes the gaps in the current system of services for Veterans and families, and recommends strategies to achieve the promise of the New Veterans Charter. Many of the gaps and weaknesses are related to the challenges of making the cultural shift – from a disability pension program to comprehensive family-centred services that promote wellness, security and opportunity. Some are due to problems of communication; others are unforeseen and unintended consequences of how programs are administered.

Using the social determinants of health and the Social Ecological Model as a roadmap, the NVCAG has identified specific steps that VAC should take to strengthen support services, financial programs and rehabilitation services – both for Veterans and families, and for survivors of the Fallen.

### 1. Strengthen Family Support Services

The families of members of the Canadian Forces make a significant sacrifice for their country. The nature of military life means they have to move often, which can affect spouses' careers, children's education and family friendships. In many cases, spouses give up work promotions, pensions and benefits to allow the member to pursue a career in the military. Family members may be unable to participate in education programs that build on former qualifications or courses, and family income often suffers.

Members of the Canadian Forces are often separated from their families for months at a time. Families live with the stress of knowing that their loved ones are in danger. When members are injured, families must cope with the stress of their illnesses or disabilities. A serious injury or illness affects the family emotionally and financially.

Over the past 19 years, the Canadian Forces have developed programs and services to support families, including the Military Family Resource Centres, which were developed throughout the 1990s to provide social support, child care and other services, and the Operational Stress Injury Social Support (OSISS) program – a joint DND/VAC partnership program announced by both Ministers in 2002, which provides peer support for active members of the Canadian Forces, Veterans and their families who are coping with an operational stress injury or bereavement. As a result of collaboration between VAC and DND, OSISS services are now available to Veterans and their families, and are making a difference in their lives.

Since the introduction of the New Veterans Charter, VAC has taken steps to improve mental health services for Veterans and families, expanding its network of service providers, providing a continuum of services, focusing particularly on prevention and early intervention, and providing case managers for individuals with complex mental health needs. In addition, families are being encouraged to participate actively in the member's rehabilitation. All these changes will strengthen services for families and reduce many of the burdens they currently face.

With the New Veterans Charter, families have access to counselling and support services – including case management – to help them make the transition to civilian life. A strong foundation for family-centred services has been established, but VAC must act to



In this report, the term “survivor” includes spouses and families of members who fell before the implementation of the New Veterans Charter.



fill gaps and remove barriers that keep Veterans and families from getting the support they need.

### 1.1 Take Steps to Create and Maintain a Respectful, Family-Centred Culture in all VAC Programs

Although VAC talks about the needs of families, its programs continue to see families as somehow separate and apart from the Veteran. VAC understands the importance of the family to the Veteran, but not the importance of the Veteran to the family. VAC has yet to develop a truly holistic, family-centred approach to providing services for Veterans and families. The member or Veteran continues to be the main focus, and services for families an afterthought. In most cases, family members are not eligible for services until the Veteran has been deemed eligible for benefits. A cultural change is required –within both CF and VAC – to recognize the contribution and resilience of Canadian Forces families, and to acknowledge their right to services. This cultural change should be reinforced by changes in legislation, regulation and fiscal authority that recognize family members in their own right, and give VAC the ability to extend services to family members, regardless of the Veteran’s eligibility. VAC is currently falling behind the Canadian Forces in its efforts to recognize families: the Canadian Forces recently introduced a Family Covenant that acknowledges the contribution, strength and resilience of CF families and the CF’s responsibility to provide high quality services to support families.



The family is an integral part of the social and economic fabric that influences a healthy childhood and can alleviate significant stress and social isolation. (Raphael, 2007)

Faced with the stresses of military life, an injury to the member and the prospect of making the transition to civilian life, it is quite predictable that military families would find it difficult to cope and would need support. However, families who seek help often report that the bureaucratic process and attitudes of service providers make them feel “weak” or “defective”. Others report feeling “guilty” asking for services, as though VAC were doing them a favour in approving benefits. The feeling of having to advocate for services to which they are entitled is likely a legacy of the pre-New Veterans Charter “insurance model” approach to benefits, which required applicants to prove cause, and focused on minimizing payouts. These perceptions, whether real or imagined, seriously affect Veterans’ and families’ ability to use and benefit from the services available to them. VAC must develop effective, respectful ways to engage families in the transition to civilian life.

VAC recognizes that it has a responsibility to provide services for families of ill, injured or deceased members of the Canadian Forces, but “family” is not always well or consistently defined. In fact, VAC ascribes a situational meaning to the term and defines “family” on a program-by-program basis. This means that families (i.e., spouses, common-law partners, dependent children) are eligible for some programs but not for others. Some VAC programs avoid the issue of defining “family” by avoiding the term completely and dealing with individual family members identified by and based on their relationship to the Veteran as defined in legislation or regulation (i.e., spouse, survivor), while other VAC programs make direct reference to families but fail to define the term clearly.

The lack of a consistent definition of “family” creates challenges in providing quality services to Veterans and their families, and contributes to the confusion about the types of services available and whether families are eligible for them. For example, are family members eligible in their own right for counseling and vocational training services, or only if the Veteran has been approved for services? Are spouses of members with operational stress injury who leave the relationship still eligible for services for health problems



related to that injury (e.g., caregiver stress, compassion fatigue)? Does their eligibility change if they enter another relationship? If the member is not married, are parents eligible for some benefits?

## Strategies

To create and maintain a respectful, family-centred culture, VAC should:

- educate all VAC staff and service providers about Veterans' and families' right to services
- reinforce the difference between the previous "insurance model" approach to benefits and the New Veterans Charter philosophy
- develop a covenant for Veteran families
- launch a recognition program (e.g., Minister's Commendation) for spouses/partners
- review the eligibility criteria for all New Veterans Charter programs to ensure that "family" is defined consistently and that family members have equitable access to services
- continue to develop assessment and compensation models for Veterans and their families that treat them with respect
- work with all Veterans organizations – including the Royal Canadian Legion, the Army, Navy and Air Force Veterans in Canada, the National Council of Veterans' Associations in Canada, the Canadian Association of Veterans in United Nations Peacekeeping, the Canadian Peacekeeping Veterans Association and the Gulf War Veterans Association of Canada – to raise public awareness about the contribution of Veteran families. Involving Veterans' organizations will also provide opportunities for new Veterans to have some contact with and support from older Veterans who have already lived through the consequences of active services.



A cultural change is required – both within the Canadian Forces (CF) and among the Canadian public at large – to recognize both the contribution and resilience of Canadian Forces families and their right to services.

## 1.2 Fill Service Gaps to Ease the Transition to Civilian Life

Despite greater collaboration between DND and Veterans Affairs Canada on services for families, there is still a gap between the types of services available to families when the member is active in the Canadian Forces, and after he or she has been released.

For example, Canadian Forces families receive a much higher level of support (e.g., access to child care services) than do Veterans' families – even during the transition from active duty. And there are limitations on what families can receive from both systems (Figure 7).



**Figure 7: A Comparison of Services Available to Canadian Forces Families and Veteran Families**

**CF Families**



**VAC Families**



***Family Counseling and Support Services***

-  Military Families Services Program involves families – particularly spouses – in planning, delivering and managing programs offered through the Military Family Resource Centres that reflect the unique needs of military families and promote family health and well-being, including: child and youth development and parenting support, prevention support and intervention, family separation and reunion services, and personal development and community integration.
-  The Canadian Forces Member Assistance Program (CFMAP) provides a telephone support line, and confidential, voluntary, short-term counseling to help families cope with stress at home and in the workplace.

-  Individual and family counseling services are provided by VAC providers when Veteran is deemed eligible for benefits.
-  Families may also receive support and participate in counselling as part of the Veteran's treatment at VAC Operational Stress Injury clinics.
-  Clinical Care Manager service can be used as needed to help Veterans and families who have complex needs.
-  VAC Assistance Service provides a telephone support line, which is a mirror image of the CFMAP, accessed using the same phone number, staffed by the same people, and supplying the same supports to Veterans and their families as CFMAP provides to CF members and their families.

***Emergency Financial Assistance***

-  The Military Families Fund is a flexible program that provides short-term, immediate help in case of emergencies as well as long-term support.

-  RCL Poppy fund.
-  VAC Benevolent fund.
-  RCN, Army and CF benevolent fund (CFPAF).

***Support with Operational Stress Injury***

-  Operational Stress Injury (OSI) clinics, staffed by teams of mental health professionals, provide comprehensive clinical assessment and treatment services for Veterans and their families.
-  Through the Operational Stress Injury Social Support Program (OSISS), released members (i.e., Veterans) who have experienced post traumatic stress disorder are trained and paid to provide peer counseling and support for members and families (active and discharged) coping with operational stress injuries.
- Through the Operational Stress Injury Social Support Program (OSISS), peer volunteers provide bereavement support services called HOPE to the surviving relatives of the Fallen.

-  Through the Operational Stress Injury Social Support Program (OSISS), members who have experienced post-traumatic stress disorder are trained and paid to provide peer counseling and support for members and families (active and discharged) coping with operational stress injuries.
-  Through the Operational Stress Injury Social Support Program (OSISS), peer volunteers provide bereavement support services called HOPE to the surviving relatives of the Fallen.



In addition to losing services, Veterans and families who settle back in their home communities may feel a sense of loss from leaving military life. They no longer have the support of the friendships and relationships they built with other serving members and families. This change can be particularly difficult for spouses and family members who were involved in social and other programs offered by the MFRCs, or made use of their child care services – programs that can make a significant difference to the family’s overall well-being and quality of life. Even if they continue to live close to a military base, Veteran families do not have the right to access MFRC services.

Although the New Veterans Charter includes funding for family counseling, family members are only able to access these services if the Veteran has been approved for services and the family’s counseling needs were identified as part of the Veteran’s rehabilitation plan. Families cannot receive mental health services in their own right. In addition, families may be limited to a certain number of counseling sessions, and they often find it difficult to access counseling services for their children or addiction treatment services. Access to counseling services also varies in different regions of the country. Arbitrary limits on counseling services for family members are not consistent with best evidence about operational stress injury. It can take several months to years for symptoms of operational stress injury to appear, and the effects may be long lasting. Given the research showing that family members living with someone with OSI are at high risk of developing mental health problems (Veterans Affairs Canada, 2008), it is crucial that VAC address this issue.

At the current time, spouses are only eligible for vocational assistance if the Veteran is deemed totally and permanently incapacitated and is unable to work. There is also no formal program to support post-secondary education for spouses or children. This is a gap in a family-centred approach to re-integration into civilian life. All spouses of disabled Veterans should have access to vocational assistance (e.g., career counseling, employability assessments, training, job-finding assistance), and all families should be eligible for support for post-secondary education. Providing more education and job training for spouses and education opportunities for children has the potential to improve the family’s overall health and well-being. This support is also an effective way to acknowledge the sacrifices that families made so that members could serve.

## Strategies

To help Veterans and families make the transition from military to civilian life, VAC should:

- negotiate with DND the right of Veterans to continue to participate in programs provided by Military Family Resource Centres for a transition period of at least two years
- make family members eligible for counseling and mental health services in their own right
- give Veterans and families ongoing access to mental health and addiction services, including counseling and mental health services for children



VAC should move quickly to meet families’ needs for services – including ongoing access to services provided by Military Family Resource Centres, counseling services including counseling for children, other mental health and addiction services, training and job placement services for spouses of disabled Veterans, and post-secondary education for spouses and children of disabled Veterans.



- expand eligibility criteria for vocational training and job placement services to include all spouses of disabled Veterans
- fund post-secondary education for spouses and children of disabled Veterans.

### 1.3 Improve Access to Skilled, Knowledgeable Health Care Providers

VAC staff are responsible for case management services and for providing funding for services, but Veterans and their families will receive most of their primary care, counselling and rehabilitation services from service providers in their community. In most cases, services are provided through provincial health systems. Part of VAC's case management role is to help identify the need for services, refer Veterans and families, and cover the cost (based on provincial rates for these services).

The shortage of primary care providers and mental health professionals in most provinces and territories – and the small proportion who understand the mental health and other issues facing members of the Canadian Forces – limits access to care. For example, Veterans discharged on medication often have problems finding a primary care provider who can monitor that medication and provide other care the family may need. When a Veteran is discharged, the family loses the extended health coverage provided by the Canadian Forces (e.g., dental care and prescriptions). Although Veterans who are medically released or have a service-related rehabilitation need have the option of continuing to purchase health coverage, this change in coverage comes at a time when they may be least able to shoulder these costs.

VAC has taken steps to develop networks of skilled mental health service providers, but Veterans and families still report that providers are not as aware as they should be of the various forms of operational stress injuries and mental health stressors associated with life in the Canadian Forces. Veterans and families are also critical of the VAC policy to cover only the cost of providers who are registered with Blue Cross or meet VAC's criteria for professional training. This policy can be a barrier for Veterans and families who want to continue to receive counseling from a professional who is not on a pre-approved list, and can have devastating effects on the family and compound a sometimes-explosive situation that requires immediate intervention.

Under the New Veterans Charter, Veterans and families have limited access to professionals who are skilled in managing pain (e.g., qualified acupuncturists) or other providers they may choose to use (e.g., naturopaths).

#### Strategies

Access to health services is one of the key determinants of health. To ensure that Veterans and families receive skilled, knowledgeable care, VAC should:

- explore innovative strategies to help meet the primary care needs of Veterans and their families, including contracting with family doctors to accept Veterans into their practice, and paying to train and employ other professionals, such as nurse practitioners and physician assistants, to provide care



Veterans and families often have trouble finding primary care and other providers who understand their health needs. VAC must create a stronger network of providers who have the skills to provide care for Veterans and families.



- develop a training program for all service providers and return-to-work partners to ensure that service providers and potential employers are aware of:
  - the impact of military service on Veterans and their families
  - operational stress injuries and mental health stressors associated with life in the Canadian Forces
  - evidence-based therapies and interventions for OSI and other mental health problems
- work with colleges and universities to ensure that the impacts of military service, operational stress injury and other service-related health needs become part of professional health education programs
- ensure Veterans and families continue to have access to health benefits, including dental care and prescriptions
- expand the list of health professionals whose services VAC will cover to include acupuncturists, naturopaths and others whose skills may help clients receive holistic care or manage pain.

#### 1.4 Provide More Support for Family Members Caring for Veterans

Family members caring for a Veteran who is seriously injured, ill or disabled often suffer socially, emotionally and economically. A recent study conducted by researchers at the University of Alberta on a small sample of Veteran families found that the families of younger Veterans were at substantially higher risk of poor financial, social and health outcomes than other families caring for an ill or disabled family member. One participant said, “Everything is affected because I have to do things for him that he can’t do for himself. The financial cost is tremendous; the non-financial cost – you can’t count it.” Over one-quarter reported being in poor health (compared to 11% of Canadians in the same age group) and over half had to adjust their job and work hours in order to provide care. As one participant in the study noted, “I’ve lost at least \$25,000 a year by taking a half time job so I could look after him.” Another stated, “The hidden cost to me was the loss of my job.” Over 40% of spouses of Veterans said they were earning less money and experiencing financial hardship, and 60% were incurring extra expenses not covered by insurance or VAC programs – expenses that, for some, amounted to more than \$5,000 in the past year. (J. Fast et al, 2008)



**F**amily members provide a significant amount of care for disabled Veterans – often at great cost to themselves, emotionally and financially. VAC should make families eligible for the Veterans Independence Program (VIP) and tailor services to meet the needs of new Veterans.

Under the New Veterans Charter, VAC does not compensate family caregivers or provide anything comparable to the attendance allowance that was offered under the Pension Act program – despite research showing that paying a family caregiver is cost effective and improves well-being and quality of life for the Veteran, caregiver and family. (Keefe et al, 2005) The decision not to compensate family caregivers was based on the assumption that – with all the new services available for disabled Veterans – the burden on families would not be as great, and an attendance allowance would not be required. In fact, that may not be the case – particularly for families of members and Veterans who suffered critical injuries. As noted above, once members are medically discharged, their spouse or caregiver often has to work less, lose income, and pay for services that were provided free in the Canadian Forces, such



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as the child care services available through the Military Family Resource Centres. Spouses or other caregivers should be compensated for these costs – as they are in other jurisdictions, such as Australia, France, Germany and the United Kingdom. (Keefe et al, 2005) The current VAC benefit grids are inadequate and will result in onerous economic burdens on families. In terms of caregiver compensation, VAC once again has an opportunity to pioneer social policy approaches that could ultimately chart a course for the Canadian health care system.

Until recently, most VAC services were based on the assumption that spouses and close relatives would be willing and able to provide care for a disabled Veteran, but such was not always the case. Current programs still do not necessarily provide enough support for caregivers or adequately assess the caregivers' needs and capacity to provide care. As a result, family caregivers are likely to do too much and to be unaware that they have the right to say "no" and allow VAC to provide services for the Veteran.

There is also a shortage of respite services for Veterans' families which, when available, enable family caregivers to take a break from the often tiring and demanding role of looking after their loved one.

## **Strategies**

The health of family members caring for disabled Veterans and surviving relatives is at risk. To provide support for caregivers, VAC should:

- provide Veterans Independence Program (VIP) benefits – such as housekeeping and ground maintenance – to ALL Veterans and families
- tailor VIP benefits (e.g., child care services) to meet the needs of younger Veterans and survivors
- negotiate with DND for caregivers to continue to use MFRC services for a period of at least two years
- assess the feasibility, scope and possible models of compensating family caregivers caring for a disabled Veteran and, based on that assessment, implement a comprehensive caregiver compensation program
- develop training programs for family members to give them the skills and confidence they need to provide care that meets the Veteran's needs
- educate caregivers about the types of services that VAC will provide and encourage them to access these services for the Veteran and for themselves
- provide more respite care services – perhaps by decommissioning some of the beds currently on VAC's list of funded beds.

### **1.5 Provide More Support for Survivors and Families of the Fallen**

Despite the number of members of the Canadian Forces who fall in the line of duty, there is no formal, funded bereavement support policy or program for survivors. To meet the growing need for services for families and friends of the Fallen, some Military Family Resource Centres (MFRCs) provide bereavement counseling and some VAC case managers will approve bereavement counseling on a case-by-case basis. Family members may also be able to access some bereavement counseling services through the VAC Assistance Program. However, there is no consistent policy, program or approach to bereavement services.



To help fill the gap, OSISS offers volunteer peer bereavement support services. While the OSISS peer bereavement support services are extremely valuable, families should also have access to professional bereavement counseling services.

Because there are no formal bereavement services, some military and Veteran families are using private bereavement counseling services – for which they have to pay themselves. This situation creates both emotional and economic hardship.

With the death of a member, families often lose access to Canadian Forces services, such as child care, at a time when they may need them most. Survivors may also need other services to help them cope with the loss and to care for children. While survivors of Veterans who were receiving VIP benefits at the time of death will continue to receive those services for a year, surviving spouses and families of members who fall in action do not currently receive those benefits.

## Strategies

To support the families of the Fallen, the NVCAG recommends:

- both DND and VAC recognize the importance of bereavement services, and develop programs to cover the cost of professional bereavement support services
- extend VIP services to surviving spouses and families for one year automatically
- tailor VIP benefits to meet the needs of surviving spouses and families (e.g., child care).

## 2. Ensure Financial Security

Economic status is a determinant of health. Many members of the Canadian Forces discharged from the military are concerned about their ability to continue to support their families without losing their self-respect. Income security reduces stress for the entire family and enhances quality of life as the members make the transition from military to civilian life. A drop in income during a time when members may need medical care or rehabilitation can be devastating.

In fact, economic stability is essential to a successful transition to civilian life:

- Veterans and their families must be economically stable to ensure they have many of the other determinants of health, including housing, food and social inclusion.
- Veterans are more likely to participate in rehabilitation programs and support services for themselves and their families if they feel financially secure.
- To be able to focus on rehabilitation, injured Veterans must feel they are being adequately compensated and that they will continue to have income support throughout their rehabilitation and, if necessary, their lives.

The New Veterans Charter introduces a needs-based approach to economic benefits for Veterans. This philosophy represents a radical change from the insurance-based approach used in the past. Instead of trying to prove cause and minimize awards, the goal of VAC economic benefits programs should be to ensure that members who are permanently disabled receive 100% income



VAC and CF should develop programs to cover the cost of professional bereavement support services. VAC should also automatically extend VIP benefits to surviving spouses and families for at least one year.



replacement at a level consistent with a normal military career. An entitlement approach to economic benefits treats Veterans with respect. It acknowledges both the economic and non-economic losses associated with a career-ending or service-related disability, and should provide more appropriate models of compensation. This approach is essential for Veterans and their families to achieve economic stability.

To ensure financial security for injured or disabled Veterans, VAC must address a number of gaps and weaknesses in the current system.

## **2.1 End the Legacy of the Insurance-based Approach to Economic Benefits**

Members of the Canadian Forces who are injured are eligible for some economic benefits from DND, such as disability income provided by the Service Income Security Insurance Plan long-term disability program (SISIP-LTD), administered through Manulife. The SISIP-LTD program functions like an insurance program, and has all the inherent limitations and constraints of insurance policies.

When SISIP-LTD began, it was not designed to compensate for service-related injuries: it was a voluntary, supplementary insurance program that Canadian Forces members could pay into to cover any non-service related injury. Over time, SISIP-LTD became mandatory and the program was used to provide coverage for service-related disabilities. While in the Canadian Forces, members pay 15% of their insurance premiums and the Government pays 85%. In the event they are injured, regular force members are assessed by SISIP-LTD and, if deemed eligible for long-term disability, may receive up to two years of disability payments from SISIP-LTD equal to up to 75% of their income while serving in the Canadian Forces.

Members who, because of their injury, end up having to medically release from the Canadian Forces also become eligible for benefits under the New Veterans Charter. As noted above, the VAC economic benefits are a needs-based program. Although VAC's economic benefits were not technically designed to fill gaps in SISIP-LTD benefits, the short-term approach has been to require medically releasing members to first access SISIP-LTD benefits. If the amount a Veteran receives from SISIP-LTD is less than 75% of his/her income when serving, the Earnings Loss Benefit will "top up" the disability payments the member is receiving from SISIP-LTD. The Earnings Loss Benefit is also available to provide income in situations not covered by the SISIP-LTD policy.

Veterans report that having to work with two distinct systems and programs is confusing, and that they do not receive enough help to work through the process. They also find SISIP-LTD's insurance-based approach, which focuses on managing the value of awards (i.e., what is the least we can pay to cover this claim?), punitive and distressing. Insurance companies, in keeping with their mandate, aim to minimize their liability. This approach is not ideal for helping the Veteran make the transition to civilian life. Ideally, the process of providing financial benefits for Veterans should be seamless, transparent, equitable and simple to navigate. Any aspect of the process that threatens the Veteran's sense of dignity should be eliminated. Veterans should be treated fairly and respectfully at all stages of the process.

Although VAC's economic programs are needs-based entitlements, the new Veterans Charter programs were designed to be consistent with SISIP-LTD in order to ensure equitable benefits for members in similar situations. Although VAC programs do not have to be constrained by SISIP-LTD programs, in practice they are, and this situation prevents VAC programs from truly meeting needs. For example:



- The VAC cap on its Earnings Loss Benefit (i.e., 75% of military income) matches the SISIP-LTD limits on income replacement, which reflects the traditional insurance disincentive designed to make it more attractive for people to go back to work than to remain on disability. This disincentive is not consistent with the VAC needs-based approach for people injured serving their country – particularly for Veterans who are seriously disabled and unable to work.
- VAC caps its annual cost of living increases at a maximum of 2% regardless of the actual inflation rate in Canada, to be consistent with SISIP-LTD.
- The VAC requirement that members of the Canadian Forces file an application for VAC benefits within 120 days of being medically discharged is an artificial deadline based on the SISIP protocol.
- The VAC triggers for terminating the Earnings Loss Benefit (e.g., at age 65 or when Veterans are earning an amount equal to two-thirds of their military income) is an attempt to align with SISIP-LTD rules.
- The lack of a universal Accidental Death Insurance Program for all serving members is largely based on the amount of premium required under the SISIP-LTD program. Currently there is an Accidental Dismemberment Program for Seriously Disabled Veterans and an extremely limited Accidental Death Program that is restricted to senior officers.
- Under the Accidental Dismemberment Program established by SISIP-LTD, reservists are not entitled to the same benefits as regular force members. Reservists' Earnings Loss Benefit will also be lower because it will be based on a lower income than that of regular forces members.



VAC programs continue to be limited by the requirement that they be consistent with the Service Income Security Insurance Plan (SISIP). The relationship with SISIP leads to arbitrary time and benefit limits. To reinforce its needs-based approach, VAC must free itself from SISIP constraints.

This legacy of an insurance-based approach does not reflect the culture of the New Veterans Charter, which is designed to recognize and compensate members of the Canadian Forces for injuries incurred while serving their country. In fact, the SISIP-LTD program limits VAC's ability to make the kind of positive changes required for New Veterans Charter programs.

## Strategies

To reinforce the needs-based, entitlements approach to economic benefits and to get rid of the last vestiges of an insurance-based approach, VAC must free itself from SISIP-LTD constraints. For that to happen, DND should take steps to eliminate the SISIP-LTD program. At the very least, the NVCAG notes that it is unacceptable that members of the Canadian Forces are expected to pay premiums to insure themselves against the risks they face when serving their country. The NVCAG has been assured that work is underway within DND to revamp the SISIP long-term disability program. The NVCAG recommends that:

- as long as SISIP-LTD continues to exist, Treasury Board pay 100% of long-term disability premiums for active members of Canadian Forces for coverage of service-related injuries
- DND eliminate the SISIP-LTD program with respect to service-related injuries, and offer a disability program for non-service related injuries



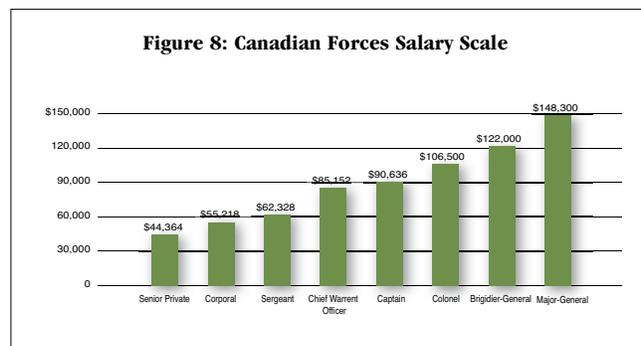
- VAC no longer align its programs and benefits with SISIP-LTD.

## 2.2 Ensure Disabled Veterans Receive a Fair, Equitable Income Consistent with a Normal Military Career

The Earnings Loss Benefit (ELB) is designed to compensate disabled Veterans for any loss in income while they participate in rehabilitation programs and then search for a job. Once the Veteran is employed, the Earnings Loss Benefit either stops (if the Veteran is earning as much as he did in the military) or continues as a form of “top up” to ensure the Veteran is receiving the minimum earnings he or she is entitled to under the New Veterans Charter. Veterans who are incapable of obtaining suitable, gainful employment or who are declared permanently and totally incapacitated – and their surviving spouses – will continue to receive the Earnings Loss Benefit until age 65, at which point the benefit stops.

There are four main weaknesses with the way the current Earnings Loss Benefit is administered:

- **The ELB is taxable.** Historically, Veterans’ benefits have not been taxed. Historically, the maximum amount paid out under the Pension Act for traditional Veterans (i.e., 75% of income) was calculated based on the fact that it would not be taxed. (Neary, 2004) Under the New Veterans Charter Program, the Earnings Loss Benefit pays Veterans 75% of their previous earnings and the amount is now taxed. This means that new Veterans receive significantly less than they did in the military and face a “double penalty”: their previous earnings are reduced to a 75% level and then taxed by the Canadian Government. This situation is particularly onerous for lower ranking Veterans, who receive an unacceptably low level of income replacement at a time when they are often entering into a rehabilitation program, and for Veterans who are “totally and permanently incapacitated” – whose income will be set at a low level with only a fixed cost of living increase each year.
- **The maximum amount of the Earnings Loss Benefit is capped at the Veteran’s rank and salary level when he or she was released.** The cap means that a Veteran who is permanently injured as a private will continue to be paid as a senior private, even though he or she would, in all likelihood, have risen to a much higher rank and earned a higher salary (see Figure 8) over the course of a normal career (i.e., two to three times what a senior private earns). Although Veterans will receive an annual cost of living increase capped at 2%, the Earnings Loss Benefit as it is currently calculated does not compensate Veterans in a way that reflects the income they would have earned over the course of a normal military career. The current situation is particularly unfair for Veterans who released before 1999 (when the Canadian Forces received a substantial increase in income) and will continue to have their ELB calculated based on that low income.
- **The ELB limits a Veteran’s ability to save for retirement.** Because the Earnings Loss Benefit is not considered “earned” income, permanently disabled Veterans cannot use that income as the basis for contributing to the Canada Pension Plan, the Canadian Forces Superannuation Program, or a registered retirement savings plan. When the Earnings Loss Benefit ends at age 65, Veterans and families can experience a dramatic (>50%) drop in income and may not have Canada Pension



income or retirement savings to compensate. This situation can create a significant financial hardship. Although Veterans will receive the Supplementary Retirement Benefit – a one-time lump-sum payment paid to Veterans who are no longer eligible for the Earnings Loss Benefit – the Supplementary Retirement Benefit is taxable, so Veterans will receive only a portion of the amount. The one-time payment is not enough to meet the needs of a seriously disabled Veteran or surviving spouse, and can result in a dramatic reduction in other benefits in the year it is received.

- **Veterans who voluntarily release from the Canadian Forces and later discover that they have a medical issue, such as an operational stress injury, have to apply and demonstrate a career-ending or service-related rehabilitation need in order to qualify.** Even though approximately 92% to 95% of all applications are approved, the application process can be cumbersome and difficult. It also tends to have a negative effect on the Veteran's sense of dignity.

As was clear from two of the case studies, the two most financially vulnerable groups of Veterans under the current VAC programs are: the young soldier who is hurt in the line of duty and who will continue to be compensated as a private throughout his or her life, and the disabled Veteran who turns 65 and suddenly loses a significant portion of his or her income. These situations are neither fair nor equitable.

The NVCAG recognizes that VAC and the Government of Canada may be concerned about the long-term cost and sustainability of the Earnings Loss Benefit program. However, most Veterans will collect the Earnings Loss Benefits for a short period of time: an average of 12 to 24 months until they complete their rehabilitation and are employed. As only a small number who are “totally and permanently incapacitated” will require payments until age 65, the individual and societal benefits of providing fair compensation based on need will far outweigh the cost.

## Strategies

To ensure that Veterans and their families receive a fair income consistent with a normal military career, VAC should consider the following strategies:

- set the Earnings Loss Benefit at 100% of earnings and make it taxable. This would make the payment more fair, and give Veterans greater financial stability.
- establish a higher base salary for lower ranking members to ensure they have the financial resources to support themselves and their families during their rehabilitation. This change would recognize that, in most cases, the Earnings Loss Benefit is a short term stop-gap measure. A number of Veterans' organizations have recommended VAC base the calculation on at least a corporal's basic salary.
- use a probable earnings approach to establish benefit levels for long-term recipients of the Earnings Loss Benefit. If the medically discharged Veteran had remained in the Canadian Forces, his or her rank and salary would have increased. The permanently impaired Veteran's income should not be frozen at a low level simply because of the injury received



To ensure disabled Veterans receive a fair equitable income consistent with a normal military career, VAC should set the Earnings Loss Benefit at 100% of earnings, which is taxable. For long-term recipients, VAC should use a probable earnings approach to reflect what the Veteran would have earned over a normal military career.



during service. VAC should use the average career profile for a member of the Canadian Forces as the basis for regular increases in the Earnings Loss Benefit over time.

- provide financial stability for permanently impaired Veterans age 65 and older by either continuing to pay the Earnings Loss Benefit until death or, as a simple alternative, using a Veteran's Earnings Loss Benefit as the basis for calculating his or her Canadian Forces Superannuation and Canada Pension.
- at a minimum, ensure an adequate standard of living in retirement for Veterans who rely on the Disability Award and/or Earnings Loss Benefit for their income, by recognizing that the Supplementary Retirement Benefit is inadequate for most seriously disabled Veterans and surviving spouses, and by significantly increasing the benefit and making it non-taxable.

### **2.3 Increase Access to the Permanent Impairment Allowance**

The Permanent Impairment Allowance is intended to give Veterans who are severely injured and permanently impaired compensation over and above other benefits. It was designed to ensure that new Veterans receive benefits similar to those of traditional Veterans who were awarded the Exceptional Incapacity Allowance in the Pension Act.

As of October 31, 2008, 149 Veterans had been deemed “totally and permanently incapacitated” but, as of March 31, 2009, only three Veterans were receiving Permanent Impairment Allowances. There appear to be several reasons for this low number.

First, the Canadian Forces have chosen to maintain the employment of seriously disabled members in the regular force. The unintended consequence of this CF directive is that these individuals do not have access to the New Veterans Charter and, therefore, have not been granted an Earnings Loss Benefit or access to the Rehabilitation Program or the Permanent Impairment Allowance.

Second, although a Veteran is not required to have a 100% pensionable condition to receive the Permanent Impairment Allowance, it appears the language in the guideline leads to a 100% requirement for most claims.

Third, before a Veteran can be deemed eligible for a Permanent Impairment Allowance, the New Veterans Charter requires that he or she have both an approved Rehabilitation Plan and a Disability Award. If the Veteran's condition is not stable, the disability assessment may be delayed – which, in turn, delays the review of the Permanent Impairment Allowance application and may deny the Veteran several months of payments. The longer Veterans wait to apply or be approved for the Permanent Impairment Allowance, the less they receive. Although they receive monthly payments from the time they are approved, the Permanent Impairment Allowance is only paid retroactively for a maximum of one year – not to the date when they became permanently impaired. This new procedure is a marked change from the Exceptional Incapacity Allowance under the Pension Act, which was designed to recognize pain, suffering and loss of quality of life, and was available from the date of the Veteran's incapacity based on medical or other evidence.

Finally, the eligibility requirements for the Permanent Impairment Allowance do not recognize the impact of aging on people with military service, and the number of Veterans who may become permanently impaired later in life as a consequence of a service-related injury. Under the Pension Act, a change in health later in life could still trigger an Exceptional Capacity Allowance, but that is not the case under the New Veterans Charter. As Veterans become older and their service-related and non-service related conditions



combine to affect their health, it may be necessary to revisit the concept of an Exceptional Incapacity Allowance to recognize pain, suffering and loss of quality of life. An argument could be made that a separate Exceptional Incapacity Award should be brought back into the New Veterans Charter, particularly for older severely disabled Veterans. (To avoid duplication, a form of off-set could be created so that an individual already receiving the Permanent Impairment Allowance would not also receive the Exceptional Incapacity Allowance.)

## Strategies

To increase access to the Permanent Impairment Allowance benefit, the NVCAG asks VAC to:

- re-examine the eligibility criteria
- review all cases of Veterans deemed permanently impaired to determine whether they are eligible for a Permanent Impairment Allowance, including those who are currently being kept in the regular forces
- make the Permanent Impairment Allowance retroactive to the date of the impairment, no matter when that date occurred
- make Veterans who have service-related needs and later become permanently incapacitated eligible for the Permanent Impairment Allowance, and/or consider re-establishing the Exceptional Incapacity Allowance to recognize loss of quality of life and help meet the needs of aging severely disabled Veterans.

### 2.4 Ensure Non-Economic Loss Awards are Comparable to Those Offered in Civil Society

The Disability Award under the New Veterans Charter is intended to cover compensation for non-economic loss (i.e., loss of enjoyment of life, pain and suffering) similar to the general damages awarded by the Canadian Courts in personal injury claims, and should at least match the maximum cap award by the courts. Veterans who are eligible for a Disability Award can receive a lump sum payment of up to \$260,843.84 – considerably less than the maximum of \$329,091\* (+ adjustments for inflation) Canadian courts award for general damages in personal injury claims. Other nations, such as the United Kingdom and the United States, have announced new economic benefits for Veterans. For example, the UK recently increased the maximum lump sum award for disability from 285,000 to 570,000 British pounds. In May 2009, the US announced an 11% increase in its budget for the Department of Veterans Affairs, but has not yet provided details on how the funding will be used.

Although many Canadian disabled Veterans will also receive the Earnings Loss Benefit, this is a short-term payment during their rehabilitation and does not justify a lower Disability Award than those awarded by the Canadian Courts for personal injury claims or by other nations to their Veterans.

Many Veterans and families find it difficult to manage a large lump sum of money wisely and would benefit from financial counseling and support. Although VAC provides \$500 for financial counseling, this amount is not enough to buy ongoing financial counseling services. With young plaintiffs, the Canadian Courts often establish a “structured settlement”, which pays out awards in instalments over a period of time. The instalments incorporate the capital amount of the Court award plus any investment return on the award.

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\* This is the maximum amount established in July 2008. The maximum is reviewed and adjusted once or twice a year.



## Strategies

To ensure Veterans and families receive non-economic awards comparable to those awarded in civil society, VAC should:

- increase the disability award to make it consistent with the maximum awarded by Canadian courts for personal injury claims and by other nations to their Veterans
- develop options for paying out the Disability Award, including making a series of payments over time or allowing the lump sum to be converted into an annuity
- provide appropriate funding (i.e., >\$500 currently allowed) to allow Veterans and families to hire qualified financial advisors.

### ***3. Raise the Bar for Rehabilitation Services and Outcomes***

Optimum health and satisfactory employment are key factors in a successful transition to civilian life. The VAC Rehabilitation Program can help Veterans and families overcome or learn how to manage an injury or disability, and achieve educational and vocational goals.

Rehabilitation is most effective when it is holistic, comprehensive and client-centred. According to the literature (R-L Franche et al, 2005a; R-L Franche et al, 2005b), effective rehabilitation and return-to-work programs have the following components:

- individualized plans and approaches based on client and family needs
- a focus on comprehensive assessment and improving function
- realistic goals – including practical options for people who will not be able to return to work (e.g., volunteer work, hobbies, interests) that will give meaning to their lives
- an integrated approach, where clients are able to address their medical, psychosocial and vocational rehabilitation at the same time
- early contact with the workplace including:
  - ongoing contact between the rehabilitation team and the workplace
  - ergonomic assessments, workplace accommodation and work modifications
  - a supportive workplace culture
  - education for employers, managers and supervisors
  - effective communication and coordination.

Some jurisdictions, such as Australia, have moved to accredit their occupational rehabilitation programs as a means of promoting best practices and continuous quality improvement.



VAC should make the Disability Award consistent with that awarded by the Canadian Courts to other Canadians for personal injury claims and with that offered by other nations to their disabled Veterans.



### 3.1 Modernize the Rehabilitation Program

Despite the recent efforts to change the program and introduce and train case managers, at the time of our review, VAC was still using a more traditional, insurance industry approach to rehabilitation and return-to-work, for example:

- using a process-based rather than an outcome-based approach, counting the number of visits and length of time a client is in the program rather than setting realistic client-centred goals and then assessing progress in reaching those goals (Note: this issue is now successfully being addressed.)
- providing the different components of rehabilitation – medical, psychosocial and vocational – sequentially so the Veteran would complete his or her medical and psychosocial rehabilitation before beginning any vocational rehabilitation (Note: this issue is now successfully being addressed.)
- having guidelines for the amount of rehabilitation services each client receives interpreted by some staff as hard limits on the program, which may not be appropriate for all clients
- limiting financial support for university education to those who had some university education before they entered the military – a significant disadvantage because almost all of the priority positions that have been identified within the federal government for Veterans require university education, and because university and other post-secondary education are an increasingly common requirement in the broader Canadian labour market
- having little contact with potential work sites
- tending to have case managers work with clients and health care providers, but not with employers or families
- providing little ongoing case-by-case mentoring for case managers
- providing no monitoring or follow-up of the Veteran's progress in the workplace.

The lack of contact with potential employers and worksites is a particular weakness, given that many Veterans will not be able to return to their former employer (i.e., the military) who would otherwise have a legal and ethical responsibility to try to accommodate an injured worker. Veterans will need more support and assistance to find employment in civilian society, including – in some cases – job coaching. Potential employers will need to be educated about the benefits of hiring a Veteran. All these supports must be factored into VAC return-to-work programs.

The goal of the rehabilitation and job placement programs is to help Veterans find satisfying, long-term employment. However, for Veterans who were badly injured, a more appropriate – and equally legitimate – goal may be social rehabilitation (i.e., quality of life). Effective programs focus on performance (i.e., achieving goals) and outcomes (i.e., the impact on the Veteran and family).

#### Strategies

To fulfill its potential, the VAC Rehabilitation Program must provide optimal, client-centred services that reflect best practices. Injuries can be physical or mental – or both – and the program must have the capacity to assess and support Veterans with a wide range of injuries and needs.



VAC should take steps now to ensure that its rehabilitation program reflects best practice. In particular, the program should:

- continue to work to provide integrated (rather than sequential) physical, psychosocial and vocational rehabilitation services\*
- ensure staff are well trained and understand the individual, plan-based, needs-based nature of the program as well as the range of options available for Veterans and families – including social rehabilitation when that is an appropriate goal (i.e., Veterans should receive the necessary amount and range of services and support to achieve their goals)
- provide ongoing case-specific mentoring for VAC case managers
- set clear standards to accredit VAC services and providers, or assess the potential to have the program accredited by an organization such as Accreditation Canada
- provide an education assistance program that all medically released Veterans can access to obtain college or university education, if this is part of their vocational plan
- include vocational rehabilitation and contact with the workplace, beginning early in the rehabilitation process, to give Veterans and families hope
- explore the potential for Veterans to participate in paid apprenticeships to develop a trade or skill
- explore the potential for Veterans and families to take advantage of federal and provincial government programs that support self-employment and the development of small businesses, and help Veterans navigate this system
- influence the culture, attitudes, and physical environment within workplaces by educating potential employers on the benefits of hiring Veterans.
- establish performance incentives for providers (e.g., hold back 30% to 40% of fees until the Veteran has been successfully employed for six months)
- follow Veterans who have made the transition to the workplace for at least three years to assess their progress and determine who is successful and why



VAC can improve its rehabilitation program by adopting best practices, such as: integrating physical, psychosocial and vocational rehabilitation rather than providing them sequentially, educating VAC staff, developing an education assistance program for disabled Veterans, making contact with potential workplaces and employers early in the rehabilitation process, and educating employers on the benefits of hiring Veterans.

### 3.2 Improve Case Management Services

As the preamble to the New Veterans Charter noted, “The key to the implementation of this suite of programs is ... a case management system, with VAC area counselors providing the coordinating case management function.” VAC describes case management as a methodology that consists of building a relationship with clients and engaging them in their services, doing a comprehensive assessment and analysis of the client’s strengths and needs, developing a case plan, and helping the client navigate the system of services. The case plan is paramount. It should be complete, revisited frequently, and modified as required to meet the Veteran’s and family’s needs.

\* Recently, VAC has moved to a more integrated approach to physical and psychosocial rehabilitation, but vocational rehabilitation is usually introduced much later.



Effective case management services can help younger Veterans and their families develop the protective factors – such as strategies to cope with stress, problem solving skills, social support, the ability to see themselves as survivors rather than victims, and spirituality – that will make them more resilient and help them adapt and thrive.

In a modern, evidence-based rehabilitation program, case managers play a key role in integrating health services and working with employers and workplaces to create placement opportunities for Veterans. Case managers must have the ability to actively develop and nurture return-to-work opportunities, and to educate employers and workplaces in the community about the culture of the military and the challenges that Veterans face making the transition to civilian life. They must know their community well, and develop innovative ways to overcome barriers to employment and match clients to work opportunities. Case managers must also be able to help Veterans and their families make effective use of health services and other resources in their communities. When it is not possible for a Veteran to successfully integrate into the civilian workforce, case managers must have the skills to identify other opportunities for individuals to be active, socialize and be part of their community. Case managers are also responsible for tracking progress on the case plan with the Veteran and family, and working with them to maximize the outcome. They will need education and skills development to be able to fulfill this role.

A case management approach is important for all Veterans and families, but it is particularly important for Veterans and families with special needs, including clients with an operational stress injury or other mental health problem, clients who are severely disabled, and clients who need rehabilitation. Due to the nature of their injury or illness, special needs Veterans are likely to be less resilient and less able to manage the transition to civilian life without supports.

Severely disabled Veterans report that they feel they are pushed into vocational rehabilitation too early, before they have had a chance to come to terms with their injury, and that they are often not included in team meetings to discuss their case management.

According to the Special Needs Advisory Group (SNAG), communication and the ability to navigate various VAC and CF programs is a particular challenge for special-needs or seriously disabled Veterans and their families. At the current time, there are inconsistencies in the services that special-needs Veterans receive, depending on where they live (e.g., rural area, urban settings, province). Their entitlements are not always fully explained, and only some have access to special needs case managers.



#### Guiding Principles for VAC Case Management Services

- Clients with the greatest need should receive the most service.
- Case plans will function as authority documents.
- Clinical supervision and quality assurance are essential to successful case management.
- Case management is outcome oriented. Positive outcomes should be the measure of success.

*Special Needs Advisory Group, 2007*



Case management is a coordinated, organized and collaborative process that assures clients with complex needs of access to timely and appropriate resources and services to optimize their level of independence and quality of life.

*Canadian Forces Members and Veterans Re-establishment and Compensation Regulations. Canada Gazette. Vol. 139, No. 51, December 17, 2005*



VAC recently completed a review of its case management services that included a literature review, consultation with clients and VAC staff, and consultation with other programs, service providers and experts. The findings of that review reinforce the SNAG report. They indicate that the quality, consistency and focus of case management services vary from district to district and are affected by workload, resources, staff skills and roles, policies and processes, and access to technology and support. As a result of that review, VAC plans to make a number of changes to help staff make the transition to a true case management model, such as:

- establishing guiding principles for case management services
- renaming area counselors as case managers, and ensuring they have the training, competencies and supervision to provide high quality case management services
- rewriting policies and business processes through the lens of case management rather than benefits administration – and separating the responsibility for administering benefits from case management
- providing technology to support case management.

### Strategies

The NVCAG supports these changes. In addition, we recommend that VAC:

- ensure that Veterans and families are actively involved in all case planning
- ensure that case plans are driven by client needs, rather than a preconceived time frame for rehabilitation services
- ensure case managers have the ongoing training, case-specific mentoring, and authority to make decisions about services and supports that will help the Veteran achieve goals and maximize outcomes
- communicate effectively with Veterans in collaboration with families about the case management services available to them
- ensure all members of VAC client services teams have a comprehensive understanding of military culture required to help Veterans make the transition to civilian life and return to work
- identify client navigators – including peers – who will help special needs Veterans and families navigate the system of services and negotiate with service providers.

### 3.3 Improve Access to VAC Rehabilitation Services

Rehabilitation is most effective when it begins early and is consistent. However, there is often a delay between the time when members of the Canadian Forces are injured and when they are referred/linked to the VAC rehabilitation program. In some cases, members remain too long in CF rehabilitation programs, when it is clear that they will be unable to return to work in the Canadian Forces.



A case management approach is important for all Veterans and families, but it is particularly important for Veterans and families with special needs, including clients with an operational stress injury or other mental health problem, clients who are severely disabled, and clients who need rehabilitation. To improve case management services, VAC should establish guiding principles, ensure case managers have appropriate training, and develop the policies, processes and technology to support effective case management.



There is also some indication that the Canadian Forces may be retaining severely incapacitated members in order to maintain their salaries. However well intended, this practice may have a negative impact on those members' ability to access more appropriate rehabilitation services, as well as VAC economic benefits.

Even when members do make the transition from the Canadian Forces to VAC, there has not been a standard approach to sharing information, assessing needs, involving family members and establishing a timeline for action. DND and VAC are working to address these problems. They are in the process of establishing combined service centres on military bases, and are developing more timely ways to share information (e.g., having both CF and VAC staff located at these centres). VAC has also taken steps to improve communication between VAC and the Canadian Forces so that Veterans have faster access to services. For example, members no longer require a release date to be eligible for the career-counseling portion of the job placement program. VAC now provides transition interviews for all releasing regular force members, all medically-releasing Reservists and every Reservist who has served on a deployment in order to identify any needs that should be met through VAC or provincial programs. VAC and DND have also changed procedures so members who are injured are identified early and can make a seamless transition from CF services to VAC services. The two departments are harmonizing their policies for access to prosthetics, mobility assistance, hearing aids and other benefits so there is continuity for members who receive a medical discharge.

Rehabilitation is most effective when it is ongoing. Needs vary, depending on the individual, so the length of a rehabilitation program should be based on need rather than an arbitrary time limit. Veterans should also be able to return to the rehabilitation program whenever their condition changes or they experience health problems. At the current time, Veterans who have completed the rehabilitation program can reapply, but they have to be reassessed to determine if they are eligible. As of April 2009, four Veterans have received rehabilitation, left the program, re-applied later and then been approved to re-enter the program.

In addition, all Veterans and families who could benefit – even those without a pensionable condition – should have access to rehabilitation services. Any Veteran or spouse/partner who has a health condition that is affecting the transition to civilian life should be assessed, and should receive appropriate rehabilitation services.

Geography continues to be a barrier for Veterans and family members who have to travel to access rehabilitation services. The stress associated with travelling is exacerbated by the amount that Veterans and family members are allowed to claim for gas and meals under Treasury Board rules – an amount that often does not cover their costs. Inadequate compensation for travel expenses makes geography even more of a barrier to participating in rehabilitation programs. It also means that some people are paying out of their own pocket to cover their expense and, as a result, may not remain in the program.



**R**ehabilitation is most effective when it begins early and is consistent and ongoing. To overcome barriers to accessing rehabilitation services, VAC should continue to work with DND to develop an early determination process that fast tracks disabled Veterans to the VAC program. VAC should also ensure that the amount of rehabilitation services provided is based on client need and that the programs cover any travel expenses associated with participating in the program. Eligibility requirements should be changed to ensure that all Veterans and families with a health condition can apply for rehabilitation services, and to make it easier for participants whose needs change to re-enter the program at any time.



## Strategies

To give Veterans and families greater access to rehabilitation services:

- VAC and DND should establish an early determination process (similar to that used by Workers Compensation) to identify members who are clearly disabled and unable to return to their work in the Canadian Forces, and fast track them to the VAC program
- VAC should instruct case managers to be flexible and treat recommended limits on rehabilitation services as guidelines only, and empower them to make decisions based on client need and well-being
- VAC should give Veterans and families ongoing access to rehabilitation services after they have returned to civilian life, without requiring them to go through a lengthy process of reapplying and justifying their need
- VAC should change eligibility requirements to allow all Veterans and spouses who have a health condition to apply for rehabilitation services
- VAC should increase the amount that Veterans and families can claim to cover travel expenses including gas, meals, travel expenses for an escort for those who cannot drive due to their OSI, and overnight accommodation when required to stay in the city for medical appointments.

### 3.4 Repair Damaged Relationships with Providers

The success of VAC's rehabilitation program depends on having a roster of skilled providers, including psychologists, social workers, psychiatrists, physiotherapists, occupational therapists, chiropractors, and massage therapists. The relationship with providers is particularly important given the relatively small number of mental health specialists in Canada (i.e., psychologists, social workers, psychiatrists) who are knowledgeable about operational stress injuries and military culture.

As of April 2009, there are problems in provider relations that must be addressed. For example, some providers are no longer taking VAC clients, and others are reluctant to become VAC providers. This trend is due to a number of factors, including:

- payment schedules – VAC payments have not kept pace with provincial fee schedules
- delays in payment – although Veterans are referred to mental and physical health care providers when they are releasing, the providers are often not paid for their work for as long as 12 months after treatment begins. Because most providers are independent practitioners, they cannot afford to wait this long for payment
- respect – case managers often challenge providers' clinical opinions about the type and length of services Veterans require.

To meet Veterans' needs, VAC must nurture and maintain collegial relationships with all its providers, and develop a seamless approach to care in which the return-to-work coordinator acts as the bridge between the Veteran, VAC and the service provider. VAC has a responsibility to develop a consistent, efficient approach to recruiting and retaining providers.



To repair damaged relationships with existing providers and recruit more providers with the right skills, VAC should review and update its payment schedule annually, ensure providers are paid in a timely way, and respect providers' clinical judgement.



## Strategies:

To repair damaged relationships with existing providers, and recruit more providers with the right skills, we recommend that VAC:

- review its list of providers and the corresponding provincial fee guidelines and update its payment schedule annually
- with DND, review their policies for referring releasing members, and ensure providers are paid for their work in a timely manner
- respect the professional skills of its providers and develop rehabilitation plans based on the providers' clinical judgment.

## 4. *Actively Promote New Veterans Charter Programs and Services*

Veterans and families report that it is difficult to find information on programs and application procedures. At the same time, VAC reports being frustrated that its efforts to communicate with members of the Canadian Forces and Veterans about its services are often unsuccessful. Although members of the Canadian Forces receive information about VAC programs when they first enlist, it appears that they are not interested in this information until they are older or something happens to threaten their career in the military. As one officer put it, most believe they are “bullet proof until they are about 28.”

Communication may be a particular issue in serving reservists. The Canadian Forces are relying more on reservists to help meet Canada's current international commitments. Although reservists are eligible for New Veterans Charter services, it is often more difficult to connect them with services – in part because reservists tend to reintegrate into their civilian lives immediately following their tour and may not be aware of the programs and benefits available to them.

VAC is aware of the need to communicate about its programs, and is developing an outreach program to raise awareness of its programs among CF members – including reservists and their families, Veterans and families, survivors, members of Parliament, the general public and the media. The outreach program includes better support for regional offices; more integrated presentations with the Department of National Defence, OSISS, Military Family Resource Centres and Veterans' organizations; new communication tools (e.g., a wallet card listing benefits); a network of trained speakers; staff training; and improvements to the VAC website. The program will target information to family members – who are often instrumental in encouraging members, reservists and Veterans to seek assistance. VAC and CF are also planning a joint family education and awareness campaign to make families more aware of the services available.

VAC has also expanded its transition interviews to include every Reservist who has served on a deployment, as another way to ensure they are aware of the programs and services available to them.



One of every four members deployed to Afghanistan is a reservist (550 to 600 out of 2,300). A higher proportion of reservists are front-line soldiers who are at greater risk of being injured.



## Strategies:

To raise awareness of New Veterans Charter programs and services, VAC should:

- implement and evaluate its planned outreach program
- identify critical opportunities to deliver information on VAC services
- consider making communication with Veterans and families about VAC benefits mandatory, as is currently the case in Australia
- in all education materials, focus on the supports provided for Veterans and families to develop skills, make the transition to civilian life and find jobs – stressing both the economic benefits and the other less tangible benefits that will make a long-term difference in people's lives, such as counseling services and rehabilitation services.

### ***5. Establish Performance Measures, Gather Data and Assess Impact***

The goal of the New Veterans Charter is to build the strength and resilience of Veterans and their families, and to provide the resources and supports that will help them cope with the stresses of military life and injuries, make a successful transition into civilian life, and be economically stable over the long term. To achieve this goal, VAC must provide effective, evidence-based programs and services.

#### **5.1 Monitor Programs and Services**

To improve and strengthen programs for Veterans and families, VAC must monitor its programs and understand which ones are working and why. VAC currently does not have the data it needs to assess whether Veterans and families are using the new Charter programs, whether the programs are being delivered as intended, or whether the programs are improving Veterans' and their family's health, well-being and ability to make a successful transition to civilian life.

VAC must have the capacity and tools to monitor Veterans' functional ability, health status, ability to perform occupational tasks, and financial security.

A Veteran's functional ability determines his or her need for services and job opportunities. Physicians frequently report that they do not feel competent to evaluate functional ability (Krohn and Brage, 2008); however, occupational therapists and physiotherapists do have the expert skills to assess functional ability. A comprehensive valid international tool, the International Classification of Functioning, Disability and Health (ICF), can be used to assess both social and environmental factors and their impact on the individual. The Canadian Institute of Health Information has used the ICF to develop indicators of function for the Canadian population. Other valid tools that can be used to assess functional ability include a Short Form Functional Capacity Evaluation (FCE) (Gross, Battie and Asante, 2007), and the Independent Activities of Daily Living scale (IADL) (Lawton and Brody, 1969), used extensively in the geriatric population.



VAC should ensure it communicates with Veterans and families about the full range of supports available to them. VAC should also consider making communication about benefits mandatory, as it is in Australia.



There are a number of valid, reliable tools that can be used to conduct regular health assessments and to monitor wellness. For example: the Medical Outcomes Study Short Form (SF-36) asks questions related to physical status and mental status, and the Symptom Distress Scale (SDS) is used to measure symptom distress. (McCorkle, Cooley, and Shea, 2000) In addition, collecting general background information on individuals can help determine their reaction to their circumstances; one example of such an instrument is the 5 point Likert Scale. (Watson, 1988) McMaster University's Centre for Health Policy Analysis (CHEPA) has developed the Comprehensive Health Status Measurement System (CHSMS), which measures eight self-reported health attributes. This tool collects data related to socio-economic status (SES), so it may also be used to monitor the economic stability of Veterans and families.

It will be particularly important to monitor younger Veterans' ability to perform occupational tasks. Functional Capacity Evaluations, the ICF and the Profile Occupational Engagement in People with Schizophrenia (POEM) (Bejerholm and Eklund, 2007) can be used to measure occupational capabilities.

### **Strategies**

VAC is developing an audit and evaluation division responsible for evaluating all VAC programs. The NVCAG wholeheartedly supports this decision. In addition, the NVCAG suggests that VAC use tools and measures that have been proven to be valid and reliable in assessing the performance and impact of its programs, such as:

- health assessment tools used before and after provision of services (i.e., health function, health-related quality of life)
- the Canadian Occupational Performance Measure
- the International Classification of Function
- health economic measures
- satisfaction surveys of Veterans and families
- surveys of employers/workplaces that hire Veterans
- skills assessments of case managers and other VAC staff.

### **5.2 Invest in Research**

More research is required to identify best practices in family support, economic benefits and rehabilitation services for Veterans and families. Canada was once a leader in Veteran health research, and is part of a resurgent worldwide interest in this field. VAC is now linked to a series of Veteran health studies, including a 20-year longitudinal study that will help us to understand the impact of military service over the life course. VAC also supports research on mental health issues facing Veterans, continuing care for aging Veterans, and the impact of military service on families.



VAC should use measures that have been proven reliable in assessing health, economic well-being and the impact of rehabilitation services.



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## Strategies

In addition to these current research initiatives, the NVCAG recommends that VAC engage in research to support the New Veterans Charter programs, including:

- a study to document the impact of the transition process from military culture to civilian society on Veterans and families, and factors that build resilience and lead to a successful transition
- following young Veterans over time to identify the sectors where they have made a successful transition to civilian life (e.g., retail, trades, manufacturing, service related, office/business)
- a longitudinal cohort study on the impact of providing family supports, such as respite care and bereavement support, on the health of the Veteran and family
- a study on the impact of role changes within a Veteran family – that is, the Veteran being responsible for cooking meals and caring for the family at home while the spouse works – on Veteran and family health and their psycho-social adjustment to civilian life
- data on reservists and the impact of military service on both the reservists and their families
- a long-term assessment of the economic impact on families of living with an injured Veteran
- an assessment of the impact of providing economic support/compensation for family caregivers caring for disabled Veterans
- an assessment of the true economic impact on society of not taking care of our Veterans.



## V. Conclusion

VAC is demonstrating its commitment to continually improve services under the New Veterans Charter, but more must still be done to enhance health and well-being for Veterans, families and survivors, and to help them make the transition to civilian life.

Specific steps can and must be taken to:

- strengthen services for families,
- ensure financial security for Veterans and families, and
- raise the bar for rehabilitation services and outcomes.

### Opportunity for Leadership

With the New Veterans Charter, Veterans Affairs Canada once again has the opportunity to be a world leader in programs and services for Veterans. It can choose to make an economic investment in the future of Canada's Veterans: one that could have the same impact as the country's investment in Veterans after World War II, which laid the foundation for decades of economic stability and growth.

### Building a Stronger Bridge from Military to Civilian Life

To make a successful transition to civilian life, Veterans, families and survivors need family services and supports. They need to feel economically stable and secure. They may also need rehabilitation and other services to help them cope with disabilities and achieve their educational, vocational and/or social goals.

The New Veterans Charter Advisory Group urges Veterans Affairs Canada to move quickly – using a determinants of health approach – to strengthen family support services, ensure financial security, and modernize its rehabilitation program, thereby building a stronger bridge from military to civilian life. The three-pronged approach is essential to the health and well-being of Veterans and families. It is also an effective way to demonstrate that Canadians are honouring our commitment to take care of those who take care of us at home and around the world.

### The Time to Act is Now

In 2006, all federal parties and the Canadian people supported the New Veterans Charter bill. The Minister of the day made a commitment to Veterans' organizations, on behalf of the Government and Canadians, to continuously review and evaluate Charter programs and services: to make it a "living" Charter. With the large numbers of Canadian Forces now being deployed in Afghanistan and off the coast of Somalia, that commitment is being tested.

If we fail to give new Veterans and their families the support they need when they need it most, we will be dealing with the legacy of Afghanistan for the next 50 years – just as the US has been haunted by its failure to support its Vietnam War Veterans.

We urge Veterans Affairs Canada to act now: to respond quickly to our recommendations. And we commit to continuing to work with Veterans Affairs to put the Living Charter into action.



Canada has the potential to be a world leader in health research and services for Veterans.





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