REHABILITATION NEEDS OF VAC CLIENTS POST ELIGIBILITY FOR THE SISIP VOCATIONAL REHABILITATION PROGRAM Executive Summary

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OBJECTIVES: (1) Identify medically released Canadian Forces (CF) members who exhausted the two-year post-release period of eligibility for the Service Income Security Insurance Plan (SISIP) Vocational Rehabilitation Program and became VAC Rehabilitation Program clients. Of this group, (2) determine how many participated in SISIP Vocational Rehabilitation Program (VRP); (3) determine whether upon entry to the VAC program they required medical/psychosocial and vocational rehabilitation; and (4) determine the nature of their health problems and functional autonomy.

BACKGROUND: All Veterans medically released from the military are eligible for the SISIP Vocational Rehabilitation Program (VRP) for two years post-release. However, not all participate in the program. The Veterans Affairs Canada (VAC) Rehabilitation Program (RP) is one of a suite of programs introduced with the New Veterans Charter on April 1, 2006. Medically released former members who exhaust their two year post-release period of eligibility for SISIP Vocational Rehabilitation could be eligible for the VAC Rehabilitation Program if they are determined to have a service-related rehabilitation need (SRRN) by having a physical and/or mental health problem related to their service that is creating a barrier to re-establishment in civilian life.

METHODS: The DND release dataset was examined to determine SISIP Vocational Rehabilitation Program (VRP) participation and eligibility. Since information on former participation in the SISIP VRP is not available on VAC electronic records, a random sample of 50 client files was drawn from the former SISIP VRP eligible VAC clients to

¹ "Medically released" does not mean released by CF physician(s); the term describes CF members who are released because they have a physical and/or mental health condition which led to release by the CF.

search through the notes on their files. VAC administrative records were examined to determine the nature of health problems and rehabilitation needs of the VAC Rehabilitation Program clients on application to the Program for those who exhausted the two-year post-release period of eligibility for SISIP VRP.

MAIN MEASURES: Participation in and completion of SISIP VRP; medical/psychosocial rehabilitation (medical/psychosocial rehabilitation) and vocational rehabilitation needs and health problems identified on the Rehabilitation Record of Decision at entry to the VAC Rehabilitation Program, and the functional autonomy level derived from the Area Counsellor Assessments using a scale developed for the Continuing Care Research Project (CCRP, 2008) and based on the SMAF functional autonomy measure.

RESULTS: There were 5,394 CF members who were medically released between December 1999 and March 2006 and therefore were eligible for SISIP VRP. Of this group, 435 CF Veterans applied for VAC RP with needs which created barriers to reestablishment. This represents 19% of all clients in the VAC program and 8% of all medically released members who were formerly eligible for SISIP VRP. The average age of the 435 clients was 44 years, average enlistment age was 21 years, average age on release was 38 years, and average length of service was 16 years. Almost half served between 10 and 19 years and most served over 10 years. Most served in at least one special duty area and more than 99% were in receipt of a VAC disability benefit. The most common release occupation was infantry followed by mobile support equipment officer.

It was not possible to determine for 17 clients of the sample of 50 whether or not they had participated in the SISIP VRP. Of the remaining 33, 88% did not complete or participate in the SISIP Vocational Rehabilitation Program (i.e., they received income replacement only). Of the 33, a third had not participated in the SISIP program owing to having been found totally disabled by SISIP (most common), or found not eligible, or other reasons.

The majority of the 435 clients (91%) had medical/psychosocial rehabilitation needs when they applied for entry to the VAC Rehabilitation Program. Slightly more had vocational rehabilitation needs (94%) than had both medical/psychosocial rehabilitation and vocational rehabilitation needs (85%).

These clients had extensive co-morbidity; the majority had both physical and mental health problems creating barriers to re-establishment. This group of clients had greater loss of functional autonomy than VAC CF disability benefit clients of the same age group, and 10% were declared totally and permanently incapacitated by VAC.

CONCLUSION: This study found that 435 out of 2,237 VAC Rehabilitation Program clients had exhausted the two year eligibility period for SISIP Vocational Rehabilitation Program. Most had either not completed or had not participated in the SISIP VRP. The majority had medical/psychosocial rehabilitation needs on applying to VAC, and many

had co-morbid mental and physical health problems. This study does not explain why those formerly eligible for SISIP rehabilitation later applied for VAC rehabilitation. Hypotheses are discussed, including the possibility that early, comprehensive medical/psychosocial rehabilitation may mitigate difficulties when re-establishing in civilian life.