

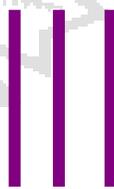


Conducted in Partnership  
DND and VAC

EVALUATION OF THE  
DND/VAC CENTRE FOR THE  
SUPPORT OF INJURED AND RETIRED  
MEMBERS AND THEIR FAMILIES

March 2002

5000-6 (CRS)



## DND MANAGEMENT SYNOPSIS

*This report presents the results of an evaluation of the operation of the Centre for the Support of Injured and Retired Members of the CF and Their Families. The evaluation was conducted jointly by the DND Chief of Review Services and the Audit and Evaluation Division of Veterans Affairs Canada (VAC).*

*The services of the Centre are delivered jointly by DND and VAC under the terms of a Memorandum of Understanding. It opened in April 1999 as a working partnership for the provision of information, referral and assistance services. The Centre functions with a staff of fourteen and recurring costs in the order of \$1.3M. It reports to the ADM level within the respective departments and is guided by a senior level steering committee. Ultimately, it was created to ensure effective assistance to people who might otherwise encounter gaps or obstacles in the responses of the respective departments.*

*When the actual evaluation work was performed, the Centre had completed its first year of operation. Accordingly, the evaluation team found that, in many aspects, the operations of the Centre continue to evolve. In fact, the majority of the recommendations, although worthy of attention (e.g. more consistent case follow-up), deal principally with matters of adjustment and fine-tuning. At the same time, it was evident that flexibility remained a key strength of the Centre. It operates with relative autonomy and substantially avoids the pitfalls which can affect embedded bureaucracy and process.*

*The basic philosophy establishing the Centre as a humanistic, people-based and people-oriented organization has been a logical, and successful, response to the impetus for its creation. The evaluation team found that the Centre has fulfilled the intent of its enabling MOU. Certainly by measure of its first two years of operation, it has been a success. This is demonstrated by the level of client-driven activity of the Centre as well as the professional and caring attitude exhibited by its staff. During its first year of operation, 8,544 calls were received requesting assistance or some form of intervention by the Centre; this continued to increase. Our review of files indicated that over 90% of inquiries were redirected to appropriate contacts within the respective departments. As such, among its merits, the Centre contributes to the effectiveness of other support programs.*

*The evaluation team believes the Centre should remain as a partnership organization between the two departments, providing clients facilitated access to the program matrices of both organizations. The reporting relationship of the Centre should also remain at the ADM level to continue to provide the visibility, credibility, independence and support required to serve its clientele.*

*This report makes recommendations for the short, medium and longer terms. However, considerable progress has taken place in this respect. Implementation of many of the administrative and management practices as well as human resource management initiatives, including the appointment of a Deputy Director from VAC, are already having a beneficial influence. We have further recommended an evaluation, concentrating on outcomes, be undertaken after two years.*

*In summary, the evaluation acknowledges and supports the value of this Centre and encourages that it continue to evolve with attention to the recommendations offered.*

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## EXECUTIVE SUMMARY

### INTRODUCTION

1. The Audit and Evaluation Division of Veterans Affairs Canada and the Chief of Review Services of the Department of National Defence have been tasked to carry out a joint evaluation of the DND/VAC Centre for the Support of Injured and Retired Members and Their Families (The Centre). The Centre opened in April 1999 and was established as a partnership by the two departments to provide information, referral and assistance services to serving members (both Regular Force and Reserve), retired members and their families.

2. An Evaluation Framework was completed in January 2000 by a joint DND/VAC evaluation team. The findings and recommendations of the framework study were presented to the DND/VAC Steering Committee at its January 24<sup>th</sup> meeting. Approval was given to conduct a comprehensive evaluation of the first year of operation of the Centre by focussing on ten issues outlined in the framework study which were impacting the efficiency and effectiveness of the Centre.

### EVALUATION FINDINGS AND RECOMMENDATIONS

3. In his address at the opening of the Centre, the Minister of Veterans Affairs<sup>1</sup> at that time, made the following remarks, which set into context the existence of the Centre:

“The existence of this Centre gives tangible evidence of our determination to make sure that former and current members of our Armed Forces are treated with respect, dignity and fairness. With this Centre, there will be a coordinated approach in place to guide members and their families in the right direction, to help fill the cracks, smooth the way and provide information, and to make the transition from injury to healing, from sickness to health, and from service life to civilian life as easy as possible.”

4. This and other statements by senior leaders of both departments have indicated the commitment of DND/CF and VAC to have in place a mechanism designed to bring the efforts of both Departments together in providing information and services to injured and retired members and their families. The evaluation team found that establishment of the Centre has provided a logical and effective response to the program objectives established for the Centre and agreed to in the Memorandum of Understanding between the two departments. This has been demonstrated by the level of activity in the initiatives carried out by the Centre, the professionalism and caring attitude exhibited by the Centre staff in dealing with client concerns, and the awareness and utilization of the Centre by its target clientele.

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<sup>1</sup> The Hon. F.J. Mifflin, 19 April 1999.

5. The evaluation team has developed a number of conclusions and recommendations in ten issue areas that impact the achievement of the objectives of the Centre. Many of the recommendations reflect the need only to adjust or fine-tune the range of new and well-conceived initiatives that have been developed and implemented by the Centre. The following recommendations are presented and discussed throughout the report to improve the effectiveness and operational efficiency of the Centre:

- a. **Clarification of the Centre's Mission Statement:** It is recommended that:
  - (1) a clear and distinct mission statement be developed for the Centre which includes the organization's fundamental purpose, identification of entitled clients and a reference to activities and services to be provided; and
  - (2) a set of clearly defined organization objectives be established for the Centre.
- b. **Identification of Program Overlap and Duplication:** It is recommended that increased cooperation and liaison take place between existing DND and VAC personnel support programs and the Centre to ensure all organizations are aware of their respective roles and services to ensure clients a comprehensive and efficient spectrum of services is available.
- c. **Governance and Accountability:** It is recommended that:
  - (1) a Deputy Director position for the Centre be created. This position should be staffed by a VAC employee;
  - (2) further co-operation and integration between the operation of the Centre and the DND/VAC Steering Committee should be encouraged; and
  - (3) formal terms of reference defining the role and responsibilities of the Centre Advisory Committee be established.
- d. **Program Impact:** It is recommended that:
  - (1) a formal client feedback mechanism be instituted at the Centre to gauge and monitor client impact and levels of satisfaction with the services that are being provided; and
  - (2) statistical support be provided on-site to the Centre to be responsible for collecting data, analyzing trends, identifying program gaps that are being addressed by the Centre and preparing and providing reports on a regular basis to the VAC-DND Steering Committee.

- e. ***Workload and Staff Resources:*** It is recommended that:
- (1) the diversity of programs administered by the Centre be evaluated in terms of their congruence with the core functions and mandate of the Centre; and
  - (2) position titles of VAC employees be changed to more accurately reflect the duties performed and the services they provide.
- f. ***Training and Skills:*** It is recommended that:
- (1) Centre staff should be selected and employed based on the core competencies identified as essential for carrying out the activities of the Centre;
  - (2) a formal structured Centre training plan be developed; and
  - (3) a comprehensive orientation program be developed for new Centre staff.
- g. ***Communication, Visibility and Access:*** It is recommended that:
- (1) both DND and VAC develop and implement a comprehensive communications plan and strategy for the Centre that includes reservists, veterans and retired members of the CF as well as family members of entitled clientele; and
  - (2) Centre management evaluate the potential of additional avenues for the promotion of the role and services of the Centre.
- h. ***Confidentiality and Security:*** It is recommended that:
- (1) a 'Net of Confidentiality' be developed and implemented at the Centre and documented in a revised Memorandum of Understanding between DND and VAC; and
  - (2) both DND and VAC participate in the development of a security policy for Centre staff that is consistent with the treatment of personnel and classified information in both Departments.
- i. ***Administrative and Management Processes:*** It is recommended that:
- (1) a case rating system be instituted to prioritize client cases;
  - (2) standard operating procedures, protocols and guidelines be developed for Centre staff;

- (3) best practices and lessons learned at the Centre be shared with other DND and VAC organizations;
  - (4) increased use be made of technology in automating administrative procedures, such as data entry;
  - (5) statistical data on requests for information be collected and analyzed to identify trends in service requirements or policy and procedural issues in both DND and VAC that require attention; and
  - (6) a performance measurement system be instituted at the Centre.
- j. ***Evolution of the Centre:*** It is recommended that the operations of the Centre be re-evaluated in two to three years to assess its continued program relevance, effectiveness and sustainability.

## PART I - INTRODUCTION

### BACKGROUND

1.1 This report presents an evaluation of the DND/VAC Centre for the Support of the Injured and Retired Members of the Canadian Forces and Their Families (The Centre). This project was approved as part of the 1999-2000 Audit and Evaluation Plan for VAC and is an integral component of the Chief Review Services (DND) approved plan (1999-2000) to review the Quality of Life initiative of the Canadian Forces. This evaluation is intended to serve as an important element in the ongoing strategic development of this new and innovative inter-departmental initiative.

1.2 On 13 April, 1999, the DND/VAC Centre for the Support of Injured and Retired Members and their Families (The Centre) was formally opened by the Ministers of the Department of National Defence and Veterans Affairs Canada. The Centre was established as a joint effort between both departments to provide information, referral and assistance services for pension entitlements and other concerns of serving members - both Regular and Reserve, retired members and their families. The impetus to establish the Centre began with several internal DND reviews<sup>2</sup> which concluded that significant DND/VAC co-ordination shortfalls existed in addressing the care and well-being of service members and veterans. The Standing Committee on National Defence and Veterans Affairs (SCONDVA) also supported those conclusions. As a result, the Centre was established as an organization which, on behalf of DND and VAC, would assume the responsibility to provide referral, support and advocacy assistance to injured and retired members of the CF and their families.

1.3 A Memorandum of Understanding was signed by the Assistant Deputy Minister Human Resources - Military (ADM(HR-Mil)) in the Department of National Defence and the Assistant Deputy Minister Veteran Services in the Department of Veterans Affairs, identifying both departments as co-participants in the operation of the Centre. The MOU outlines the roles, responsibilities and functions that would be assumed by each department. Specifically, the MOU stated that the Director of the Centre would report annually to the DND/VAC Steering Committee regarding how effectively the Centre was fulfilling its mandate and mission. In addition, the MOU specified that the Centre would be formally evaluated within its first year of operation. To this end, an evaluation team comprised of staff from DND's Chief Review Services and VAC's Audit and Evaluation Division has conducted a formal evaluation of the Centre. The first phase of the comprehensive evaluation of the Centre was the conduct of an evaluation framework which identified the evaluation issues and study parameters for conducting a comprehensive evaluation of the Centre. The evaluation issues identified during the framework study and recommendations regarding the conduct of an evaluation were endorsed by the VAC-DND Steering Committee on 24 January 2000.

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<sup>2</sup> A Study of the Treatment of Service Members released from the Canadian Forces on Medical Grounds (Stow Report, August 1997) and the Care of Injured Personnel and their Families Review (LCol McLellan, November 1997).

## AIM AND SCOPE OF THE EVALUATION

1.4 Section 9 of the MOU establishing the Centre stipulated that the Centre would be evaluated on its efficiency and effectiveness within its first year of operation. The Centre began operation in April 1999. The evaluation framework took place in November/December 1999 establishing the parameters for the conduct of this evaluation which commenced in April 2000. The aim of this evaluation has been to provide senior management of both collaborating departments with findings, analysis and recommendations regarding the effectiveness of the Centre in meeting its objectives, the extent to which it addresses the needs of its clients and those management considerations which impact the efficiency and operation of an inter-departmental program initiative.

1.5 Specific evaluation issues that were examined during the course of this evaluation include:

- a. clarification of the Centre's mission;
- b. a review and assessment of the Centre's management framework including governance, organization structure and accountability;
- c. a review of the Centre's internal management and support systems to identify potential overlap or duplication with existing DND/VAC programs, the Centre's communication strategy, confidentiality and personal security issues and management and administration processes;
- d. an assessment of human resource management issues impacting delivery of the Centre's services, such as appropriateness of staff skills and training, workload and resource levels;
- e. an assessment of the Centre's impact on the client population; and
- f. an assessment of the ongoing evolution of the Centre.

1.6 It is acknowledged by the evaluation team that after one year of operation, the Centre is continuing to evolve, particularly within its inter-departmental partnership arrangement and in developing a relationship with its clientele. This evaluation offers an opportunity to review what the Centre has achieved to date and what is reasonable to expect in the foreseeable future. The purpose of conducting an evaluation at the end of its first year of operation is to provide input to the ongoing strategic planning of the Centre and to provide analysis and recommendations which would facilitate any mid-course corrections that could be taken to enhance the value and utility of the Centre and the services it provides on behalf of its clients.

## **METHODOLOGY**

1.7 This evaluation was conducted in accordance with DND and VAC standard practices and procedures for evaluation, following the general guidelines issued by the Treasury Board Secretariat. The evaluation team was comprised of staff from VAC's Audit and Evaluation Division and DND's Chief of Review Services Branch.

1.8 Conduct of this evaluation included a comprehensive interview program encompassing all staff at the Centre, staff at VAC HQ in Charlottetown and at VAC Regional and District offices. Interviews were carried out with DND and CF personnel within the ADM(HR-Mil) organization at NDHQ, Quality of Life Initiative personnel, the DND Ombudsman's Office, members of the Board of Inquiry - Croatia, the DND Post-Deployment Clinic, and the Operational Stress Trauma Support Centre. CF personnel with experience dealing with the Centre were also interviewed at CFB Petawawa and Valcartier. Members of the Centre's Advisory Committee including representatives from various veterans organizations and CF interest groups were also interviewed. In total, 44 individuals were interviewed during the conduct of this evaluation. Annex G to this report presents a complete listing of interviewees.

1.9 The interview program was supplemented with a document and literature review, direct observation of the Centre's operation and a review of more than fifty client files. A sample of four case studies were compiled and are summarized at Annex F to provide examples of the spectrum of client services presented to the Centre and the nature of intervention that may take place.

## **REPORT STRUCTURE**

1.10 The remainder of this report consists of three parts. Part II provides a program profile which describes the activities of the Centre including factors leading to its creation, its mandate, objectives, resources and intended impacts. Part III presents a discussion and analysis of the evaluation issues which were identified during the evaluation framework and serve as the assessment criteria for the Centre. Part IV of this report is a summary of concluding material including observations and recommendations which would contribute to the ongoing effectiveness of the program.

## **ACKNOWLEDGEMENTS**

1.11 The evaluation team gratefully acknowledges the co-operation and assistance received from DND management and personnel across the Department and at CF Bases Petawawa and Valcartier, VAC management and field office staff at Regional and District Offices, Advisory Committee members and Centre staff who contributed to this evaluation. The evaluation team gratefully acknowledges the co-operation and assistance received from DND management and personnel across the Department and at CF Bases Petawawa and Valcartier, VAC management and field office staff at Regional and District Offices, Advisory Committee members and Centre staff who contributed to this evaluation.

## PART II - PROGRAM PROFILE

### PROGRAM DESCRIPTION AND HISTORICAL DEVELOPMENT

2.1 The Canadian Forces and the Department of National Defence have always had a concern for the manner in which care is provided to injured personnel and their families. However, concerns have been expressed both internal and external to the Department that more could be done to support CF members that were injured in the line of duty. In order to validate these perceptions, two internal reviews<sup>3</sup> were commissioned in the late 1990's to determine the nature and extent of members' concerns. These studies revealed a strongly held sentiment that Canadian Forces members injured in the line of duty or released on medical grounds had been "abandoned" by the CF from an administration point of view, that they did not receive an adequate level of post-release care and that there was inadequate assistance to ensure that the member and his/her family would make a smooth transition from being a valued member of the Canadian Forces to life after a military career. CF members and veterans reported that administrative gaps existed between the two Departments and that members suffering from injury or illness were confronted with a confusing array of rules and regulations, particularly during this transition period from military to civilian life.

2.2 In 1998 the Minister of National Defence requested that the Standing Committee on National Defence and Veterans Affairs (SCONDVA) review the social and economic challenges that were facing CF members, including quality of life issues. SCONDVA's activities resulted in 89 formal recommendations tabled in 1998. In response, Veterans Affairs Canada, through the VAC/CF Coordination Team and the Department of National Defence through its Quality of Life Project Initiative, began working together in a co-operative way to address the issues raised in the McLellan and Stow Reports, as well as in the SCONDVA report. A major initiative that resulted is the DND/VAC Centre for the Support of Injured and Retired Members and Their Families.

### ORGANIZATION STRUCTURE AND GOVERNANCE OF THE CENTRE

2.3 A formal Memorandum of Understanding between DND and VAC provides the basis for the partnership arrangement for the operation of the Centre. The Centre is operated as an inter-departmental organization for the purpose of providing an information, referral and assistance support centre for pension entitlements and other concerns of serving members, both regular and reserve force, retired members and their families and survivors. The Centre is located in Ottawa, reporting within the CF chain of command to the Chief of Staff, Assistant Deputy Minister Human Resources (Military) at National Defence Headquarters. Veterans Affairs staff, who are assigned to work in the Centre on a defined-term secondment basis, work within the DND organizational matrix reporting structure and are responsible to the Director of the Centre for day-to-day operations. However, the functional direction of the VAC staff members is provided by the manager of the VAC/DND Co-ordination Team in Charlottetown.

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<sup>3</sup> The Care of Injured Personnel and Their Families Review, (McLellan - November 1997) and A Study of the Treatment of Service Members Released From the Canadian Forces on Medical Grounds (Stow - August 1997).

2.4 Overall guidance to the operation of the Centre is provided by a VAC/DND Steering Committee, co-chaired by the ADM Veterans Services (VAC) and the ADM Human Resources (Mil) in DND. The role of this committee is to provide the necessary direction and guidance to ensure that the activities of the Centre continue to support its intended mission. In addition, a Centre Advisory Committee has been established with the purpose of maintaining ongoing links with its client community. This Advisory Committee is comprised of representatives of national veterans groups across the country such as the National Council of Veterans Association and the Royal Canadian Legion, among others<sup>4</sup>, whose role is to continually provide advice to the Centre on issues affecting the needs of their members. Consultation with the Advisory Committee is at the call of its chairperson, who is the Director of the Centre.

## RESOURCES

2.5 There are fourteen staff members at the Centre, twelve of whom are DND/CF members and two are staff members seconded from the VAC Ottawa District office on a rotational basis for a term originally set at twelve months. DND employees are comprised of regular force members, reserve members and civilians. The VAC complement at the Centre is comprised of one Area Counsellor and one Pension Officer. Both the DND/CF and VAC employees work together as a team representing the Centre to answer the queries and seek solutions on behalf of the designated client population.

2.6 The operation of the Centre is jointly funded by DND/CF and VAC. Estimated total recurring costs for the fiscal year 2000-01 are \$1.27M, of which DND/CF provides \$1.17M and VAC provides the balance. Figure 1 provides a further breakout of these costs.

Figure 1

Recurring Costs - DND/VAC Centre - FY 2000 - 2001		
	DND/CF	VAC
Salaries:		
Military - Regular Force	\$399,937	
- Reserve Force	\$277,013	
Civilian	\$168,106	\$103,000
O&M Costs	\$173,600	\$2,200
Contingency Fund	\$150,000	
<b>Total</b>	<b>\$1,168,656</b>	<b>\$105,200</b>

<sup>4</sup> National Council of Veterans Association, Army, Navy Air Force Veterans in Canada, Canadian Peacekeeping Veterans Association, Gulf War Veterans Association, Canadian Association of Veterans in United Nations Peacekeeping and the Royal Canadian Legion.

2.7 A contingency fund has been established at \$150,000 for each budget year. The purpose of this fund is to provide a readily available funding source for CF members, former members and their families who find themselves in the unfortunate position of being between possible program funding sources for aids to daily living that they may require as a result of injury or sickness. In the first seven months of operation for the Centre, the fund expended approximately \$47,000 in amounts ranging from several hundred dollars to meet travel costs for medical appointments, to several thousand dollars to fund home renovations to accommodate disabilities and purchase artificial prostheses. The existence and utilization of this fund has been extremely important to the functioning and effectiveness of the Centre, permitting an immediate and tangible response to client expressed needs.

2.8 A comprehensive program profile, including organization charts and a program logic model of the DND/VAC Centre is contained in the Evaluation Framework report that was presented to the VAC/DND Steering Committee on 24 January 2000. Additional updates to the Framework program profile are provided at Annex B to this report.

## **PART III - DISCUSSION OF EVALUATION ISSUES**

### **INTRODUCTION**

3.1 Part III of this report provides a discussion and analysis of the evaluation issues that were identified during the Evaluation Framework and which are relevant to the operation of the Centre. The major issues discussed in this section of the report include: clarification of the centre's mission, identification of program overlap and duplication, organizational and governance issues, client impacts, human resource management issues, communication, security, and administrative and management processes. Findings and conclusions of the evaluation team are included in the discussion of each issue along with recommendations to address major deficiencies that were identified.

### **CLARIFICATION OF THE CENTRE'S MISSION STATEMENT**

3.2 As an objective of this Evaluation, the Evaluation Team was asked to determine whether the mission and objectives established for the Centre were clearly defined to meet the needs of their clientele and whether the clients and stakeholders held a common and consistent understanding of the role of the Centre.

3.3 At the time of the Centre's opening, it was difficult to anticipate the nature of the requests that would be received from clients for intervention or assistance on their behalf. In an effort to respond to the sentiments and frustrations of the members and veterans who presented their cases to SCONDVA or contributed to the McLellan and Stow Reports, the mandate and mission of the Centre were purposely described in general terms to permit flexibility in the approach and services offered to meet client needs as they arose. It was anticipated that, as the Centre matured in its delivery of services and as clients became more aware of the services that are provided, the scope and objectives of the Centre would become more specific. The current mission statement for the Centre, as described in its literature and brochures is:

“The DND/VAC Centre for the Support of Injured Members and their families will support and serve, with dignity and respect, injured and retired members of the Canadian Forces (CF) and their families.”

The Centre's web site ([www.dnd.ca/hr/thecentre](http://www.dnd.ca/hr/thecentre)) adds an additional line to this mission statement:

“The Centre also seeks to support the families and survivors of military members by assisting them in expediting their claims for benefits.”

3.4 During the conduct of the evaluation, the team noted that the Centre's mission statements on both the VAC and the DND web sites are not consistent. Although they do not differ substantially in content, the different wording creates the impression that the Centre serves a different purpose for DND and VAC clients. Program managers from both departments agreed that a consistent statement of the mission for the Centre is essential if clients and other stakeholders are to clearly understand what services can be accessed from the Centre.

3.5 The use of the wording “*injured and retired members*” in the mission statement has led to some misinterpretation amongst program managers in both departments and some stakeholders. Some interviewees during the course of the evaluation interpreted this phrase to mean that the services of the Centre were only for retired CF members who were injured and not for serving members of the CF who had suffered an injury. Centre staff are more flexible in their fulfilment of the mission statement in that services are provided whenever possible to entitled clients who call the Centre for assistance. The Centre’s activities have included support to all members who have the potential to be medically released from the CF even though the client is not injured.

3.6 One drawback of having a flexible interpretation of the Centre’s mandate is the potential to provide services or activities that exceed the original boundaries envisioned for the Centre. This may lead to heightened expectations for services by clients - some of whom may not have clear entitlement to such services. In the initial phase of establishing the Centre however, having some flexibility in the application of the mission has been an incentive to staff to be service and client-oriented in addressing clients’ problems or issues. The Centre has attempted to carry out whatever activities were required to address administrative or program gaps that existed in policy or operations in either DND or VAC.

3.7 At the time of the conduct of the evaluation, the Centre did not have an endorsed set of stated objectives. Now that the Centre has been in operation for more than a year, Centre management and staff have acknowledged the requirement for a set of defined and endorsed objectives to support the mission statement. These would assist staff, clients and other stakeholders in having a clear understanding of the role of the Centre and the services that are to be provided.

## Conclusions and Recommendations

3.8 The flexible manner in which the mission statement of the Centre has been implemented during the initial phase of the Centre has been a contributory factor to defining the role and gaining acceptance for the Centre from its clientele. In order to address the program gaps and the adequacy of the communication between Departments and those who require it in a timely and accurate manner, the need existed for an ‘unrestrictive’ mission statement at the outset. As the role of the Centre and its relationship with its clientele matures along with other Quality of Life Initiatives in DND, there is an increasing requirement for a Mission statement that clearly describes the fundamental purpose of the organization in order to provide a basis for the policies, procedures and standards of operation that will focus organizational decision-making and the necessary strategic planning for the future. Without a clarity of intent in the mission statement, organizational activities can more easily diverge from their intended purpose.

3.9 It is recommended that:

- a. a clear and distinct mission statement be developed for the Centre which includes the organization’s fundamental purpose, identification of ‘entitled’ clients and a reference to activities and services to be provide; and
- b. a set of clearly defined organization objectives be established for the Centre.

## IDENTIFICATION OF PROGRAM OVERLAP AND DUPLICATION

3.10 As identified and documented in previous Departmental Reviews<sup>5</sup> and SCONDVA hearings, the designated clientele of the Centre reported experiencing frustration in their dealings with some administrative and management programs in both DND and VAC that appeared inattentive to their needs. A contributing factor in establishing the Centre was the desire to close the DND and VAC gaps in service levels<sup>6</sup> that were identified in previous reviews and to assist those who were dissatisfied or unable to reach a solution when utilizing the services provided through normal departmental channels. In response, the Centre has evolved as a point of “one stop shopping” to resolve client concerns that were not or could not be successfully resolved through the departmental matrix of programs. Similarly, in an effort to respond to the program ‘gaps’ identified in the Departmental reviews and SCONDVA hearings, the Centre has attempted to provide a meaningful response to all client concerns - whether it be a referral to expert program advice, fulfilling an advocacy role on behalf of an applicant, or providing interim assistance until a formal departmental response can be generated. By providing these functions in a dynamic environment of departmental restructuring, evolving client demands and through competing organizations such as those represented by members of the Advisory Committee, there is a danger that there may be a duplication or overlap in services that could impact the efficiency or effectiveness of providing a satisfactory resolution to client concerns. To ensure that the resources of all stakeholders are efficiently utilized, the evaluation of the Centre assessed whether there was unnecessary overlap or duplication of resources, functions, or effort in the activities performed by the Centre.

3.11 The review of the Centre’s services revealed that the Centre does provide many unique services in such areas as vocational rehabilitation, a Transition Assistance Program (TAP), issuing condolence letters, maintaining a casualty database and administering a contingency fund. Other activities, such as providing general information on services, programs and benefits, referral assistance or other ad hoc pension and benefits assistance may also be available from VAC district offices or Personnel Services Offices (PSOs) at CF Bases. In order to fulfil a role of providing “one stop shopping” for clientele who have not received a satisfactory response from traditional program offices, some overlap or duplication will be inevitable. However, in order to be both efficient and effective as an independent organization, the degree of overlap and duplication of effort must remain proportional to the shortfalls in established departmental programs.

3.12 During the conduct of the evaluation, interviewees from both the Centre and Departmental program offices indicated that there was very little overlap between the activities of the Centre and other areas in DND and VAC. As the primary role of the Centre is to intervene on clients’ behalf when they have been unable to receive services or assistance through established Departmental program offices, or when they do not know who to approach for assistance, there is little indication that the Centre duplicates existing services.

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<sup>5</sup> MacLellan and Stow Reports, 1997.

<sup>6</sup> An example of a ‘service-level gap’ was the inconsistency in the level of entitlements provided to CF members in different regions across the country. Staff at the Centre indicated that CF members leaving the CF in one location may receive a different level of benefits than a member with similar circumstances in another location of the country. A contributing factor to this situation was attributed to inconsistent release processes across the CF.

3.13 There are a number of organizations and agencies that have been established within DND and VAC in response to specific needs to provide a support network for CF members. A directory of DND services available to assist CF members is presented at Annex E to this report. Within VAC, the Continuum of Service Project Team has contracted with Consulting and Audit Canada to conduct a review and comparison of the various personnel assistance programs that are available within DND, the Canadian Public Service and in other countries which address similar needs. The possibility of overlap, duplication and lessons learned through benchmarking will become evident through this review. To minimize the potential for duplication of effort between organizations, strong networking links and communication is required to foster cooperation, partnering efforts and migration of innovative ideas. One such example is the potential application of the operating principles for the protection of personal information developed by the Directorate of Military Family Services that would be of direct interest to the operations of the Centre.

3.14 Activities of two specific DND organizations were reviewed to compare similarities of services. The DND Ombudsman's Office was compared to the role of the Centre. While the Ombudsman's Office handles formal complaints lodged by CF members and the Centre deals with assistance inquiries, the potential exists for joint co-operation between these two organizations to provide a comprehensive spectrum of client services. At the present time, the Centre receives an average of four referrals per week from the Ombudsman's office where advice and assistance is required in lieu of dealing with a formal complaint. A second area examined for potential duplication was the Operational Trauma and Stress Support Centres (OTSSC) in DND. These support centres assess and treat CF clients experiencing post traumatic stress disorder (PTSD) or similar psychological symptoms. Staff from the OTSSC indicated that they were either not aware or familiar with the functions performed by the Centre in Ottawa. Staff at the OTSSCs indicated more comprehensive support for CF members could be provided if there were greater liaison and co-operation with the Centre.

## **Conclusions and Recommendations**

3.15 Despite the variety of support centres and organizations that exist within DND and VAC to support their members and clientele, a further need was identified for the creation of the Centre to address administrative "gaps" and provide information and referral assistance to facilitate and expedite receipt of program assistance. Review of the activities of the Centre has indicated that it complements rather than duplicates existing services available through the departmental matrix of DND and VAC, offering clients the assistance, information and opportunity to reap maximum advantage of existing programs.

3.16 It is recommended that increased cooperation and liaison take place between existing DND and VAC personnel support programs and the Centre to ensure all organizations are aware of their respective roles and services to ensure clients a comprehensive and efficient spectrum of services is available.

## GOVERNANCE AND ACCOUNTABILITY

3.17 In order to fulfil its role, the Centre has adopted a governance framework that is intended to ensure that it can be relevant to its principal clients and stakeholders and enable it to achieve the goals and objectives that have been assigned to it. The operation of the Centre is an inter-departmental partnership between DND and VAC which brings inherent strengths, weaknesses and opportunities to such an arrangement. In addition, the governance framework for the organization sets the rules and limitations on how the organization will achieve its mission and be accountable for demonstrating results to the next level.

3.18 The organizational structure of the Centre has been described in detail in Part II of the Evaluation Framework<sup>7</sup>. The Centre is jointly funded and staffed by DND and VAC and employees from both Departments work together as a team to deal with client queries in their areas of jurisdiction or expertise. The two seconded VAC employees report administratively to the Director who is a DND employee while reporting functionally to the VAC-CF Project Team at VAC HQ in Charlottetown.

3.19 Overall guidance and direction for the operation of the Centre is provided by a VAC/DND Steering Committee, co-chaired by the Assistant Deputy Minister Veterans Services (VAC) and the Assistant deputy Minister Human Resources - Military in DND. In addition to the Steering Committee, a Centre Advisory Committee was established to provide ongoing links with the client community. The Committee is comprised of representatives of peacekeeping and veterans' organizations.<sup>8</sup> The role of this committee is to represent constituents' interests and provide advice to the Centre on issues affecting the needs of their members. Consultation with the Advisory Committee is at the call of the Centre's Director who chairs the committee.

### Discussion of Governance Issues

3.20 **Organizational Issues:** VAC staff who are working at the Centre are assigned on a defined-term secondment basis. While employed at the Centre, they work within the DND organizational matrix and reporting structure and are responsible to the Director of the Centre for their day-to-day operations. However, VAC staff members receive functional direction from the VAC-CF Project Office in Charlottetown through a Centre liaison officer, who is also located in Charlottetown. The effectiveness of having a VAC functional manager located separately in Charlottetown has complicated reporting and communication functions for the VAC staff, particularly as the VAC liaison officer has changed several times since the opening of the Centre. Interviews with the VAC staff assigned to the Centre have indicated this arrangement has not been conducive to efficient and effective management of VAC resources at the Centre and has a direct impact on how the Centre's performance is reported to VAC senior management. Senior Centre management and VAC staff concur that a Deputy Director position at the Centre be created to relieve the Director of some workload and be staffed as a senior on-site VAC member

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<sup>7</sup> Evaluation Framework - DND/VAC Centre for the Support of Injured and Retired Members and Their Families, Draft January 17, 2000. Jointly prepared by: Department of National Defence and Veterans Affairs Canada.

<sup>8</sup> Army, Navy, Air Force Veterans in Canada, Canadian Association of Veterans in United Nations Peacekeeping, Canadian Peacekeeping Veterans Association, Gulf War Veterans Association, National Council of Veterans Associations, Royal Canadian Legion and the War Amps Association of Canada.

who would provide a high level of adjudication on VAC-related matters and a senior management link to VAC HQ in Charlottetown. Staffing of this position by VAC would simplify the provision of functional direction to VAC staff at the Centre, provide close communications with the ADM Veterans Services in Charlottetown and provide a higher level of decision-making on-site for VAC related issues.

3.21 **Role of the VAC-DND Steering Committee:** Discussions with management and staff at the Centre as well as senior departmental representatives at both DND and VAC, viewed the role and contribution of the DND/VAC Steering Committee as a positive influence on the operation of the Centre. During the short history of the Centre, the Committee has proved to be a useful forum for the discussion and resolution of departmental policy and program issues and deficiencies that were identified through the interventions of the Centre. Support shown by the Committee for the activities and initiatives instituted by the Centre have enhanced the visibility of the Centre within the matrix of both departments and garnered the necessary cooperation and support needed by the Centre to address problems or arrive at solutions which were not readily available to the entitled clientele population. Continued co-operation and interaction between the operation of the Centre and the DND/VAC Steering Committee is encouraged.

3.22 **Role of the Centre Advisory Committee:** As described at para. 3.19, the Advisory Committee is comprised of representatives from organizations whose membership is the entitled clientele of the Centre. While representatives on this Committee were very supportive of the existence and mandate of the Centre, many felt that the Advisory Committee was not as effective as it should be and that it should have greater influence over the operations of the Centre. Members of the Committee expressed the view that Terms of Reference should be written to clarify the role and responsibilities of committee members and the extent of their involvement in the ongoing activities of the Centre.

3.23 Senior departmental management from both VAC and DND, as well as Centre management, expressed the view that the role of the Committee should be limited to that of an advisory capacity, bringing to the attention of the Centre issues that are of a concern to their membership or difficulties their constituents are have with Centre-related issues. It was expressed that the role of the Advisory Committee should not be an advocacy body for the groups that are being represented by organizations on the Committee.

3.24 **Inter-departmental Partnership Arrangement:** Senior Departmental personnel at the management and program levels within DND and VAC and staff working in the Centre, all viewed the partnership arrangement established for operating the Centre as a positive governance structure, with few drawbacks or deficiencies. The following is an assessment of the positive aspects of the current partnership arrangement and some areas of weakness that could be addressed to strengthen the operation of the Centre:

a. **Strengths of the Current Partnership Arrangement:**

- (1) Operating as a joint DND/VAC client service centre has enabled the Centre to provide a 'one-stop' source of advice and expertise to address the concerns or requirements of its clients. This is particularly

advantageous for clients who present integrated issues involving both departments. Having functional experts from both Departments available at the Centre allows for a quick and comprehensive response to be provided. The intricacies of dealing with the varied programs, policies and administrative procedures of both Departments becomes transparent to the client who presents their case to the Centre. It was the inherent frustrations caused by the absence of such a ‘harmonized’ approach which provided the impetus for the creation of the centre in the first instance.

- (2) In the past, both Departments have received criticism for failing to work jointly on issues and areas of common concern. The current partnership between the two Departments - demonstrated through the joint collaboration in the operation of the Centre - is a flagship of co-operative action between the two departments.
- (3) Operation of the Centre as a partnership between DND and VAC provides the opportunity for staff from both departments to learn of the services, programs and culture of its departmental counterpart which can spill over to other departmental functional areas.

**b. Areas of Improvement in the Current Partnership Arrangement:**

- (1) Establishment of an accountability framework which accommodates the accountability and reporting responsibilities of the numerous stakeholders, Advisory Groups and Departmental responsibilities, requires strengthening (further discussion of accountability issues and requirements is provided at para. 3.25).
- (2) There is the requirement for a strong inter-Departmental communication strategy to be developed which will provide the necessary information about the Centre, its services and its methods of operation to all levels of staff within both departments and to other stakeholders. This will encourage optimum utilization of the Centre, departmental co-operation with the efforts of the Centre and engender a common culture of support and service to the entitled clients when they are referred back into the departmental matrices for program services.
- (3) Although the Centre is established as a partnership of two departments, the preponderance of effort and resource commitment rests with DND who provides 80 per cent of the staff members and 90 per cent of the funding. Eighty per cent of Centre activities are DND oriented while the remaining 20 per cent are either joint responsibilities or those of VAC. Care must be taken to ensure that the Centre is not viewed solely as a DND/CF program and that clients are aware that programs and services of both departments are equally accessible to them through the Centre. Although a partnership infers joint risks, gains and business interests, it does not necessarily infer

equality. Care must be taken that efforts devoted to joint consultation, decision-making and management oversight do not detract from the efficiency or timeliness of the Centre in carrying out its activities.

## Accountability

3.25 In his December 1997 report, the Auditor General raised the issue of the importance of maintaining organizational accountability as departmental activities move beyond traditional government structures. This includes political and financial accountability as well as the moral accountability to serve the client. Under the new partnership arrangement with two government departments operating the Centre, these accountability issues become very relevant. The issue of political accountability relates to the ministerial responsibilities of the partnering departments for the achievement and reporting on the objectives that have been established for the Centre. Financial accountability raises the issue of assigning appropriate authority and delegation to the Centre so that it can make decisions regarding expenditures on behalf of clients which may be precedent-setting or influence the administration of existing departmental policies and programs. Establishing the Centre as a partnership without a clear accountability framework has the potential of assigning responsibilities without the commensurate authority to carry them out. While considerable autonomy has been granted to the Centre and its management staff to address the expressed needs of its clients, a formal accountability framework is required to support the 'clarified mission statement' of the Centre (see discussion at para 3.9). The accountability issue is further complicated due to the involvement of multiple stakeholders and advisory groups who all have different accountability and reporting requirements.

## Conclusions and Recommendations

3.26 Departmental and senior level support is strong for the Centre and has been visibly demonstrated by both Departments. The Centre is viewed as a successful inter-departmental partnership which has drawn on the resources and expertise of both departments to meet the needs of its clients and the factors which contributed to its creation. The DND/VAC partnership arrangement has been a reasoned and logical response to provide solutions to those clients who have multi-faceted issues that require DND/VAC integrated solution.

3.27 It is recommended that:

- a. a Deputy Director position for the Centre be created. This position should be staffed by a VAC employee;
- b. further co-operation and integration between the operation of the Centre and the DND/VAC Steering Committee should be encouraged; and
- c. formal terms of reference defining the role and responsibilities of the Centre Advisory Committee be established.

## PROGRAM IMPACT ON CLIENTS

3.28 The DND/CF and VAC have recognized that they must, on a continuing basis, demonstrate their concern and capability to provide care and assistance to their sick and injured members and their families. The Centre has been established to address service-level “gaps” that have been identified between the programs administered by DND and VAC and to assist those clients who are dissatisfied or unable to reach a solution utilizing the services provided through departmental channels. At this point in the evolution of the Centre (one year after its inception), it is incumbent on both departments to determine whether the creation of the Centre, with its assigned mandate and objectives, is providing the assistance and services that are required and needed by its clientele. In return for the management support and resource investment that have been made in the Centre, a commensurate and measureable benefit is warranted. Although it is difficult to establish and measure in absolute terms the effectiveness of an organization whose mission is to “...support and serve, with dignity and respect, injured and retired members of the CF and their families”, the evaluation will discuss this issue.

3.29 Due to constraints of time and privacy issues, CF clients accessing the Centre were not approached directly by the study team. Case studies, file reviews and discussions with counsellors from the Centre, VAC field staff and DND personnel on CF bases indicated there was a very high level of client satisfaction with the services and assistance provided by the Centre. A particularly common and positive comment received was that client-focussed solutions and assistance were being provided without undue reliance on departmental bureaucracies, program stove-pipes, or policy restrictions and interpretations. The autonomy granted to the managers of the Centre allowed flexible and timely responses to client concerns which had previously been the source of frustration expressed in the McLellan, Stow and SCONDVA reports.

3.30 Clients who had previously sought assistance from DND or VAC without receiving satisfaction are now approaching the Centre before pursuing other options, such as legal action, the DND Ombudsman’s Office or through the media. Although it is difficult to obtain quantifiable data, client cases that previously were presented to the media for exposure and resolution are now being presented to the Centre. A further qualitative indication of satisfaction with the services of the Centre is the absence of complaints about the Centre being taken to the DND Ombudsman’s Office. In fact, the opposite has occurred as the DND Ombudsman routinely refers cases to the Centre when there is the option for timely resolution rather than instituting a formal investigation. In the absence of statistical data, client satisfaction was normally articulated by clients in the form of a thank you note or an informal call to the Centre staff member who has provided assistance.

3.31 The evaluation team identified several mechanisms for gathering more formal client feedback:

- a. clients be provided with a mail-out comment card to be completed and returned on a voluntary basis after making contact with the Centre;

- b. client feedback be sought by Centre staff during follow-up calls to the client; and
- c. a formal client survey be conducted on a regular basis to assess the impact of the Centre on its clients.

3.32 The Centre has been credited, not only with providing assistance to injured and retired members and their families, but also enhancing existing or embedded departmental programs in order to better serve their clients. The Centre has instituted several initiatives such as the Vocational Rehabilitation Program, the Transition Assistance Program and maintenance of a CF casualty data base which not only provide services to clients of the Centre, but also assist existing departmental programs to better carry out their mandates.

3.33 The high level of client demand for services and assistance from the Centre appears as a further indication of the impact the Centre is having on DND/VAC clientele. During the first year of operation of the Centre, 8,544 calls were received seeking assistance or some form of intervention by the Centre. This is an average of 712 calls per month. From January to April 2000, 4,400 calls were received averaging 1,100 calls per month.

### **Conclusions and Recommendation**

3.34 There is qualitative and subjective information that indicates the Centre is making a difference in the lives of its intended client population. The steady increase in calls being made to the Centre seeking assistance is a strong indication of its acceptance and perceived utility in meeting the needs for which it was established. However, there is a further need to collate formal client feedback to gauge the effectiveness of the Centre and to measure client impact and satisfaction.

3.35 It is recommended that:

- a. a formal client feedback mechanism be instituted at the Centre to gauge and monitor client impact and levels of satisfaction with the services that are being provided; and
- b. statistical support be provided on-site to the Centre to be responsible for collecting data, analyzing trends, identifying program gaps that are being addressed by the Centre and preparing and providing reports on a regular basis to the VAC-DND Steering Committee.

### **WORKLOAD AND STAFF RESOURCES**

3.36 The fourteen member staff of the Centre have been assigned a diverse set of tasks with the intention of enhancing DND/CF and VAC's capability to assist and support their entitled clientele. These tasks range from performing line functions such as maintaining and analyzing the CF Casualty Data Base, co-ordinating the CF post-Deployment Follow-up Program and tracking and logging all CF 98 forms within the CF. In addition, there is the management and administration of the Contingency Fund, creating the policies and procedures required for the

operation of the Centre and preparing and delivering briefings at all levels across the country to ensure a high level of awareness of the services available. Centre staff must also carry out staff functions such as participating in all Summary Investigations and Boards of Inquiry into deaths or serious injury. These functions all assume a lower priority to responding to requests for assistance from clients through the 1-800 toll free telephone line. At the time of this evaluation, over 9000 calls had been received. Stemming from these inquiries, 1,201 case files have been opened by the Centre as of April 2000.

3.37 The evaluation team reviewed the adequacy and suitability of the resources assigned to the Centre in relation to the workload involved in handling the calls received and any expected increases in workload based on new programs being incorporated into the Centre. At the present time, nine staff members are capable of answering calls on the 1-800 help line on a full or part-time basis. However, due to other tasks that must be carried out by the Centre, there are often only three staff members available to answer incoming calls on a daily basis. This has resulted in clients having to leave personal messages relating to their particular concern on voice mails. While this is deemed acceptable outside the normal hours of operation, it is dissatisfying for clients who are already in a concerned state, to have to do this during regular business hours. A formal scheduling of staff dedicated on a weekly basis to receiving calls on the 1-800 lines should alleviate this problem.

3.38 Since the Centre began its operation, several line functions have been taken on which were not originally envisioned as Centre responsibilities. These functions were assumed due to a pent-up client demand and the absence of any other responsibility centre in either Department to take them on. Two such functions are the Vocational Rehabilitation Program and the Transition Assistance Program. Originally the Centre was established to provide information and referral services and to assist in seeking solutions to clients' problems. The inclusion of these additional line activities into the Centre represent a change in the intent of the Centre that impacts the number and type of staff required at the Centre. The Vocational Rehabilitation Program is atypical of other Centre activities and requires the management of a caseload of more than 600 cases. The Transition Assistance Program (TAP) is a program that does not offer referral or advice to Centre clients, but deals with managing an active job placement program. This program is aimed at helping injured and medically released members of the CF find employment in the civilian sector. The responsibility for this function significantly expands the scope of operations of the Centre from solely providing support or advocacy assistance. The TAP has the potential to expand significantly as the TAP manager is currently negotiating with HRDC to acquire \$20-\$50M of funding for this program. Should funding be approved, consideration should be given to providing additional and dedicated resources to this function or creating a separate directorate within either DND, VAC or another government department to perform this task.

3.39 The Centre must be cautious that any future programs that it administers will not detract staff from carrying out their functions which are in direct support of injured or medically released members of the CF or which provided the impetus for the original formation of the centre. Proposals for new programs or activities should be evaluated to ensure that they are congruent with the intended mission and objectives of the Centre.

3.40 The position titles of VAC employees do not appear to reflect their actual duties at the Centre. For example, the position designated as a VAC Area Counsellor does not perform the case management responsibilities as an employee of the Centre. Similarly, the VAC Pensions Officer does not complete or process pension applications while employed at the Centre. The evaluation team suggests that the position titles of VAC employees at the Centre be changed to better reflect their role and assist in defining their duties. The title of Information and Referral Officer would better reflect their role at the Centre.

## Conclusions and Recommendations

3.41 The Centre is an organization that presently consists of a number of heterogeneous activities. These include referral activities, management tasks, administration of line activities, participating in Ministerial inquiries and maintaining records and databases. This diverse workload makes it difficult to allocate resources amongst the many functions within the Centre. Staff must be multi-skilled and flexible to carry out the many activities performed by the Centre.

3.42 It is recommended that:

- a. the diversity of programs administered by the Centre be reviewed in terms of their congruence with the core functions and mandate of the Centre; and
- b. position titles of VAC employees be changed to more accurately reflect the duties performed and the services they provide.

## TRAINING AND SKILLS

3.43 During the course of the evaluation, the study team examined whether the current training and skills of Centre staff are appropriate to meet the mandate of the organization. This section provides an assessment of whether Centre management has identified the appropriate skills and acquired individuals with the right skills to do the job. The mechanism for acquiring those skills and the training needs of Centre staff was also reviewed.

3.44 The importance of pertinent training cannot be underestimated. In order for Centre staff to perform their role effectively, they require training and skills appropriate for their responsibilities. Work at the Centre, which has been established to provide referral and support assistance to clients who were unable to obtain resolution to their concerns through normal departmental channels requires staff with unique inter-personal relations and personnel management skills. Staff must also possess a good working knowledge of DND and VAC departmental programs in order to provide accurate and timely advice or assistance to Centre clients. Staff must also be dedicated and committed to addressing the needs of their clients and have the ability to “think outside the box” when seeking solutions for clients. The ability to function within a team is also a critical attribute required by Centre staff.

3.45 The largest proportion of staff activity at the Centre is providing a referral service to clients through the 1-800 telephone help line. This is the core business activity of the Centre and the basis for its popularity and acceptance with its client population. As a result, the majority of

staff who man the 1-800 phone lines must possess the core competencies of dealing with individuals under stress over the phone, drawing sensitive and often personal information from clients, providing meaningful feedback to clients and having the ability to provide innovative solutions quickly.

3.46 During the conduct of the evaluation, it was apparent that the majority of staff at the Centre possessed the core competencies necessary to perform their roles efficiently and effectively. Considerable effort has been made by the Director of the Centre to assemble DND/CF staff who possessed the appropriate skill sets, training and experience, along with the attitudes and approach to their work that would contribute positively to the effectiveness of the Centre. The DND/CF staff represent a broad mix of qualifications ranging from a social work background and education, general support and administration skills, to a broad-based knowledge of the DND/CF culture, programs and services that are resident in the Department. A mix of civilians, officers and Other Ranks provides a range of perspectives, experience and sensitivities to be brought to bear on the variety of issues referred to the Centre. As the mix of skills and personnel working in the Centre contributes to its strength and a self-teaching environment, staff should not be posted or rotated too frequently or the expertise and “culture” of the Centre may change or be lost at the expense of service to the client.

3.47 The evaluation team found that the most valuable training for the staff has to be in-house orientation and on-job-training for new employees, along with the ongoing coaching and mentoring by experienced employees of the Centre. While this type of training becomes necessary due to the unique nature of the Centre’s operation, it should be conducted in an informal and unstructured manner. Training and mentoring is provided on an ‘as available basis’ and according to the interests and capabilities of the staff member who is providing it. Due to the critical importance of orienting and training new staff in a consistent and comprehensive manner, the operation of the Centre which draws on resources from two distinct Departments, would benefit from a more formal training program. The development of a core competency model for Centre employees would be a valuable first step in this regard.

## **Conclusions and Recommendations**

3.48 The evaluation team observed that the Centre staff were well-equipped with the appropriate skills and knowledge to meet the requirements of the Centre and its clients. Skills and competencies that were evident in the current staff and which should be integral to future staffs, are effective communication and interpersonal skills, customer relations and conflict resolution. Computer competency is also a necessary skill for employees of the Centre to enable staff to exploit and maintain the Centre’s database. Clients accessing the Centre benefit from having staff from both participating departments who are mature and experienced individuals with knowledge of both Department’s operations and programs, and are capable of dealing with individuals’ personal problems. As a result, continuity of staff who have acquired these skills will be an important element to the success of the Centre. The practice of short-term rotation or employment of VAC staff at the Centre should be reassessed.

3.49 The existence of a structured orientation and training program is an important practice for any organization and particularly for an organization that must be sensitive and aware of the issues presented by its clientele. Training and skills requirements at the Centre should be thoroughly analyzed and documented and be reflected in an orientation and training program tailored to the operation and functioning of the Centre.

3.50 It is recommended that:

- a. Centre staff should be selected and employed based on the core competencies identified as essential for carrying out the activities of the Centre;
- b. a formal structured Centre training plan be developed; and
- c. a comprehensive orientation program be developed for new Centre staff.

### **COMMUNICATION, VISIBILITY AND ACCESSABILITY**

3.51 This section of the report discusses communications issues involving various groups both internal and external to the Centre. Steps are required to ensure that the targeted client population and other stakeholders are well-informed of the services provided and how best to access the services of the Centre.

3.52 **Communication:** Effective and efficient communication plays a vital role in the success of any organization or business. Effective communication is essential in the operation of the Centre as its primary function is to serve as a ‘call-centre’ to address client concerns. Centre staff are continually involved in solving problems of a personal nature by communicating advice, program information and administrative solutions to their clients. Communication issues within the Centre focussed on the following three groups:

- internal communication amongst Centre staff;
- communication between the Centre and its clientele i.e., CF members, family members, VAC clients; and
- communication between the Centre and departmental staff in DND and VAC at headquarters, district offices, CF bases and with other interested stakeholders.

3.53 **Communication amongst Centre Staff:** Centre management is making considerable effort to ensure that there is effective sharing of information, strong team building amongst colleagues and creative and collective problem solving occurring at the Centre. This was apparent through observations of the daily staff meetings involving all staff where an exchange of creative ideas and problem solving was encouraged to deal with current cases, policy issues, new procedures and strategic initiatives that would enhance the services provided by the Centre. A work atmosphere of mutual respect, openness and cooperation in carrying out the functions of

the Centre was a positive factor in reinforcing the cooperative nature of the inter-departmental partnership. The open office concept for the Centre's staff and management's "open door" policy is a positive factor encouraging good communication among Centre employees.

3.54 **Communication with the Centre Clientele:** The Centre has embarked on a number of communication initiatives over the past year to maximize clients' opportunity to contact the Centre. Clients can contact the Centre via e-mail, an internet Web site, in person at the Ottawa office, correspondence, facsimile and most commonly using the 1-800 telephone help line. All services are available in both official languages. Centre staff have conducted briefings at various CF bases, VAC district offices and other public forums used by their clients. Information brochures have also been widely distributed through both Departments to inform their client population. However, the evaluation team determined that the clients who were the most difficult to reach were family members, retired CF members and reservists.

3.55 **Communication Between the Centre and DND/CF and VAC Departmental Personnel:** As the Centre has been initiated to provide clients with information and referral assistance to departmental programs to facilitate access to the appropriate services or entitlements, the existence of good lines of communication between the Centre and both partnering departments is fundamental to its success. At the strategic level, the DND/VAC Steering Committee, co-chaired by the ADM(HR-Mil) from DND and the ADM Veterans Services from VAC, provides corporate direction and an oversight role of the activities of the Centre. However, at the working level, no structured communication channels exist between the Centre and functional program managers in the Departments, particularly between the Centre Director and managers in VAC. Although managers from both departments have developed informal links and hold periodic discussions with the Centre, no formal interface exists which would facilitate dealing with program priorities, administrative procedures or policy issues which come to light through the various interventions of the Centre on behalf of their clients. In addition, the Centre does not receive regular feedback from either Department on the success or impact of their initiatives or problem-solving efforts.

3.56 The evaluation team observed that at CF bases and VAC district offices there was a general lack of knowledge about the services offered by the Centre. Communiqués that had been issued about the Centre had not been well circulated to all levels in the organization. Staff at VAC district offices were aware of the existence of the Centre, but expressed to the evaluation team that they were not clear or well-informed regarding the services it provided.

3.57 **Visibility:** The evaluation team assessed the communications methods utilized by the Centre to reach its targeted population and the relative effectiveness of these communication techniques. These are presented in the following table.

**Table 1 - Communication Tools Used by the Centre to Reach Its Target Audience**

Communication Tool	Distribution	Client Impact	Weaknesses
The Centre's brochure	5K to CF Bases/ VAC DOs and RCL	Medium	distribution
The Centre's briefings	In person, informal	High	# of briefings
DND/VAC web sites	Internet	Low	limited access
Maple Leaf bulletin	RCL	Low	limited readership
Centre notices	Vet newsletters	Low	limited readership

3.58 While the Centre's brochure is a professional and well-edited document, several areas for its improvement were identified. The brochure makes no reference to reservists when discussing its client population, thereby leaving an impression that they are not eligible to access the Centre's services. Following the initial distribution of the brochures, no follow-up was conducted to ensure sites received sufficient or appropriate numbers of brochures. Similarly, there is no plan currently in place to replenish brochures once the present stock is depleted.

3.59 Briefings delivered by staff of the Centre at CF bases and VAC District Offices have proven to be the most effective means of promoting the Centre. However, current workload, priorities and availability of Centre staff limit the number of face-to-face presentations that can be made in the field. During the conduct of this evaluation, it was suggested that the following avenues could be pursued to increase visibility and awareness of the Centre: presentations at SCAN seminars and recruit training centres, Royal Canadian Legion conventions, mail-outs accompanying VAC payments to retired members and briefings to reserve units. Both DND and VAC have constructed very comprehensive Web sites providing information about the Centre. The number of "hits" on these web sites should be monitored and analyzed to assess their utilization.

3.60 **Accessibility:** Clients of the Centre have used various means of accessing the Centre to use its services. The primary route has been the 1-800 telephone line which provides access 24 hours a day, seven days a week. Centre staff can be reached during normal working hours 08h00 to 16h00 EST from Monday to Friday. After working hours, clients can leave a message on voice-mail and the Centre will return the call the next working day. Telephone call records indicate that the number of 1-800 calls have steadily increased each month since the opening of the Centre and there have been no complaints registered with the Centre from clients reporting difficulty accessing the services of the Centre.

## Conclusions and Recommendations

3.61 The responsibility to communicate the role of the Centre to entitled clients and stakeholders lies with both DND and VAC as well as with the management of the Centre. Both Departments have a responsibility to keep their respective Ministers informed of the operation and accomplishments of the Centre as well as monitor and report on the performance of the organization. The visibility of the Centre can only be achieved through the implementation of a well-developed communication plan that clearly describes the Centre's mandate, mission and range of services. The partnership arrangement between DND and VAC should be continually emphasized so that clients are aware that they can access the services of the Centre through both organizations.

3.62 It is recommended that:

- a. both DND and VAC develop and implement a comprehensive communications plan and strategy for the Centre that includes reservists, veterans and retired members of the CF as well as family members of entitled clientele; and
- b. Centre management evaluate the potential of additional avenues for the promotion of the role and services of the Centre.

## CONFIDENTIALITY AND SECURITY

3.63 Many of the problems and concerns of the clientele who are approaching the Centre for assistance are of a highly sensitive and personal nature and must be dealt with according to the highest standards of security and confidentiality. During the conduct of this evaluation, the review team examined the issues of confidentiality and security as they impact the operation of the Centre.

3.64 Federal statutes such as the Access to Information Act, Privacy Act and the National Archives Act dictate the need to maintain confidentiality and security of personal information provided by clients in the pursuit of solutions to their problems. Maintaining the confidentiality of information is made more difficult at the Centre as there is the operational requirement to share information amongst staff employed by two departments in order to bring a comprehensive team solution to address a client's problem. However, legislation restricts the sharing of personal information gathered by a department for a specific purpose, to be shared with another department. Centre staff indicated to the evaluation team that their internal efficiency may be adversely affected when information cannot be freely shared in respect for a client's right to confidentiality.

3.65 In order to alleviate this constraint, legal advice and a proposed amendment to the Centre's Memorandum of Understanding (MOU) establishing the Centre, was sought from the Department of Justice. It was acknowledged that restrictions on the sharing of individual client information within the Centre limited the staff's ability to work together and respond effectively when resolving clients' problems and a 'net of confidentiality' concept was proposed. This concept requires all DND and VAC staff at the Centre to sign an oath of confidentiality to keep

all client information they receive within the confines of the Centre, but separate from each other's department. Establishing a 'Net of Confidentiality' for the Centre would require registering a distinct Personal Information Bank under the Privacy Act in Treasury Board's Index of Personal Information for the retention of information about clients of the Centre. Personal information collected from the client, VAC, DND or other sources would or could not be used for purposes other than those specified for the Personal Information bank. Because of the problems both DND and VAC Centre staff are encountering in trying to resolve client problems without the ability to share required information, both departments would like to revise the current MOU to achieve the structure whereby client information can be shared confidentially within the Centre to the extent that this information sharing is required to resolve the clients' problems.

## Conclusions and Recommendations

3.66 Centre staff may encounter confidentiality issues in their dealings with other Centre staff members, family members of clients, stakeholder groups and other third party organizations. Maintaining confidentiality in a partnership organization where current rules and regulations inhibit the passing of personal information, presents challenges when trying to effectively bring a 'team solution' to complex personal and administrative problems. Centre staff also are challenged to know how best to administratively handle client information. The establishment of a clearly documented 'Net of Confidentiality' permitting the Centre to function as a single departmental entity for the purposes of handling personal and confidential information, would mitigate liability in the handling of client information, while effectively permitting resources and staff of both departments to address clients' problems.

3.67 It is recommended that a 'Net of Confidentiality' concept be developed and implemented at the Centre and documented in a revised Memorandum of Understanding between DND and VAC.

## Security

3.68 Two concerns regarding security issues within the Centre were reviewed by the evaluation team. These concerns are the security of client information and the physical security of Centre staff.

3.69 Although there are very few walk-in clients who visit the Centre to have their problems addressed, Centre staff indicated that these numbers were increasing. Due to the nature of the concerns brought to the attention of the Centre, staff must often deal with angry or frustrated clients who have the potential to be verbally or physically abusive. As a result, some staff expressed concern for their personal security. Currently there are no policies or procedures in place regarding staff security at the Centre. There is the requirement for both Departments to implement procedures for staff to follow should they encounter a situation where their personal security might be threatened. It is important that staff are advised how to manage sensitive situations to avoid negative consequences.

3.70 Due to an increase in client walk-in traffic, client files and information of a personal nature (such as electronic and hard copy files) should be managed in a secure fashion to ensure that confidential and classified personal information is not compromised.

## Conclusions and Recommendations

3.71 The evaluation team noted that procedures have not been established for the security of Centre staff and personal/classified file material that is kept on hand. Centre staff should be apprised of the requirement and procedures for the security of client information and their personal security.

3.72 It is recommended that both Departments participate in the development of a security policy for Centre staff that is consistent with the treatment of personnel and classified information in both Departments.

## ADMINISTRATIVE AND MANAGEMENT PROCESSES

3.73 The Centre is a unique partnership arrangement between two departments with the intention of optimizing their resources, expertise, information data bases and client commitment to work in the best interests of their entitled clientele. This partnership has brought together two organizations with distinct corporate cultures, decision-making processes and management/administrative and financial systems. In order for this partnership to function efficiently and effectively, the interfaces between departments and the Centre should be transparent to the client and have minimal impact on the Centre's capability to provide services.

3.74 This section discusses the procedural, administrative, financial and technological factors influencing the functioning of the Centre, as well as administrative and management obstacles that the client may face when requesting assistance.

3.75 **Handling of Telephone Calls:** The Centre receives a relatively large volume of calls each month requesting some form of assistance from the Centre. Call volume averages 800 - 1000 calls per month, or 40 to 50 calls each working day. These calls can range from a simple answer to a client's question to being the first of many calls that require considerable research and attention to resolve an issue. Currently, calls are routed as directly as possible to the appropriate resource within the Centre or the departmental program office to address the problem. To enhance the effectiveness of this arrangement, the implementation of a priority rating system was proposed to the evaluation team to assign a priority to the handling of the call as it is handed off to other staff or organizations. This would be the first step in implementing a telephone triage<sup>9</sup> process. This process would ensure that clients most in need would receive attention first and provide an appropriate level of response to clients.

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<sup>9</sup> Telephone triage is the practice of conducting a verbal interview to assess client status and to offer support and information. The goal of telephone triage is to ensure appropriate client referral to the appropriate level of care/service within an appropriate period of time.

3.76 ***Need for Standard Operating Procedures:*** Due to the wide variety in the type of calls received by the Centre, the range of creative solutions that are implemented and the turn-over of Centre staff, a compendium of standard operating procedures and case precedents would assist staff in providing consistency of service to clients and contribute to the efficient operation of the Centre. Staff indicated they would find it beneficial if procedures were documented which would indicate when a client's case should be handed over to another agency or organization for resolution, identify potential contacts for specialized services or information, indicate when case intervention by the Centre is considered complete and provide examples of previous case interventions and creative solutions which could serve as benchmarks to apply to other cases. It was also considered beneficial if procedures documented what type of information could be provided by the Centre to the client or to outside agencies, in the case of a referral. Procedures, protocols and guidelines should be developed in partnership with other service providers or Quality of Life Agencies in order to avoid duplication of effort and resources.

3.77 ***Opportunities to Network with Other Support Centres:*** The Centre needs to establish strong networking links with other organizations and agencies, both internal and external to DND and VAC, that can provide services and assistance to the clientele of the Centre. These links and points of contact should be documented in the Centre's SOPs to facilitate ready access by staff who are answering 1-800 calls or walk-in clients. Best practices and lessons learned can be shared between organizations and incorporated into internal processes, where appropriate.

3.78 ***File/Case Management System:*** The Centre has a large number of client files resulting from requests for assistance since the opening of the Centre. In the absence of a formal file management and control system, it is difficult to monitor the status of all cases, particularly those that remain unresolved for an extended period of time. Issues with departmental policy or administrative procedures that impede the resolution of a client's concern should be documented in the case file and presented to departmental program managers for review and consideration. It was observed by the review team that a 'case closure checklist' should be developed for each file to ensure that all required steps have been followed before a case is closed. This procedure should also support the collection of performance and workload statistics, as well as gather client satisfaction information.

3.79 ***Client Follow-up:*** The Centre's brochure describing its services and how clients can contact them, indicates that "The Centre provides follow-up services to all of its clients to ensure that their concerns or issues have been addressed and that they have received the required assistance." During the conduct of the evaluation, the Review Team noted that Centre staff had not conducted a follow-up in 44 per cent of their cases. Staff at VAC District Offices and at CF bases indicated that they were not aware of a consistent follow-up program being carried out. In order to fulfil the commitment made in the Centre's brochure, a standard procedure for conducting client follow-up should be established.

3.80 ***Increased Use of Automation and Technology:*** The evaluation team observed that greater use could be made of automation and computer technology to assist staff at the Centre to carry out their work. The design and utilization of word processing macros and templates has the potential to significantly reduce the data entry time currently required when gathering baseline data from a client or opening a new case file. This would ensure accuracy and consistency in gathering information for each file.

3.81 ***Trend Analysis:*** The volume of requests for assistance received by the Centre from entitled clientele, DND/CF and VAC program staff and external stakeholder groups, provides a potential wealth of statistical information that should be maintained and analyzed to identify trends, business and service requirements. Maintaining statistical information on who is approaching the Centre, for what purpose and the nature of their concerns will help to identify the needs of the client population, the policies or administrative issues that require attention by either department, and how the mandate and objectives of the Centre should evolve to reflect the most current and pressing needs.

3.82 The collection and analysis of statistical trends will assist in the identification of shortcomings or weaknesses that occur in the transition process from being a member of the CF to veteran status under the auspices of VAC. Areas of improvement that come to light through the concerns of members that are brought to the Centre for resolution could be forwarded to the VAC/DND Steering Committee for consideration and further action.

3.83 ***Performance Measurement:*** The Centre currently does not have a performance measurement system in place with identified performance indicators or a data gathering/management system. Development and utilization of such a system would assist the management of the Centre to determine the impact of their activities and ensure that their resources are being effectively and efficiently employed.

## Conclusions and Recommendations

3.84 The evaluation team has identified a number of processes that would facilitate the operation of the Centre and enhance delivery of services to its clients. The development of standard operating procedures, guidelines and protocols, automation and technology tools to streamline data entry and statistical analysis, and the implementation of a performance measurement system will contribute to improved administrative and management processes.

3.85 It is recommended that:

- a. a case rating system be instituted to prioritize client cases;
- b. standard operating procedures, protocols and guidelines be developed for Centre staff;
- c. best practices and lessons learned at the Centre be shared with other DND and VAC organizations;

- d. increased use be made of technology in automating administrative procedures, such as data entry;
- e. statistical data on requests for information be collected and analyzed to identify trends in service requirements or policy and procedural issues in both DND and VAC that require attention; and
- f. a performance measurement system be instituted at the Centre.

## EVOLUTION OF THE CENTRE

3.86 The basic philosophy to establish the Centre as a humanistic, people-based and people-oriented organization has been a logical and effective response to the factors which gave rise to the need for their organization. The evaluation team has found that the Centre has fulfilled the intent of the initial Memorandum of Understanding establishing the Centre.

3.87 The role and mandate of the Centre should continue to be flexible and adaptable as there will always be client needs that will surface that cannot be addressed by existing organizations or program offices within DND or VAC. The Centre has been well received by its clientele as a champion to be responsive to their concerns, an advocate for entitled clients when appropriate, and a diligent and comprehensive researcher and referral agent to obtain a response for the client from departmental program offices in a timely manner.

3.88 The evaluation team believes that the Centre should remain as a partnership organization between DND/CF and VAC, providing clients equal access into the program matrix of both organizations. The reporting relationship of the Centre should remain at the Assistant Deputy Minister level in both Departments to provide the credibility, independence and support required to serve its clients.

## Sustainability of the Centre

3.89 In examining the ongoing evolution of the Centre, it is useful to identify the immediate, medium and long-term requirements that should be addressed to ensure its successful continuation. The timeframes for this assessment are considered to be:

- short-term (within one year);
- medium-term (within two to three years); and
- long-term (within four to five years).

### 3.90 *Short-Term Requirements of the Centre*

- a communications plan/strategy is required to better market the available services offered to entitled clientele;

- the Centre must determine how it can more appropriately address the needs of CF family members and reservists;
- to date, the Centre has functioned as a component of the Quality of Life (QOL) initiative within DND. As the QOL initiative is being phased-out as a formal departmental program, the governance relationship of the Centre must be reassessed;
- operational policies, procedures, protocols and guidelines for the Centre must be developed and documented; and
- an ongoing client feedback mechanism is required to monitor client impact and levels of client satisfaction.

### 3.91 *Medium-Term Requirements of the Centre*

- Completion of the following activities will help to achieve a “steady state” in the evolution of the Centre:
  - confirm the organization structure and staffing of positions in the Centre,
  - establish communication and administrative linkages with Departmental program offices, and
  - provide a formal feedback mechanism to departmental program and policy offices to address deficiencies that have become apparent due to the Centre’s intervention.

### 3.92 *Long-Term Requirements of the Centre*

- a summative evaluation be conducted of the operation of the centre to ensure its continuing relevance and adaptation to the requirements of its clientele.

## **Impacts of other DND and VAC Initiatives on the Role of the Centre**

3.93 As part of this evaluation, the evaluation team examined what impacts other VAC and DND/CF programs and initiatives were having on the operation of the Centre.

3.94 Some VAC staff are now conducting program business at various CF bases where they take pension applications and provide counselling and referral services to CF members. This on-base presence by VAC staff has been well received by CF members and may impact the number of inquiries that would otherwise be directed to the Centre. The services provided to clients at bases is more personalized than dealing by phone or other means with the Centre and often

results in resolving problems without the need for further referral. However, this service does not provide access to DND/CF data bases or program offices which could contribute to resolving a client's problem.

3.95 A VAC Assistance Services 1-800 line is under consideration by that department. This service is intended to provide telephone access for VAC clients requiring crisis intervention support. Although this service is not yet operational, it could impact the level of demand for services from the Centre.

3.96 The Ombudsman's Office in the Department of National Defence complements the work of the Centre. Discussions with the Ombudsman's Office indicates that it has, in fact, increased the volume of calls to the Centre as CF members are frequently referred to the Centre by the Ombudsman's Office in an effort to resolve their concern prior to filing a formal complaint.

3.97 The Operational Trauma Stress Syndrome Centres established by the CF are intended to assess and treat CF members who are experiencing PTSD (post-traumatic stress disorder) and other psychological problems. These centres provide assistance to serving members of the CF and their families dealing with stress arising from military operations. While many PTSD sufferers are currently clients of the Centre, the successful implementation of the Operational Trauma Stress Syndrome Centres may reduce demands on the DND/VAC Centre.

3.98 A comprehensive follow-up evaluation is currently underway by ADM(HR-Mil) to assess the benefits and impact that the DND Military Family Resource Centres are having on CF family members. Collaboration should be encouraged between these two organizations to ensure maximum synergy and minimum overlap in their activities.

3.99 Currently the Centre is exploring the possibility of establishing 'outreach centres' at CF bases to facilitate client access and more personalized service. At the present time, however, the evaluation team observed that current workload levels at the Centre would not warrant decentralization of functions or services and would result in increased resource costs, administrative overhead and less efficient lines of communication to program offices and departmental databases at DND and VAC headquarters.

3.100 A further initiative by DND and VAC is the DND Case Managers/VAC Transition Co-ordinators pilot projects. Under these pilots, VAC Transition Co-ordinators and DND Case Managers will be situated on DND bases at Edmonton, Petawawa, Valcartier and Gagetown, and the DND Medical Centre in Ottawa. As a result of these pilot projects, the Centre is anticipating increased referrals as CF member awareness of transition co-ordination services occurs.

## **Conclusions and Recommendations**

3.101 The Centre has provided DND and VAC with an organizational capability to respond in a timely and non-bureaucratic fashion to the wide variety of personal and administrative problems and concerns faced by CF members, VAC clients and their families. The concept of the Centre as an organization which was not aligned with a specific departmental program allows it to listen and respond to complaints or concerns of individuals who felt the resolution to their problems

fell into administrative or jurisdictional gaps between programs and departments. In the long term, both DND and VAC have a departmental responsibility to ensure that program gaps and deficiencies are identified and corrected. Until that time, the Centre continues to exist to provide service to members who should not be left without help.

3.102 The provision of a call-in service to clients has been well received by Centre clients and should continue for the short to medium timeframe. Depending on the success of VAC and DND initiatives to provide comprehensive program coverage delivering the services required or expected by injured and retired CF members and their families, the long-term viability of the Centre remains unknown. To validate the requirement for the Centre in the long term, the requirement exists for a summative evaluation to be conducted in a two to three year timeframe.

3.103 It is recommended that the operations of the Centre be re-evaluated in two to three years to assess its continued program relevance, effectiveness and sustainability.

## STUDY DIRECTIVE

- References: A. 8900-068 (AED - VAC) Audit and Evaluation Committee Plan – December 1999  
B. VAC-DND Steering Committee Meeting, 24 January 2000

### BACKGROUND

1. The DND/VAC Centre for the Support of Injured and Retired Members and their Families was established in April 1999 as a result of recommendations emanating from several DND studies and reports including the Standing Committee on National Defence and VAC (SCONDVA) Report and the Care of Injured Personnel and their Families Review (McLellan Report). The joint partnership between DND/CF and VAC to operate The Centre is confirmed in a Memorandum of Understanding between the two departments, which specifies that an evaluation will be conducted within its first year of operation to review its effectiveness and efficiency. An evaluation framework was conducted by an inter-departmental evaluation team from DND and VAC in November/December 1999. The evaluation issues identified during the framework study and the recommendations regarding the conduct of the comprehensive evaluation were endorsed by the VAC-DND Steering Committee on 24 January 2000.

### AIM

2. The aim of this evaluation is to determine the extent to which the DND/VAC Centre has successfully met the needs of its designated clientele in its first year of operation.

### SPECIFIC EVALUATION ISSUES

3. The evaluation will examine the 11 issues identified in the DND/VAC Centre Evaluation Framework dated January 17, 2000. Specific issues to be addressed include:
- a. Clarification of the Mission Statement;
  - b. Identification of Program Overlap and Duplication;
  - c. Governance, Organizational Structure, and Accountability;
  - d. Appropriateness of the Inter-Departmental Partnership Arrangement;
  - e. Communication, Visibility and Access;
  - f. Confidentiality and Security;

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- g. Appropriateness of Training and Skills;
  - h. Workload and Staff Resources;
  - i. Administrative and Management Processes;
  - j. Client Impacts; and
  - k. Evolution of the Centre.
4. The evaluation study will also determine how well processes, support structures and resources have been developed to ensure a successful implementation of the Centre. Lessons learned will be compiled, particularly as they relate to project management and approach.
5. The evaluation will provide an objective analysis of the overall effectiveness of The Centre in its first year of operation. It will address the actual program performance or benefits received from The Centre's activities, in comparison to the expected or promised benefits.

### SCOPE

6. The evaluation of The Centre will focus on the activities and programs which are carried out by The Centre to address the needs and requirements of its entitled clientele. Interfaces with DND/CF and VAC programs, personnel and administrative and management processes will also be reviewed. Input from key program staff within DND/CF, VAC, The Centre and members of its Advisory Committee will be sought. Feedback will also be obtained from clients who have accessed The Centre's services. This evaluation will be carried out jointly by DND and VAC.

### RESPONSIBILITIES

7. Mr. Kevin Edgecombe, from Audit and Evaluation Division (VAC), has been appointed as the study Team Leader. He can be contacted at 902-566-8754. This study will be conducted with resources from Chief Review Services (DND) and Audit and Evaluation Division (VAC).
8. DND and VAC personnel are requested to make available the required information and relevant documentation for the evaluation, and to provide the necessary resources for subsequent liaison.

## **REPORTING**

9. A draft report will be completed by 30 September 2000. The final report will be submitted to the ADM(HR-Mil) (DND) and ADM VS (VAC) for their approval.

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Brian D. Ferguson  
Assistant Deputy Minister Veterans Services  
VAC Canada

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Lieutenant-General Caines  
Assistant Deputy Minister (Human Resources-Military)  
Department of National Defence

Distribution List

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**ANNEX A**

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## PROGRAM PROFILE

### PROGRAM DESCRIPTION AND HISTORICAL DEVELOPMENT

#### Mission Statement

1. The mission of The Centre as stated in its brochure is:

“The DND-VAC Centre for the Support of Injured Members and their Families will support and serve, with dignity and respect, injured and retired members of the Canadian Forces (CF) and their families”.<sup>10</sup>

#### Mandate

2. The mandate for establishing The Centre is derived from a Memorandum to Cabinet titled *Quality of Life in the Canadian Forces* dated March 2, 1999, which in Paragraph 18, details the reallocation of funds within DND to implement the Quality of Life initiative (QOL). The Centre forms one element in the QOL initiative.

#### Reach and Target Population

3. The reach of The Centre is Canada wide, and the target population includes injured and retired members of the Canadian Forces, their families and survivors, and injured and retired reserve members.
4. The need for The Centre appears as one of 75 recommendations made in the *Care of Injured Personnel and Their Families Review*, authored by LCol Rick McLellan (now the Director of The Centre) following the conduct of interviews with injured personnel, their families, and next-of-kin of those killed in Special Duty Areas.<sup>11</sup>

#### Rationale

5. The rationale for The Centre is well described in a background paper included in the DND Quality of Life Web site:

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<sup>10</sup> The Centre’s Web site adds an additional line to the mission statement: “The Centre also seeks to support the families and survivors of military members by assisting them in expediting their claims for benefits.”

<sup>11</sup> From article in Maple Leaf, December 2001 Vol. 1, No. 14 ([www.dnd.ca/hr/QOL/Engraph/mldec1b\\_e.asp](http://www.dnd.ca/hr/QOL/Engraph/mldec1b_e.asp))

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“CF members and their families are often unaware of existing policies and procedures and they may sometimes feel left on their own to muddle through the maze of rules and regulations to access benefits they are entitled to receive. While there are VAC district offices and DND bases located across the country, until now, there has been no central facility that provided a one-stop information and assistance service for pension entitlements or other concerns of injured personnel, their families or their survivors. The Centre now answers that need.”<sup>12</sup>

### History

6. Several DND studies have identified gaps in the care and treatment of members by DND specifically and, by extension, VAC. In March 1997, a study led by LCol McLellan was initiated by DND to determine how well the CF was providing medical care and administrative support to injured members and their families. The members interviewed expressed “generalized feelings of disillusionment and despair, outright anger and mistrust”. The most commonly expressed feeling, however, was that of abandonment.

7. The Minister of National Defence requested that the Standing Committee on National Defence and VAC(SCONDVA) review the social and economic challenges facing CF members. SCONDVA’s activities resulted in 89 formal recommendations, tabled in October 1998. In response, DND and VAC developed a number of proposals and initiatives, one being the establishment of The Centre, which opened on April 13, 1999.

### Description of Partnership

8. The DND and VAC partnership is larger than just the establishment of The Centre. DND and VAC have worked cooperatively in the past to facilitate the processing of CF members’ and former members’ pension claims. Recognizing that more could be done, a liaison committee of Directors General from both departments met in 1996 to identify opportunities for improvement. A DND improvement team was then formed to take specific action. This led to the DND Quality of Life Project. VAC set up a coordination team in 1998 to develop service improvement initiatives directly related to the “Care of the Injured” component of the QOL Project. One of these service improvement initiatives became known as the VAC-CF Project. The Centre is a joint initiative under that project.

9. The Centre operation is jointly funded and staffed by DND and VAC. A Lieutenant-Colonel serves as its Director. The DND and VAC employees work together as a team to answer inquiries. The two seconded VAC employees (an area counsellor and a pensions officer) report administratively to the Director, and functionally to the VAC-CF Project Team at VAC Head Office in Charlottetown. The Centre has an advisory committee chaired by the Director, and is comprised of representatives of various veterans’ organizations.

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<sup>12</sup> Backgrounder BR-99.046 March 1999, DND/CF Human Resources  
([www.dnd.ca/hr/QOL/Engraph/care5\\_e.asp](http://www.dnd.ca/hr/QOL/Engraph/care5_e.asp))

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### Physical Setting

10. The Centre is located on the 10th floor of the Trebla Building at 473 Albert Street in Ottawa. The two VAC employees have a designated and lockable work area where VAC files can be stored to meet privacy requirements.

11. A toll-free help line (1-800-883-6094) provides access to The Centre from 8 a.m. to 4 p.m. Eastern Standard Time, and messages may be left on voice-mail outside of those hours. A fax number and e-mail address are also available.

### ORGANIZATIONAL STRUCTURE

12. The Memorandum of Understanding between DND and VAC provides the basis for the partnership arrangement for the operation of The Centre. The Centre is operated as an inter-departmental organization dedicated to providing information, referral, and assistance support for pension entitlements and other concerns of serving members, both regular and reserve force, retired members and their families and survivors. The Director of The Centre reports within the CF chain of command to the Chief of Staff, Assistant Deputy Minister, Human Resources (Military) at National Defence Headquarters. VAC staff, who are assigned to work in The Centre on a defined-term secondment basis, work within the DND organizational matrix reporting structure and are responsible to the Director of The Centre for day-to-day operations. However, the functional direction of the VAC staff members is provided by the Manager of the VAC-CF Project in Charlottetown.

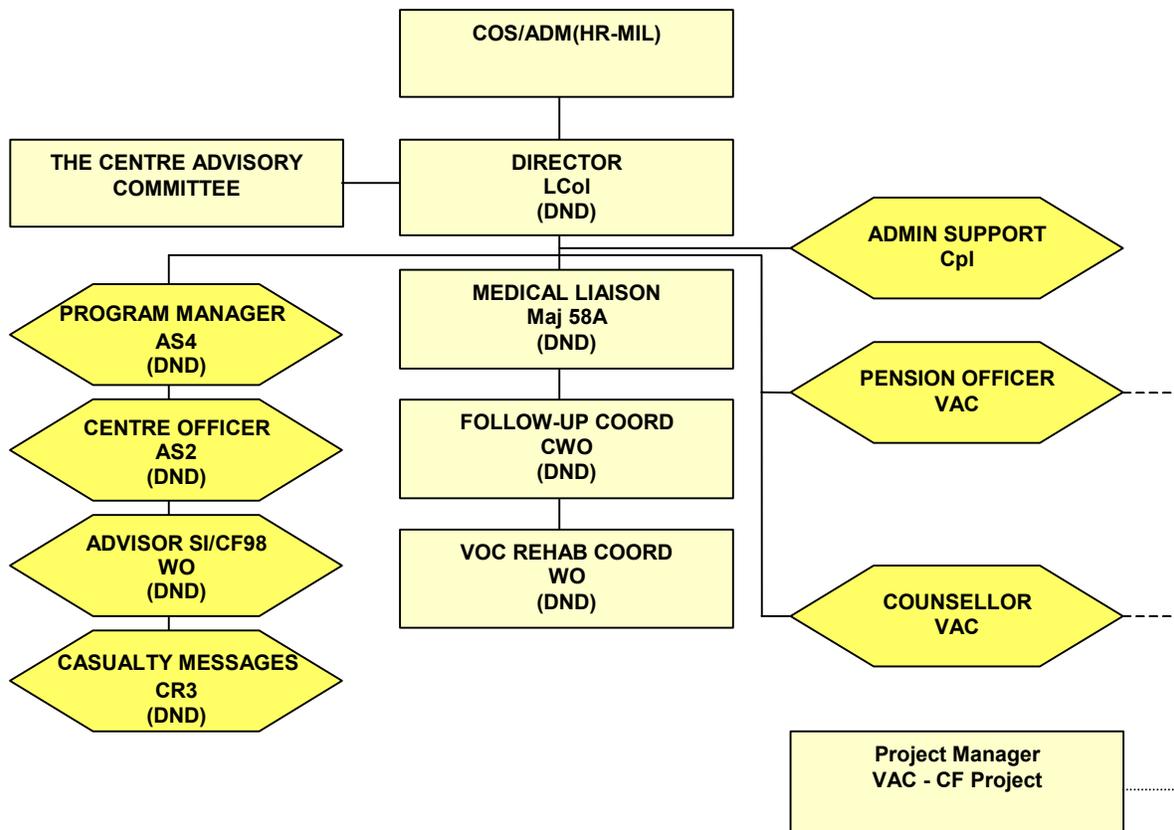
13. Overall guidance to the operation of The Centre is provided by a DND/VAC Steering Committee, co-chaired by the ADM, Veterans Services (VAC) and the ADM, Human Resources (Mil) in DND. One of the committee's role is to provide the necessary direction and guidance to ensure that the activities of The Centre continue to support its intended mission. In addition, a Centre Advisory Committee has been established with the purpose of maintaining ongoing links with its client community. This Advisory Committee is comprised of representatives of national veterans groups, such as the National Council of Veterans Associations and the Royal Canadian Legion, among others<sup>13</sup>, whose roles are to continually provide advice to The Centre on issues affecting the needs of their members. Consultation with the Advisory Committee is at the call of the chairperson, who is the Director of The Centre.

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<sup>13</sup> Army, Navy, Air Force Veterans in Canada, Canadian Peacekeeping Veterans Association, Gulf War Veterans Association, and the Canadian Association of Veterans in United Nations Peacekeeping.

ANNEX B

Figure 1 - DND/VAC Centre for the Support of Injured and Retired Members and Their Families



RESOURCES

14. There are 11 staff members at The Centre, nine of which are DND/CF members and two are staff members seconded from VAC’s Ottawa District Office on a rotational basis, for a term currently set at six months. Of the nine DND/CF employees, there are four regular force military members, two reservists and three civilians. The VAC complement at The Centre is comprised of one Area Counsellor and one Pensions Officer. The DND/CF and VAC employees work together as a team to answer client inquiries and to seek solutions.

15. The operation of The Centre is jointly funded by DND/CF and VAC. Estimated total recurring costs for the fiscal year 2000-01 are \$1.27M, of which DND/CF provides \$1.17M and VAC provides the balance. Figure 2 provides a further breakout of these costs.

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**Figure 2 - Recurring Costs - DND/VAC Centre - FY 2000-01**

	<b>DND/CF</b>	<b>VAC</b>
Salaries:		
Military - Regular Force	\$399,937	
- Reserve Force	\$277,013	
Civilian	\$168,106	\$103,000
O&M Costs	\$173,600	\$2,200
Contingency Fund	\$150,000	
<b>Total</b>	<b>\$1,168,656</b>	<b>\$105,200</b>

16. A contingency fund has been established at \$150,000 for each fiscal year. Its purpose is to provide immediate “aids to daily living” to current serving members who are injured in the line of duty and for which an alternate funding source cannot be found. In the first seven months of operation, The Centre expended approximately \$47,000 of this fund in amounts ranging from several hundred dollars to meet travel costs for medical appointments, to several thousand dollars for home renovations to accommodate disabilities and to purchase artificial prostheses. The existence and utilization of this fund has been extremely important to the functioning and effectiveness of The Centre, permitting an immediate and tangible response to client-expressed needs.

**PROGRAM OBJECTIVES, ACTIVITIES AND OUTPUTS**

17. The purpose of this section is to describe The Centre in a manner which will facilitate its evaluation.

**Program Objectives**

18. Because The Centre’s objectives are not specifically identified as such in any literature reviewed, they were extrapolated from various background documents and briefing notes prepared by The Centre.

19. The Centre’s objectives are to:

- a. ensure that the two partnering departments actively seek methods of improving service to injured and retired members through closer cooperation, improved communications, and the development of a “continuum of service” designed to respond to real-time needs and to fill gaps in service;

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- b. provide a level of post-release care to ensure that the member and his/her family make a smooth transition between being a valued member of the Canadian Forces, and a life, disabled or otherwise, after a military career;
- c. ensure that follow-up of injured personnel continues until no longer required;
- d. protect pension application dates to ensure retroactivity; and
- e. ensure that consultation takes place with external associations and organizations that have a mandate to support this clientele.

**Activities**

20. Employees of The Centre carry out a number of activities *common* to both departments as well as line and staff functions *unique* to each department. Roles and responsibilities of Centre staff are documented in a Memorandum of Understanding signed in April, 1999. A copy of the MOU is attached as Annex B of the Evaluation Framework report.

21. Activities common to both departments include:

- a. providing general information and advice to clients;
- b. responding to basic questions on DND and VAC services and benefits;
- c. making referrals to appropriate DND personnel and VAC district offices;
- d. attending daily staff meetings; and
- e. preparing briefing notes for the Ministers of DND and VAC.

22. DND unique activities include:

- a. providing information and responding to complex DND matters;
- b. initiating contact with CF members, their families or survivors;
- c. coordinating the CF post-deployment follow-up program;
- d. maintaining and analyzing the CF casualty data base;
- e. tracking all cases involving serious injuries or illnesses; and
- f. managing the DND short-term contingency fund.

**ANNEX B**

23. Activities unique to VAC include:
- a. providing information and responding to complex VAC matters;
  - b. making contact with injured CF members, families or survivors;
  - c. referring clients to VAC field offices; and
  - d. conducting follow-up services.

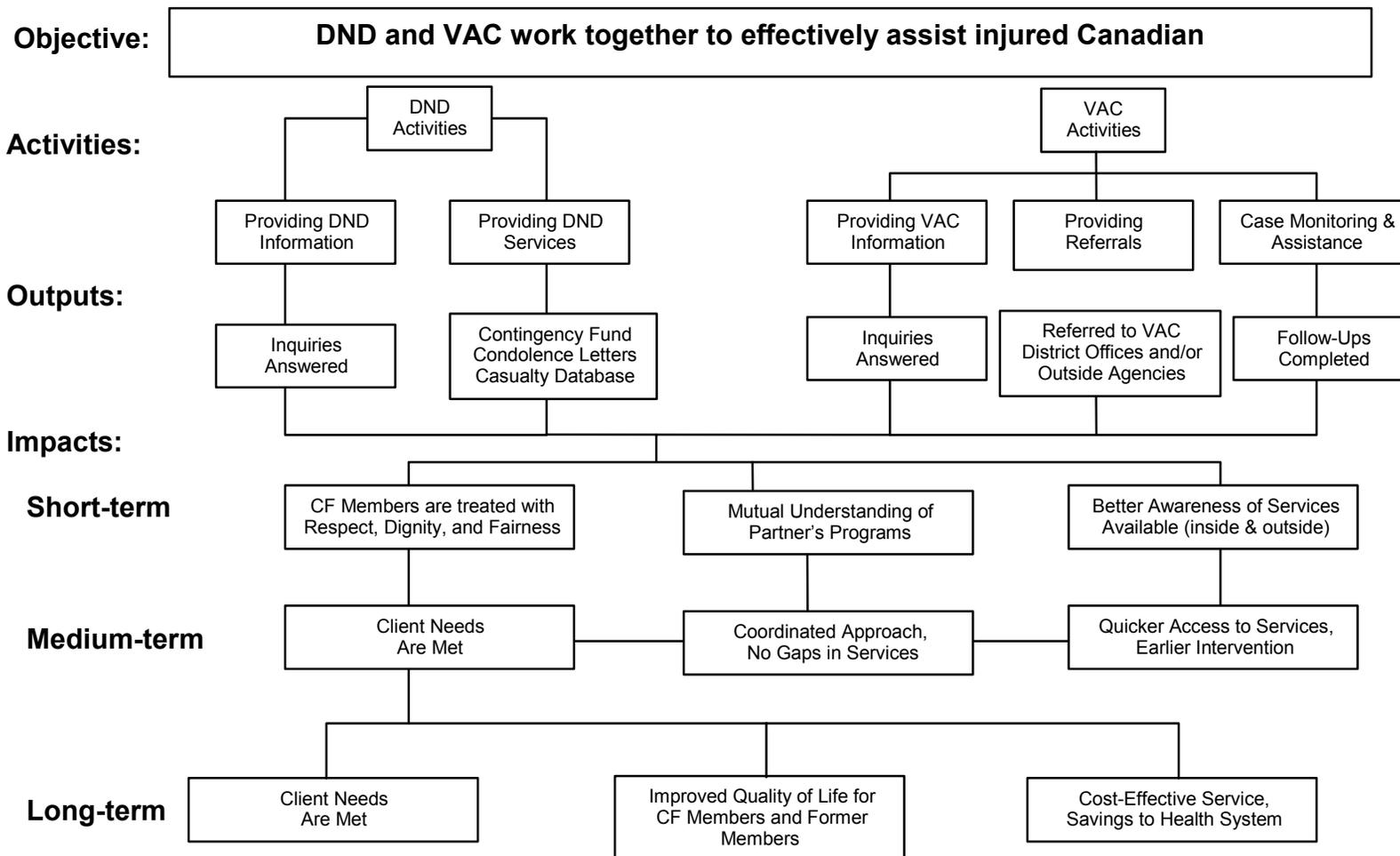
**Outputs/Impacts**

24. The Centre's outputs as well as short, medium and long term impacts have been identified. These are contained in Figure 3, a program logic model for The Centre.

25. A *program logic model* represents, in graphic form, the linkages and sequences of events and activities which are intended to bring about the changes those activities will produce. The purpose of the logic model is to clarify the program's processes and strategies, including the resources, activities, and outputs which are required to execute the program and contribute to its overarching goals and objectives.

26. The outputs identified in the logic model are those which should be in place if The Centre is to achieve expected outcomes. It should be noted that some elements are difficult to measure. For instance, to ascertain whether there has been improved quality of life for CF members or former members as a direct result of The Centre's activities and outputs is somewhat speculative, since no exact measurement is possible. Similarly, attempting to determine the extent to which Centre employees' actions are directly or indirectly responsible for easing a CF member's transition to civilian life is difficult to pin-point. The extent to which such measurements are possible will be verified as part of the comprehensive evaluation.

Figure 3 - THE DND/VAC CENTRE PROGRAM LOGIC MODEL



**ANNEX C**

**GLOSSARY OF TERMS**

<b>Acronym</b>	<b>Definition</b>
ADM	Assistant Deputy Minister
CANFORGEN	Canadian Forces General (usually a message to all the CF)
CF	Canadian Forces
CLSC	Local Community Service Centres
COS	Chief of Staff
CSDN	Client Service Delivery Network
DMED POL Group	Directorate of Medical Policy Group
DMFS	Directorate of Military Family Service
DND	Department of National Defence
DND/CF	Department of National Defence/Canadian Forces
DO	District Office
HR	Human Resources
HRDC	Human Resource Development Canada
MFRCS	Military Family Resource Centres
MOU	Memorandum of Understanding
MPHL	Medical Patients Holding List
NDHQ	National Defence Headquarters
OTSSC	Operational Trauma and Stress Support Centre
PSO	Personnel Service Office
PTSD	Post Traumatic Stress Disorder
QOL	Quality of Life
RCL	Royal Canadian Legion
RVCN	Review of Veterans Care Needs
SCAN	Second Career Assistance Network
SCONDVA	Standing Committee on National Defence and Veterans Affairs
SDA	Special Duty Area

**ANNEX C**

SISIP	Service Income Security Insurance Plan
SOP	Standard Operating Procedures
TAP	Transition Assistance Program
VAC	VAC Canada
VS	Veterans Services

## CLIENT FILE REVIEW

### Introduction

1. The purpose of this Annex is to provide results from the Client File Review. The review was based on twelve criteria developed to assess the pertinence and appropriateness of information contained in client files at The Centre.

### Methodology

2. The Client File Review consisted of a review of electronic and hard copy client files at The Centre. A random sample of 43 electronic files were drawn, stratified to ensure that files from each Centre staff who input client information on the database were reviewed. The Client File Review also included a random selection of eight hard copy client files.

### Major Findings from the Electronic Files Review

3. Client files maintained on The Centre's database:
- In **95 per cent** of cases, staff indicated the reason why the client contacted The Centre. Through this type of information The Centre can conduct further analysis and become more pro-active in identifying trends in client needs.
  - As the result of The Centre's actions (directly, or indirectly through referral elsewhere) **88 per cent** of clients had their needs met. **Ninety-one per cent** of clients were referred to appropriate sources within or outside The Centre.
  - **Eighty-four per cent** of files identified the outside organization(s) to which the client was referred. An analysis of this information can help to identify gaps within the system as well as establish a list of outside resources where Centre staff can refer clients. In **81 per cent** of cases, the reason for referral to an outside organization was identified.
  - In **three of every five cases**, the staff who answered or is returning the call is able to address client concerns. Otherwise, the case is referred to another Centre staff who has the necessary expertise.
  - **One third** of the cases would have benefited from a team consultation approach between Centre staff. Only **twenty per cent** of cases showed documented evidence that consultation took place.

## ANNEX D

- **Forty-four per cent** of cases showed documented evidence that follow-up took place. Opinions varied as to why follow-ups were not conducted. Some staff interviewed felt that since they only provide information and referral services to clients, they do not need to do follow-up. Other staff mentioned that follow-up calls cannot be done since they are already “buried/swamped” with work, although they do not object to doing follow-ups, if time would permit. Others stated that The Centre fulfills a role like the Ombudsman, therefore “The Centre has to do follow-ups”. A best practice for The Centre would be to have a protocol in place defining cases requiring follow-up. This could garner trust from the client.
- **Five per cent** of cases provided evidence of having the client’s agreement to have Centre staff share personal information within or outside The Centre. This issue is addressed in the Confidentiality section of this report. Because clients have the right to access information contained in their file, staff should always adhere to ethics principles when entering client information on the file. The notes need to indicate what was observed, what was done, and what happened.

4. It was also observed that duplicate client files are opened, sometimes resulting from one client request. The reason provided was that, there is limited time to search for the client’s previous file, therefore, a new file is opened for each call received. This process is not conducive to a client-centred service. It does not provide the staff with a holistic history of the client’s previous calls, and the client needs to repeat the same information already provided during previous calls.

### Findings from the Paper File Review

5. Hard copy files are created and maintained at The Centre for complex/complicated cases. There are no procedures or protocols in place identifying when a hard copy file is warranted. The Centre has two case managers who administer complex/complicated cases.

- The Evaluation did not find that hard copy files were well maintained. Only **13 per cent** of cases provided evidence that client problems, needs and interventions were clearly documented through a care plan. Only **two in five cases** provided documented evidence that follow-up with clients had taken place. **One in every four cases**, it was unclear as to whether appropriate referrals were made. The Evaluation recognizes that complex cases involve multiple referrals and potential case interventions may change or be altered depending on circumstances. These need to be well documented on client files.
- Since care plans were missing in most cases, the Evaluation was unable to identify whether client needs were being met by The Centre.

## ANNEX D

- Half of the files contained a signed consent from clients, although some of these files contained no other information than the signed consent. No explanation was given as to why the consent was requested or the type of information provided to clients as to why the consent was needed.

### Conclusion and Recommendations

6. A client file provides staff with a good history of client circumstances/situation. The client file should document the progress of the client over time. It should provide information on the type of issues that the client needs to have addressed, what was done to help the client, and what results were achieved. The file should contain key pieces of information, key decision points and actions, as well as observable results.

7. It is recommended that:

- A more consistent approach be adopted to entering appropriate data on file.** This could be done in a number of ways. A protocol could be established that would describe the type of information or data which is to be entered in the client file. Through training, staff could be informed as to why data needs to be properly documented on file. The Board of Inquiry - Croatia had a 1-800 number which used a standardized profile on callers. The Centre could adopt a similar approach.
- A policy be developed and protocols established to improve the current client file system.**
- A checklist be developed to establish file closure practices.** The Centre needs to develop directives and procedures to indicate when a client file is considered closed.

## DND SERVICE DIRECTORY

The Directory consists of four major categories of service provider which include:

- a. Toll-free & Other Help Line Information Services;
- b. Clinics;
- c. Insurance Plans; and
- d. Career Transition Assistance.

### A. TOLL-FREE & OTHER HELP LINE INFORMATION SERVICES

#### **DND/VAC Centre for the Support of Injured and Retired Members and Their Families**

Ottawa: 1-800-883-6094

08h00 to 16h00, EST Monday to Friday. Voice-mail is active outside working hours.

The Centre is designed to bring the joint efforts of the Department of National Defence and Veterans Affairs Canada together in providing information and referral services to injured and retired members and their families. Services are provided to Regular Force and Reserve, their families, and the Chain of Command. All calls are confidential.

The Centre acts as an initial contact point and referral service. In addition to the original consultation and referral, follow-up calls are made to ensure that individuals' concerns or issues have been resolved, and they have received the assistance to which they are entitled. The Centre also co-ordinates a variety of programs including Vocational Rehabilitation, Transition Assistance Program, the CF Casualty Database, Reserve Force Disability Compensation and the Contingency Fund.

#### **CF Health Information Line**

1-877-633-3368

24 hours/day, 7 days/week

[http://www.dnd.ca/hr/cfhs/programs/Health\\_Info/engraph/home\\_e.asp](http://www.dnd.ca/hr/cfhs/programs/Health_Info/engraph/home_e.asp)

## ANNEX E

The Canadian Forces Health Information Line is a call-centre designed to provide CF members with convenient telephone access to health care advice, general health information, and guidance on where and how to access health care services. The service is available to all eligible CF members. The call-centre improves access to health care information and services, particularly during silent hours and in locations where integral health services are not readily available.

In most instances, approval authority for benefits and services rests with the senior health care authority, or his/her delegated representative, at the member's support base, wing or unit. For medical services, this person is referred to as the Health Care Coordinator (HCC) or the Base/Wing Surgeon. For dental services, this person is referred to as the Dental Detachment Commander (DDC). In exceptional cases, the Director General, Health Services may intervene as the approval authority. Limitations on the type, level and frequency of services will be applied by the senior medical and dental authorities based on criteria and guidelines developed by the Surgeon General and the Director, Dental Services.

Members of the Regular Force and members of the Reserve Force on Class C service, and Class B service for over 180 consecutive days, may receive benefits when deemed necessary for medical, dental or operational reasons. Members of the Reserve Force on Class B service for 180 consecutive days or less, on Class A service and Canadian Rangers may be entitled to receive benefits and services. These are generally limited to the treatment of injuries sustained while on military duty. The back of the CF Health Care Identification Card contains information for health care providers. If the providers have any questions, they should call the Provider Inquiry Line at 1-888-261-4033.

### **Canadian Forces Military Assistance Program (CFMAP)**

1-800-268-7708

24 hours/day, 7 days/week

CFMAP is a voluntary and confidential service, initiated by the CF to help members and family members who have concerns that affect their personal well-being and/or work performance. The program provides family counseling, financial counseling and stress management assistance. It is very similar to the Employee Assistance Program (EAP) provided to members of the Public Service of Canada.

Counsellors at CFMAP are trained to respond to a wide range of concerns, including:

- marital and family
- interpersonal relations
- personal and emotional
- stress and burn-out
- work-related, including harassment and sexual assault
- alcohol, drugs and prescription drugs
- any other concerns that affect or could affect personal well-being and/or work performance

## ANNEX E

This is a short-term problem-solving service and very often only a few sessions are required, a maximum of eight sessions. If long-term help or a more specialized service is needed, a referral to an appropriate professional resource will be made at the client's request.

### **DND/CF Help Line for Harassment and Sexual Assault**

Ottawa: 1-800-290-0893

Within North America: 1-800-290-1019

Outside North America (Australia, Belgium, Denmark, Germany, Japan, Ireland, Israel, Malaysia, Netherlands, Norway, New Zealand, Singapore, South Korea, Sweden,

United Kingdom): 800 290 10191

08h00 to 18h00 EST Monday to Friday

Those who are victims of harassment or sexual assault will receive confidential and personal assistance provided by professional counsellors. Any decision to pursue an official complaint will rest with the member.

### **Canadian Forces Ombudsman Office**

1-888-828-3626

The Ombudsman is designated under the National Defence Act to act on the Minister's behalf, independent of the chain of command, as a neutral and objective sounding board, mediator and reporter on matters related to the Department of National Defence and the Canadian Forces. In the exercise of its mandate, the Ombudsman is independent from the chain of command and Departmental management and reports directly to and is accountable to the Minister of National Defence. The office of the Ombudsman operates in a confidential and secure manner, in order to protect the information received by the office in the course of its operations.

The Ombudsman acts as a direct source of information, orientation and education to refer individuals to existing channels of assistance and redress within DND/CF. Once a problem has been referred to the appropriate authorities, if individuals are still unsatisfied with the response to their concern, they may return to the Ombudsman's Office. The Ombudsman's Office has the authority to investigate matters to ensure that individuals were treated in a fair and equitable manner.

The Ombudsman's office will refer any complaints it receives, which fall within the jurisdiction of the Department of Veterans Affairs or the Veterans Review and Appeal Board, to the VAC Portfolio.

## ANNEX E

### **Military Family Resource Centres (MFRC)**

Located on most CF Bases.

MFRCs are the key component of The Military Family Services Program (MFSP) which offers services and programs to help Canadian Forces families cope with the stresses of frequent postings, separations from spouses and extended families, extra childcare responsibilities and employment instability which come with a military lifestyle. MFSP services are delivered primarily through the MFRCs, which are governed by an incorporated and elected Board of Directors made up of CF members and their spouses.

### **Mission Information Hotline**

1-800-866-4546

24 hours/day, 7 days/week

08h00 to 16h30 EST, Monday to Friday

The Mission Information Line acts as a complement to Military Family Resource Centres (MFRC). This service is strictly confidential and provides information on CF members overseas. The Mission Information Line is a toll free, bilingual telephone service for families of Canadian military personnel serving an operational role outside of Canada. The purpose of this line is to provide the families timely and accurate information, reassurance, support and referral to other resources if required.

Information provided on this line is obtained from official National Defence sources, such as units deployed on peacekeeping missions, the National Defence Operations Centre, Peacekeeping authorities at Headquarters in Ottawa and rear parties. The information provided is reliable, thorough and comprehensive and informs families about the living conditions and activities of their loved ones. It also allows families to receive periodic Situation Reports, messages from commanding officers, confirmation of news releases, and information on incidents or accidents. Situation Reports are recorded by deployed military personnel from the theatres of operations.

Other services include crisis intervention, morale support, transmission of urgent messages to deployed personnel, pre-deployment briefings to personnel and families, distribution of mission maps, booklets on Deployment Stress, Critical Incident Stress and Reunion Stress and more.

## B. CLINICS

### **Post Deployment Health Clinics (PDHC)**

Esquimalt, Edmonton, Ottawa, Valcartier, and Halifax  
1-800-883-6094  
08h00 and 16h00 EST, Monday to Friday

The clinics are accessible to all CF members, serving or retired. Serving members who believe they have medical problems associated with an operational deployment and who are in need of a diagnosis can request a referral to one of these clinics by contacting their local military medical facility health care coordinator. Members approved for assessment can make an appointment by calling (613) 945-8062, ext. 3676.

Retired service members can request a referral to one of these clinics through a Pension Officer of Veteran Affairs Canada with the recommendation of a VAC District Medical Officer.

The clinics are staffed by military specialists in internal medicine. The clinics provide laboratory and radiology services, and specialist referrals that are necessary to arrive at a diagnosis. This includes referral to the Operational Trauma and Stress Support Centre for assessment of deployment related stress problems.

### **Operational Trauma and Stress Support Centres (OTSSC)**

Halifax, Valcartier, Edmonton, Esquimalt and Ottawa

These centres intend to help assess and treat members experiencing PTSD or like symptoms, these centres provide assistance to serving members of the Canadian Forces and their families dealing with stresses arising from military operations, in particular, UN and NATO deployments abroad. These operations can cause a myriad of psychological, emotional, spiritual and relationship problems. Because these problems are multi-faceted, there is a need to address them from a holistic approach, with a multi-disciplinary team of caring professionals. Members of the team include psychiatrists, psychologists, mental health nurses, a social worker, and a chaplain.

Individuals should contact their family doctors, or their local Operational Trauma and Stress Centre for further information. Under special circumstances, non-medical referrals may come from chaplains or Military Family Resource Centre counsellors. Individuals can also call The DND/VAC Centre for the Support of Injured and Retired Members and Their Families at 1-800-883-6094 for more information about referral.

## ANNEX E

### C. INSURANCE PLANS

#### **Service Income Security Insurance Plan (SISIP)**

1-800-267-6681

Ottawa: (613) 995-8741

The Canadian Forces Group Insurance Plan, the Service Income Security Insurance Plan (SISIP) is a group insurance plan and a Non-Public Fund Institute with insurance options available to members of the Regular and the Reserve Force.

The insurance operations under SISIP consist of two separate parts: a privately managed group insurance plan (Maritime Life) and plans under the direction of the Non-Public Funds Board of Directors used for the benefit of the CF community.

#### ***Long-Term Disability & Reserve Long-Term Disability***

Long-Term Disability (LTD) for Regular Force members and Reserve Long-Term Disability (Res LTD) for Reserve Force members are disability insurance plans that provide members who become "totally disabled" and are released from the Canadian Forces with a monthly income. This income will be equivalent to 75 per cent of the members pay [for members on Class "A" and Class "B" service (180 days or less), it is based on a deemed salary] at the time the disability occurred, less any specified benefits received from Canadian Forces Superannuation Act (CFSA), Canada Pension Plan (CPP), Quebec Pension Plan (QPP) or the Pension Act (VAC Pension). SISIP LTD benefits are subject to income tax.

LTD is compulsory for all Regular Force members enrolling on or after 1 April 1982. LTD was optional for Regular Force members enrolled prior to 1 April 1982 and Reserve Force members on Class "C" reserve service.

To receive LTD benefits, members must submit a claim. The claim form can be obtained through the local SISIP point of contact.

#### ***Rehabilitation Program***

The objective of the Rehabilitation Program is to assist a beneficiary who has the potential for rehabilitation in returning to a meaningful occupation by maximizing his/her existing capabilities. The Program is available to serving members (Phase 1) and LTD beneficiaries (Phase 2).

**Phase 1** will commence for a member who has SISIP coverage and who has sustained an illness or injury which will result in his/her medical release from the CF, while still serving in the CF and receiving treatment from the Canadian Forces Medical Service. This phase consists of guidance and counseling from the Rehabilitation Specialist.

## ANNEX E

**Phase 2** will commence following release from the CF of a member, approved for SISIP benefits. The claimant will receive counseling regarding future goals and the resources available to attain them, and will be provided with financial assistance for re-training or re-education when feasible and where such assistance is not available from other resources.

A variety of other life insurance products are available through SISIP. For further information on these products and how they are administered, please refer to the booklet entitled “Death and Disability Benefits: A Simple Guide” which is available in most VAC offices.

### **D. CAREER TRANSITION ASSISTANCE (see also SISIP Rehabilitation programs)**

#### **Transition Assistance Program (TAP)**

1-800-883-6094

08h00 to 16h00, EST Monday-Friday. Voice-mail is active outside working hours.

The purpose of this new program is to assist medically released members of the Canadian Forces (CF) to make a smooth transition to the civilian work place. Currently, priority hiring agreements for eligible soon to be released CF members are being negotiated with a variety of prospective employers in both the private and public sectors across the country. These agreements will encompass all those being medically released, regardless of the disability.

Any CF member who has been medically released while preparing for, during or returning from United Nations and other out-of-country operations, special in-country and other inherently dangerous operations, such as disaster relief or search and rescue operations will be able to access the services of TAP.

Though still in the development stages, it is intended that TAP will also provide several other benefits to eligible CF members, including providing information on the availability of rehabilitation training counseling, as well as assistance with resume writing and the development of job search techniques. TAP would expand the range of vocational rehabilitation possibilities available to members to include all aspects of career planning. A training plan could be developed and undertaken directly by the member under the advice of trained employment counseling staff, with or without SISIP approval.

TAP would allow those who are not approved by SISIP for the type of retraining they require to seek rehabilitation training privately while receiving up to six months time off with pay. Time off with pay would also be provided to those pursuing SISIP approved training. The cost of non-SISIP approved training would be the member’s responsibility, however, most of this cost would be reimbursed through SCAN.

## ANNEX E

### **Second Career Assistance Network (SCAN)**

The SCAN is designed to assist military personnel including Class B and Class C Reservists, in the planning, preparation and entry into a satisfying and productive civilian lifestyle and/or second career. These services are delivered by Personnel Service Officers on most bases and wings.

The SCAN program includes counseling, preparation and referral. The following services and resources are offered:

- Individual counseling (career, educational, personal)
- Transition seminars and workshops
- Vocational assessment
- Resume assistance and preparation
- Job search and interview techniques
- Financial planning
- Publications and reference material

### **Personal Enhancement Program (PEP)**

contact: aa217@debbs.ndhq.dnd.ca

The CF Personal Enhancement Program (PEP) is made up of the Second Career Assistance Network (SCAN), the Military Civilian Training Accreditation Program (MCTAP) and the Canadian Forces Continuing Education Program (CFCEP).

The Department of National Defence has long recognized that CF employment presents many challenges not normally seen in a civilian environment. The PEP attempts to address these changes by offering career transition services, recognition for military training and experience, and opportunities for upgrading education and training qualifications.

The PEP office is responsible for developing policy, coordinating individual programs, providing guidance, and ensuring that the services are delivered effectively.

### **Public Service Employment - Priority for Disabled CF Members**

Public Service of Canada Employment Regulations now allow for the appointment of certain disabled members of the CF to positions in any Department or Agency of the Public Service governed by the Public Service Employment Act. This means that CF members who are considered qualified may be appointed in priority to any other candidates, before a competition is conducted.

## **ANNEX E**

### **Eligibility**

In order to qualify for this priority, you must have suffered a disabling injury or illness in a Special Duty Area to the extent that you are released from the CF for medical reasons. You must also qualify under the Special Duty Area Pension Order for a pension based on your service in that area. A time limit of two years from the date of release to the ability to return to the workplace has been imposed. Qualified members will enjoy two years of priority consideration.

### **Administration**

Eligible members who wish to take advantage of this opportunity to gain Public Service employment are encouraged to contact the Civilian Personnel Office (CPO) of the Base/Wing nearest to their location. They should be prepared to provide evidence of release from the CF and eligibility for a Special Duty Area pension. The CPO will prepare and transmit to the local Public Service Commission office the documentation necessary to be entered into the priority inventories.

## CASE STUDIES

Four anonymous case studies are presented; two CF members, one reservist and a veteran. The circumstances surrounding the case, the interventions of The Centre and case outcome are discussed.

### Case #1

Case one involves a soldier who suffered a leg injury while on a routine training exercise. No X-rays were taken at the time of his injury and soon after sustaining the injury, he was posted overseas. Despite requests to have the injury examined, he went untreated. Eventually the member was referred for X-rays, a tumor discovered and his leg amputated. After being released from the Forces, the member applied for a VAC disability pension but was denied because of insufficient evidence that the amputation was linked to his service injury. He then contacted The Centre for help.

#### Case Intervention

The Centre was able to locate the paramedics who had attended to the member at the time of the injury and obtained evidence to assist with his appeal for a VAC disability pension. The Centre also provided immediate financial assistance for the member to purchase a new prosthesis. A follow-up visit was made and the client was advised that with the assistance of the Bureau Pensions Advocate and with the new testimony obtained from the paramedics, his chances of winning an appeal were significantly improved.

#### Case Outcome

Successful appeal, VAC disability pension awarded.

### Case #2

Case two involves a reservist injured in the line of duty. Upon his return to Canada he allowed his service contract to expire without requesting Reserve force disability compensation. He was left unable to work and without income as he awaited surgery. His financial situation worsened and his vehicle was repossessed. He then called The Centre for help.

## ANNEX F

### Case Intervention

Centre staff initiated inquiries to obtain an immediate advance of Reserve Force disability compensation to meet the member's financial needs. Centre staff followed up this action with a search for a Report of Injuries document, which was located soon after. A Summary Investigation was requested and the Land Force Command was asked to ensure that an advance was paid. The base unit was also called and the services of a financial counsellor was requested to help the member deal with his financial problems. The next day, the member received the requested advance and within a few days met with a financial counsellor arranged through The Centre.

### Case Outcome

The reservist obtained money he was entitled to and was able to remain on sick leave for another six months because he was unable to return to active duty.

### **Case #3**

Case three involves a member who suffered head trauma in a military vehicle accident while on course almost ten years ago. The member sought treatment and compensation for the injury he suffered, without success. Eventually he made the decision to be released from the Canadian Forces. He sought a voluntary release from the CF, but was uncertain as to how to proceed. In completing his medical release, the physician informed him that he could be given a medical release or be given a six month medical category. Uncertain as to what to do and mistrustful of the DND bureaucracy, he called The Centre for help.

### Case Intervention

The Centre successfully halted the member's release proceedings. Centre staff ordered his file from the unit, along with a copy of the summary investigation completed at the time of his original accident. As a result of information found in the investigation, the member received disability compensation in the amount of one year's benefits. The member has been referred to a PTSD Clinic in his area, as well as the member Assistance Plan, where he is receiving ongoing treatment and counselling. His rehabilitation medical category has been extended by the Canadian Forces. Centre staff also initiated a referral to a VAC Pensions Officer for a disability pension.

### Case Outcome

The CF member was awarded a disability pension and is receiving necessary treatment for his condition.

**ANNEX F**

**Case #4**

Case four involves a veteran requiring emergency dental surgery. The veteran was on a fixed income and unable to pay for the surgery himself. Although in receipt of a VAC pension, he was not eligible for dental coverage through the department. No VAC benevolent funds were in place to deal with this type of case. He was also ineligible for assistance from the Canadian Forces Benevolent Fund. The veteran had approached several veterans service organizations, but funds were not forthcoming. As a last resort, he contacted The Centre for help.

Case Intervention

The Centre went outside its scope and provided assistance to this veteran in need. Funds from The Centre's Benevolent Fund were used to pay for the dental surgery.

Case Outcome

The veteran was able to go ahead with the emergency dental surgery.

**ANNEX G**

**LIST OF INTERVIEWEES**

**Department of National Defence**

Boutet, BGen, DND Liaison to VAC

Couture, LGen, ADM(HR-Mil)

Findlay, Barbara, Acting Director General Investigations, DND Ombudsman's Office

Poulter, Col, Project Director, Quality of Life Initiative

Sharpe, BGen, Chief Air Staff DG Air FD Director, Croatia Board of Inquiry

**VAC Canada**

Bogowich, Anne, Area Counsellor, Edmonton District Office

Boisvenue, Bernie, Chief Special Projects, CF base Petawawa, Ottawa District Office

Briltz, Laurie, Area Counsellor, Edmonton District Office

Darte, Kathy, Project Officer, VAC-CF Project, Head Office

Ferguson, Brian, ADM, Veterans Services, Head Office

Gaudet, Sandra, A/Regional Director General, Atlantic Region

Gendron, Suzanne, Pension Officer, Quebec District Office

Hachey, Susan, Regional Director, Special Projects, Atlantic Region

Kennedy, Linda, Pension Officer, Halifax District Office

Lalonde, Suzanne, Project Manager, VAC-CF Project, Head Office

MacGregor, Brian, Project Officer, VAC-CF Project, Head Office

Maone, Frances, Chief Client Services, Toronto District Office

McRae, Nancy, Regional Director General, Ontario Region

Mooney, Judith, Project Officer, VAC-CF Project, Head Office

Parker, Violet, VAC Liaison to DND, NDHQ

St-Onge, Pierre, District Director, Quebec District Office

Ward, Trudy, District Office Nurse, Edmonton District Office

**ANNEX G**

**DND/VAC Centre Staff**

Bonneville, Warrant Officer (Reserve), Vocational Rehabilitation Clerk, DND

McLellan, LCol, Director Casualty Support & Administration, DND

Mills, Peter, Manager Special Projects, VAC

Rochette, Louise, Centre Officer (Civilian), DND

St. Laurent, Maj, Deputy Director, DND

Strickland, Maj, DCSA 4, Transitions Employment Program Manager, DND

Tremblay, Marie Josée, Pension Officer, VAC

Woodley, Chief Warrant Officer, Follow-up Coordinator, DND

**Centre Advisory Committee**

Forbes, Brian, National Council of Veterans' Associations

Leduc, Harold, President, Canadian Peacekeeping Veterans Association

MacKinnon, Bob, President, Gulf War Veterans Association of Canada

Rycroft, Jim, Director Dominion Command - Royal Canadian Legion \*

\*Keast, Ted, Disability Pension Bureau, Royal Canadian Legion, participated in  
Mr. Rycroft's interview

**CF Base - Petawawa**

Cadden, Maj, Base Administration Officer

Gillies, Capt, 2 Canadian Military Brigade Group G1

Robart, Sgt, Base Personnel Support

**ANNEX G**

**CF Base - Valcartier**

Beausejour, Maj, Commanding Officer of the Area Support Unit

Drolet, Maj, Doctor, Post Deployment Clinic

Harvey, Maj, Responsible for the Care of the Injured

Landry, Maj, Doctor, Operational Trauma and Stress Support Centre

LaSalle, Maj, Personnel Services Officer

**Halifax OTSSC Centre**

March, Capt, Director, OTSSC Centre

MacIntosh, Dr. Diane, OTSSC Centre