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Rapid Review of the Literature Since the 2006 New Veterans Charter

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Executive Summary

Background

The aim of the 2006 New Veterans Charter (NVC) was to improve the well-being of Veterans and modernize compensation. The purpose of this paper is to review the evidence since the launch of the NVC to aid in the development of a strategic direction for the continued development of an evidence-based approach to policy and practice related to the NVC.

Method

This paper first examines the origins, design and intent of the NVC and the current status. This paper was based on a rapid review of reports and literature related to the NVC. Evaluations, Auditor General of Canada reports, expert opinions, and the experience of other countries were reviewed for recommendations related to key aspects of the NVC design. Findings from several literature reviews on best practices and reports from two cycles of the Life After Service Studies (LASS) were examined to identify challenges and implications for Veterans Affairs Canada (VAC) in the areas of re-establishment/transition supports, compensation and families. A list of the research used in developing the NVC (Annex A) and a more complete list of LASS studies, both peer reviewed and government publications (Annex B and C), were provided. Research on progress and gaps in research were also discussed.

Conclusion

Overall, evidence suggests that key aspects of the design of the NVC are still relevant today. While the NVC was for the most part evidence-based, much of the evidence that has come to light since the NVC was introduced has yet to be considered in this "living" Charter." Challenges identified include ineffective screening, lack of comprehension of the suite of programs, poor program reach and financial compensation that does not adequately reflect true economic losses or encourage labour market engagement. As well, risk factors for poor transition, such as low income, are not adequately addressed in existing programs and among transitioning Veterans not eligible for VAC programs.

Résumé

Contexte

Le but de la nouvelle Charte des anciens combattants (nouvelle Charte) de 2006 était d'améliorer le bien-être des vétérans et de moderniser l'indemnisation. Le présent document a pour objet de passer en revue les preuves depuis le lancement de la nouvelle Charte en vue de faciliter l'élaboration d'une orientation stratégique pour poursuivre l'élaboration d'une approche fondée sur des données probantes pour les politiques et les pratiques liées à la nouvelle Charte.

Méthode

Le présent document examine, dans un premier temps, la conception et l'intention de la nouvelle Charte, ainsi que la situation actuelle. Ce document s'appuie sur un examen rapide de la documentation et des rapports en lien avec la nouvelle Charte. Les évaluations, les rapports du vérificateur général du Canada, les opinions d'experts et l'expérience d'autres pays ont été examinés en vue de repérer les recommandations concernant les principaux aspects de la conception de la nouvelle Charte. Les conclusions de plusieurs examens de la documentation sur les pratiques exemplaires et les rapports de deux cycles de l'Étude sur la vie après le service (EVAS) ont également été examinés pour cerner les défis et les répercussions sur Anciens Combattants Canada (ACC) dans les domaines du soutien en matière de réinsertion et de transition, de l'indemnisation et du soutien aux familles. Une liste des travaux de recherche utilisés pour élaborer la nouvelle Charte (annexe A) et une liste plus complète des études de l'EVAS, ainsi que des publications évaluées par les pairs et des publications du gouvernement (annexes B et C), ont été fournies. Les recherches sur les lacunes et les progrès réalisés dans le domaine de la recherche ont également été abordées.

Conclusion

Dans l'ensemble, les preuves examinées nous portent à croire que les principaux aspects de la conception de la nouvelle Charte sont toujours pertinents aujourd'hui. Bien que la conception de la nouvelle Charte était essentiellement fondée sur des données probantes, une grande partie des éléments de preuve qui ont été mis en lumière depuis la mise en œuvre de la nouvelle Charte n'ont pas encore été pris en compte dans cette « charte évolutive ». Les défis cernés sont notamment les analyses préliminaires inefficaces, le manque de compréhension de la gamme de programmes, la portée déficiente des programmes et l'indemnisation financière qui ne tient pas adéquatement compte des véritables pertes économiques ou qui ne favorise pas suffisamment la

participation au marché du travail. De plus, les facteurs de risque d'une mauvaise transition, comme le faible revenu, ne sont pas adéquatement abordés dans les programmes existants et parmi les vétérans en transition qui ne sont pas admissibles aux programmes de la nouvelle Charte.

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BACKGROUND

Origins and Evidence Base of the NVC

Studies and reviews conducted over the period 1997-2003 (Annex A) were collectively compelling in their evidence that the needs of Canadian Armed Forces (CAF) Veterans and their families were not being adequately addressed by existing Veterans Affairs Canada (VAC) programs and services.

In July 2000, VAC established the Veterans Affairs Canada – Canadian Forces Advisory Council to offer the Department advice on how to address challenges facing CAF members and Veterans and their families. In October 2002, the Council concluded that "the time had come to propose comprehensive reform." Then in 2004, the Council publicly tabled their report, "Honouring Canada's Commitment: 'Opportunity with Security' for Canadian Forces Veterans and Their Families in the 21st Century" and its companion reference document, "The Origins and Evolution of Veterans Benefits in Canada, 1914-2004."

In May of 2004, the Government of Canada announced plans to modernize its programs and services. VAC's 2004 "Diagnostique" (VAC, 2004) identified four issues; the first three related to re-establishment in civilian life including families and the last related to disability compensation:

1) Too many pensioned CAF Veterans were not successfully transitioning from military to civilian life.
2) The current fragmented response, involving multiple service providers with no single focus for post-release case management, was resulting in gaps and overlaps between programs.
3) The disability pension was the sole gateway for CAF Veterans to enter VAC programs and services. VAC's pension and related programs encouraged dependence and "unwellness" at significant human and financial cost.
4) The rapidly increasing liability of VAC's pension program was inappropriate in the context of modern disability management.

After two years of extensive analysis, design and consultations, the NVC was launched in April 2006. It featured case management and an array of health care, rehabilitation and financial supports tailored to meet the needs of transitioning contemporary CAF Veterans and established a cash award to compensate for permanent disability. The focus was shifted from chronic health maintenance to promotion of ability, well-being and independence (Thompson *et al*, 2016). The goal was to provide CAF Veterans and their families with practical help to begin their new lives outside the military. When the

government introduced the NVC, it made a commitment to continuously review and evaluate programs and services provided under the "living" Charter.

Design and Intent of the NVC

The NVC was designed to modernize programs and services by replacing monthly disability pensions with a package that included lump sum disability awards and a suite of transition and wellness[1] programs (rehabilitation, economic loss benefits, health benefits and job placement) that evidence showed was appropriate and needed by CAF members, CAF Veterans and their families. The intent was to reallocate resources, with funds to be used where they were most needed (i.e., introducing "wellness" programs and addressing the needs of the most severely disabled).

CURRENT STATUS

While key aspects of the design of the NVC are still relevant today, there have been challenges. It was slow in living up to its promise to be a "living" Charter, and while there have been enhancements, deficiencies remain that must be addressed. Harmonization with the Service Income Security Insurance Program (SISIP) never materialized. Other aspects were not fully modernized. For example, financial compensation was not designed to take into account varying degrees of earnings capacity or encourage labour market engagement – two current best practices in disability management.

Everyone is familiar with the idiomatic expression, "Don't throw the baby out with the bathwater," meaning one should avoid the error of eliminating something good when trying to rid oneself of something bad. That's the case with the NVC. The evidence-based information below needs to be considered by decision-makers to ensure that the NVC suite of programs and services is best positioned to meet the needs of CAF Veterans and their families now and into the future, while addressing the Government's related commitments to Canadians.

Results

New Evidence

There were limitations in the evidence upon which the NVC was based, which was mainly evidence related to the needs of Veterans who were VAC clients, medically released Veterans and Veterans who served in specific deployments of the 1990s. However, clients and medically released Veterans account for only a small proportion of

[1] Wellness refers to a way or style of living to achieve good well-being.

the Veteran population (12% of modern day Veterans). Also, since 2001, over 42,000 Canadian military personnel have served in Afghanistan, most after the enactment of the NVC.

In the years following the implementation of the NVC, VAC, in partnership with the Department of National Defence (DND), CAF and Statistics Canada, undertook a comprehensive study of Veterans' health called the *Life After Service Studies* (LASS) program of research (Van Til *et al*, 2011). To date there have been three cycles of LASS (2010, 2013 and 2016), which includes all CAF Veterans released since 1998, regardless of whether they are clients of VAC. This program of research includes an income record linkage study and a survey. A mortality study was included in 2010, and in 2013, Reserve Force Veterans were added in addition to Regular Force Veterans. LASS 2016, currently in the data analysis phase, added a longitudinal component. The LASS studies give an unprecedented picture of the socioeconomic and military characteristics of this important segment of the Veteran population, and measure well-being across multiple domains, including employment and other main activities, income and satisfaction with finances, health and disability, social integration, life skills and preparedness (education, skills and knowledge translation) and cultural and social environment (community belonging, household size) (Van Til *et al*, 2014).

LASS has revealed important evidence with implications for future policy development in the areas of re-establishment in civilian life, needs across the domains of well-being, the extent to which NVC programs are reaching those in need, the adequacy of compensation for economic loss, income pre-and post-release (including low family income), work disability, deployments (including Afghanistan) and information on families (including marital status, income, family size, satisfaction with family relationships and social support). To date, there have been 21 peer-reviewed papers (Annex B) and 37 government reports based on LASS data (Annex C).

VAC has also conducted various large scale reviews of the literature related to best practices in the management of disability, workplace reintegration of Veterans with mental disorders, the nature of case management and disability compensation. As well, literature reviews of key priority areas such as homelessness (Van Til and Campbell, 2013), military and Veteran families (MacLean et al, 2015) and employment (MacLean et al, 2016) have been conducted.

VAC has adopted a global well-being approach to policy development, outcomes measurement and research in which well-being is measured both subjectively and objectively across seven priority areas (domains): employment and main activity,

finances, health, social integration, life skills and preparedness, housing and physical environment and cultural and social environment (Thompson *et al*, 2016b).

Key Aspects of the Design of the NVC

Overall, evidence suggests that key aspects of the design of the NVC, based on the principles of well-being, independence and modernizing compensation, are still relevant today. This is consistent with the findings of various groups that have evaluated/reviewed the NVC since its inception, none of which recommended a fundamental redesign. This included five internal evaluations (NVC Evaluation Phase I, II and III, 2009, 2010 and 2011; Rehabilitation Services Evaluation, 2014 and Disability Benefits Evaluation, 2015); two Auditor General of Canada reports (Ill and Injured Veterans, 2012 and Mental Health, 2014); the experience and reports of other allied countries; two literature reviews and expert opinions provided to the Standing Committee on Veterans Affairs.

It is helpful to look to Veterans' jurisdictions in Allied Nations to see what can be learned from their experiences. Both Australia and the United Kingdom (UK) reformed their approaches to disability compensation similar to the NVC, in 2004 and 2005 respectively (MacLean and Pound, 2014). These reforms involved separating compensation for economic loss (earnings losses) and non-economic loss (pain and suffering) and introducing such programs as vocational and non-vocational rehabilitation and treatment benefits aimed at re-establishing Veterans in civilian life. Australia confirmed its approach in a 2008 review of disability compensation commissioned by the Australian Department of Veterans' Affairs. The review concluded that Canada's NVC was the closest to a "wellness" approach of the systems reviewed. The report added that: "[The NVC] is based on enabling and rewarding a return to the best life possible. Rehabilitation is the gateway to accessing ongoing financial support. The financial viability of the new system is underpinned by non-economic loss compensation payable only as a lump sum Disability Award."

In the United States (US), where compensation for disability is similar to that under Canada's *Pension Act*, concerns related to the adequacy and equity of compensation and growth in spending have been raised. Various studies have noted that the 1945 model upon which disability compensation in the US is based does not reflect modern concepts of disability; advances in medicine, technology and rehabilitation; and changes in the nature of work that impact earnings (VA Office of Inspector General, 2005). Therefore, compensation does not represent lost earnings, its intended purpose. Concerns over rising costs have also been raised recently by the Congressional Budget Office (2014).

A key element of the NVC is its Rehabilitation Program. Three years after the NVC was put in place, two literature reviews were conducted by the Department – one on best practices in the management of disability (Thompson and MacLean, 2009a) and another on case management (Thompson and MacLean, 2009b). Best practices in the management of disability were found to include an approach that: (1) Begins soon after the onset of a physical or mental impairment; (2) Employs a case manager to coordinate care; (3) Seeks to optimize treatment of physical and mental impairments so as to prevent or minimize long term impairment; (4) Removes or minimizes physical and social environmental barriers to full participation in life; and (5) Improves the individual's ability to manage their disability and improve function in activities of daily living, family and social roles, work and leisure, and community participation. While LASS found that Veterans had higher rates of chronic physical and mental health conditions than Canadians in general (Thompson *et al*, 2014) and such difficulties also underlie problems with employment, finances and social integration, chronic conditions and impairments do not represent disability. During the design of the NVC, health conditions and their related impairments were viewed as "barriers." However, disability arises when the person cannot adapt and cope and encounters social and physical environmental barriers (Shakespeare, 2006). Authors have argued that the goal is to help people live well with chronic health conditions, not regard their health conditions as barriers.

It was found that models of case management share the core functions of (1) case identifications; (2) collaborative case manager/client relationship; (3) needs assessment, (4) collaborative development of a case plan; (5) service facilitation; (6) interdisciplinary collaboration; (7) monitoring case plan; and (8) disengagement. This work verified that VAC's approach to programs for managing disability under the NVC was consistent with current best practices in the management of disability and that implementation of case management for modern programs was consistent with the evidence.

Further, a 2010 study (MacLean, Thompson and Poirier, 2010) examined VAC Rehabilitation Program clients who had exhausted the two-year SISIP eligibility period. It found that most had either not completed or not participated at all in the SISIP Vocational Rehabilitation Program. Many had medical-psycho-social rehabilitation needs upon application that first needed to be addressed. The authors suggested that some of these clients did not participate or did not complete vocational rehabilitation because they had unaddressed health-related issues. This speaks to the importance of early comprehensive management of disability as envisioned by the design of the NVC (Thompson and MacLean, 2009a).

In late 2013, as part of hearings to review the NVC, the Standing Committee on Veterans Affairs heard from two experts in the area of the management of disability – Judy Geary, Vice-President of Work Reintegration, Workplace Safety & Insurance Board of Ontario and Dr. Cameron Mustard, President and Senior Scientist, Institute for Work & Health and Professor, Dalla Lana School of Public Health, University of Toronto. Neither expert identified any fundamental problems with the design of NVC. In fact, Dr. Mustard pointed out that research shows clearly that participation in paid employment is beneficial to health and that he saw the NVC as an opportunity to realize this difference for CAF personnel in their transition to civilian life.

Dr. Mustard was also impressed with how the Department was measuring progress of the NVC through its Life After Service Study program of research. International trends were outlined that were consistent with the NVC, including increasing participation in rehabilitation and retraining programs that were demonstrated as important to good well-being including physical and mental health, identity and self-worth. Best practices in placing work at the heart of payment policy including consensus and buy-in across the organization, careful and competent case-management, integration of recovery and return to work (return to work does not have to precede recovery), setting and keeping case-management timelines and aligning incentives and disincentives with a program's overall goal of work reintegration.

Re-establishment/Transition Supports

Projections from data from the 2003 *Canadian Community Health Survey* (CCHS) indicate that there are currently an estimated 600,000 CAF Veterans (Regular Force and Primary Reserves, 3% of the Canadian population) who served since the Korean War living in Canada. A VAC study (MacLean *et al*, 2013) based on CCHS 2003 data found that CAF Veterans were similar to other Canadians in many areas of well-being, including self-perceived health, employment and sense of community belonging. In contrast, CAF Veterans were also found to have higher rates of separation/divorce, were worse off for life satisfaction, disability and having co-morbid chronic physical and mental health conditions. However, they were better off for perceived mental health and in some well-being areas, including income and education. There were also differences among sub-groups of the CAF Veteran population (Regular Force, Reserves, males, females and age groups). Further, the proportion of CAF Veterans aged 80 or older is expected to almost triple over the next decade from 5% in 2015-16 to 14% by 2024-25. This has important implications for the long-term care of this population. A 2008 study of war service Veterans found that under appropriate circumstances, long-term home care is often a cost-effective alternative to long-term facility care (Hollander, 2008).

In the LASS surveys, one-quarter of CAF Veterans reported a difficult or very difficult adjustment to civilian life (Thompson *et al*, 2011, 2014a). Difficult adjustment was found to be related to many dimensions of well-being (MacLean *et al*, 2014a), suggesting the need for multidisciplinary collaboration between service providers to mitigate difficult transition. Higher odds of difficult adjustment were found among lower ranks and medical, involuntary, mid-career and Army releases. While the odds of difficulty were higher among Veterans who were medically released compared to those released at retirement age, only half of medically released Veterans reported difficulty.

Given these findings on difficult adjustment, the effectiveness of transition screening was examined by linking data from transition interviews to LASS survey data on adjustment to civilian life (MacLean, Sweet and Poirier, 2011). This study found that most transition interviews are with members least at risk of adjustment difficulties following release, suggesting that targeting at-risk groups would be a more effective use of resources than the current policy of offering transition interviews to all releasing members. Further, it was found that members who do have a transition interview and are at risk were not always identified by VAC. The interview itself identified only one-quarter of those at risk.

It's not surprising that the transition interview was not necessarily identifying those at risk, given that among those who reported difficult adjustment to civilian life, most were not medically released (Thompson *et al*, 2015b). In fact, of the one quarter who reported a difficult adjustment to civilian life, the majority (60%) were not medically released. The majority were voluntarily released, and a majority of those were living with health conditions, particularly mental health problems (Thompson *et al*, 2015a).

While difficulty in transitioning to civilian life affects a wide range of Veterans, the only NVC program made available to all members transitioning to civilian life is the Career Transition Services (CTS) Program (originally the Job Placement program), and the Canadian Forces Income Support (CFIS) Program is limited to those who completed the Rehabilitation Program – a small fraction of the releasing population. Those experiencing low income and those not employed were more likely to report difficulty in transitioning to civilian life. Also, while much of the focus on financial security of Veterans has been on those deemed totally and permanently incapacitated for work (OVO, 2013), the majority of Veterans and their families experiencing low income are not clients of VAC (MacLean *et al*, 2011a). Even for clients, the minimum Earnings Loss Benefit (ELB) and CFIS rates are out of step with how low income is measured in Canada. All three measures produced by Statistics Canada (LIM, LICO and MBM)[2] account for

[2] Research at Statistics Canada led to the establishment of the Low Income Cut-Offs (LICO) in the 1960s and the variable Low Income Measures (LIM) in the early 1990s. The Market Basket Measure (MBM) line

family income and size (MacLean *et al*, 2014b). While CFIS also accounts for family income and size, the rates are lower than LIM, which is measured in LASS. The minimum ELB amount, which does not account for family income or size, while higher than LIM for smaller families (less than four), is lower for larger families (four or more).

Four LASS studies suggest the need to consider whether NVC programs are reaching Veterans in need. A study of the CTS Program found that while 17% of Veterans released from CAF were participating in CTS, up to an additional 16% had a high to moderate need but were not being reached by the program (MacLean, Sweet and Poirier, 2011). This included 11% that had a high need (low income and/or unemployed) and 5% with a moderate need (employed but dissatisfied with their work). Veterans with the greatest need of CTS were found to be younger, to have served for shorter periods of time and to have released medically or involuntarily. The second study examined Veterans who were not in the labour market (Keough *et al*, 2015) and found that almost one-quarter (22%) reported they were on disability and many were not satisfied with life. The authors suggested that this group could benefit from interventions such as VAC's Vocational Rehabilitation Program or other employment supports. In a third study that examined the earnings of Veterans who participated in the Rehabilitation Program, the authors noted that less than half of Veterans in receipt of disability benefits who released from 1998 to 2011 participated in the Rehabilitation Program (MacLean, Van Til and Poirier, 2016b). The fourth study found that among Veterans who were not VAC clients, 43% had a chronic physical or mental health condition or health-related activity limitation that they related to military service, yet almost half had never had contact with VAC (MacLean, Poirier and Thompson, 2011; Thompson and Poirier 2011). The authors suggested that further research is needed to determine whether VAC programs are reaching those that could benefit from participation.

Two studies examined outcomes of the Rehabilitation Program and another study examined outcomes of the CTS Program. The first study on the Rehabilitation Program examined how outcomes are being measured in other countries (the US, the UK and Australia) and potential outcomes measures available in LASS (MacLean, Campbell and Poirier, 2016). This study found that similar to rehabilitation programs for Veterans in other countries, VAC's Rehabilitation Program has both employment goals as well as non-employment goals, such as improving sense of community belonging and quality of life. However, while VAC measures employability, both Australia and the US were found to measure longer-term employment outcomes. While neither country was found to be measuring non-employment outcomes, options are being examined in Australia. In the second study, the earnings of Veterans who participated in the Rehabilitation

was developed in the late 1990s by Human Resource and Skill Development Canada in consultation with a Federal-Provincial-Territorial working group of officials on social development research and information.

Program were examined using LASS Income Study data (MacLean, Van Til and Poirier, 2016b). This study found that Veterans who completed the VAC Rehabilitation Program had recovered less than half (about 40%) of their pre-release labour-market earnings. Rates of experiencing low income were similar before and after program completion and higher while participating in the program. A study of the CTS Program found that while participant satisfaction was generally high for similar programs in other countries, little was known about the ultimate impact on employment (MacLean, Sweet and Poirier, 2011). The authors suggested that additional cycles of LASS would allow for the measurement of program effectiveness.

As employment is important to well-being across all the domains including health, and to adjustment from military to civilian life, a recent study (MacLean *et al*, 2016) examined: (1) Veteran labour-force outcomes in Canada and elsewhere; (2) the characteristics of the populations with various types of labour-market outcomes; and (3) effective interventions and best-practices in improving labour-market outcomes. This study reviewed 75 studies in the Canadian and international (US, UK, Australia and New Zealand) literature on Veteran labour market outcomes and analyzed the 2010 and 2013 Life After Service Studies. It found that many labour-market outcomes are being studied and these outcomes vary across sub-groups of the Veteran population. Also, while the unemployment rate was the same as that of Canadians, recent Veterans were more likely to not be in the labour market and the prevalence of health-related activity limitations at work was three times greater among Veterans (Thompson *et al*, 2014b). The findings suggested that the prevention of work disability is important for improving the labour-market outcomes of Veterans in Canada and several best-practices in preventing work disability were identified.

Given that work is critical to well-being, work reintegration is becoming a greater focus for disability compensation programs internationally and in Canada (MacLean and Campbell, 2014). For example, the Ontario Workers Safety and Insurance Board (WSIB) has developed a set of evidence-based principles called "Better at Work." Policies to improve employment outcomes need to consider compensation, workplace, health care and personal systems. A number of workforce reintegration approaches exist. However, a better understanding of these approaches and the extent to which they would be effective for CAF Veterans experiencing work disability is needed (MacLean and Campbell, 2014). A culture that understands the value of work in promoting and maintaining well-being is also needed to improve outcomes (Standing Committee on Veterans Affairs, 2013). A recent large-scale literature review found that people with mental health conditions can return to work after a prolonged absence. Further, restored health and work are not necessarily sequential (VanTil *et al*, 2013). In fact, work leads to recovery and well-being (Waddell and Burton, 2006). While some persons have

a disability so severe that they cannot work, many others would like to work but face barriers. This suggests many Veterans could benefit from employment supports and particularly from the Department's Rehabilitation Program, which is designed to help Veterans remove barriers to work.

Beyond reach and outcomes of NVC programs, challenges in transition to civilian life more broadly have been examined. These include homelessness, the impact of the Afghanistan mission, mental health and families. A literature review on homelessness (VanTil and Campbell, 2013) found that the causes of homelessness are complex and multiple, homelessness and poverty are inextricably linked, there are many pathways to homelessness and the causes of homelessness for Veterans appear to be the same as for others. A subsequent study of homeless Veterans with mental health problems found that Veterans and non-Veterans were similar and Veterans were not overrepresented in this sample compared to the general population (Bourque *et al*, 2015).

A study on CAF personnel who served in Afghanistan (MacLean *et al*, 2015b) found that existing literature focused on CAF personnel who served during the Afghanistan conflict but did not reflect post-release experiences. It also revealed that Afghanistan Veterans were worse off than other post-Korean War Veterans in the areas of adjustment to civilian life and mental health. However, the majority were found to be still serving and had yet to transition to civilian life. Participation in VAC disability benefits is expected to rise again as more of these members release. Also, experience from past conflicts suggests that Afghanistan Veterans will come forward for disability benefits over a long period of time. The authors noted that since the study included personnel who served in Afghanistan up to March 2013 and the last operation ended in March 2014, a nominal roll for Afghanistan should be completed.

The Canadian Forces Cancer and Mortality Study (CF CAMS), a project between Statistics Canada¸ DND and VAC, was initiated as part of LASS. The study included individuals who enrolled in the Regular Force after January 1, 1972, with follow-up until December 31, 2006, for mortality. This study found that Veterans have a significantly lower risk of death compared to the general population, when age and gender are considered. However, the risk of suicide among male Veterans was found to be 1.5 times higher than in the general Canadian male population. Veterans most at risk of suicide included men, non-commissioned members, those with short periods of service and those who released medically or involuntarily. This study confirmed the importance of the suicide prevention activities the Department put in place in recent years, including the package of NVC benefits and services – economic, social, therapeutic and others – which promote wellness and reduce the pressures that can lead to suicide as well as the

importance of the joint VAC/CAF mental health strategy and the establishment of specialized outpatient clinics across the country dedicated to the assessment and treatment of CAF personnel and Veterans who are struggling with their mental health.

VAC is also developing annual suicide statistics for Canadian Veterans by linking CAF release data with Statistics Canada's National Mortality Database (the database that identifies cause of death in all Canadians). The data linkage project, referred to as the Veteran Suicide Mortality Study, will describe the suicide mortality of released CAF personnel. Results will inform suicide prevention activities for Canadian Veterans.

A study (Thompson *et al*, 2016a) that reviewed the literature and examined findings from four cross-sectional national surveys of Veterans found that recent Veterans have a higher prevalence of mental health problems than the general Canadian population, earlier-era Veterans, and possibly the serving population. This study also found that mental health problems were key drivers of disability.

Compensation

The NVC modernized compensation for disability using a dual award approach that compensates for economic and non-economic loss separately. Since the NVC, much of the focus has been on the adequacy of compensation that it provides. For example, several studies (VAC, 2010; Aikin and Buitenhuis, 2011; OVO, 2012) have compared financial compensation provided under the *Pension Act* to that provided under the NVC. None of these studies considered the benefits of the Rehabilitation Program and related case management services nor the value of the lump sum Disability Award in re-establishing Veterans in civilian life introduced as part of the NVC. As well, these types of comparisons assume that financial compensation provided under the *Pension Act* is the gold standard upon which to compare the adequacy of compensation. Yet, a literature review (MacLean and Campbell, 2014) found that the adequacy of compensation for economic loss is typically measured as the degree to which benefits plus labour force earnings replace lost earnings. This study also found that while there is no accepted benchmark for the adequacy of income replacement, nor is there a consistent methodology, comparing post-injury earnings to uninjured controls more accurately reflects economic loss over time. Social adequacy – i.e., income above poverty or some low income threshold— was also found to be measured in some studies.

Under the NVC, Veteran earnings loss benefits are provided at a rate of 90% of pre-release earnings regardless of age, and additional compensation for loss of career progression (Permanent Impairment Allowance (PIA)) is based on impairment alone. However, the importance of age in determining earnings losses over time has been

highlighted in a recent study (MacLean, Van Til and Poirier, 2016a). This study compared injured Veterans to uninjured controls using LASS data and found that younger Veterans in receipt of disability benefits experienced economic losses, while those who were older at release (aged 55 or older) had virtually no economic losses. Labour-market earnings replacement rates among Veterans without disability benefits ranged from 122% for Veterans under age 40 to 20% for Veterans age 55 or older. These findings are in contrast to the 66.6% earnings replacement rate considered as "suitable and gainful employment" under the Rehabilitation Program and used as the threshold for "Totally and Permanently Incapacitated" (TPI) compensation. Further, it was found that about 15% of Veterans who completed rehabilitation had been deemed TPI without having completed a vocational rehabilitation plan. The authors noted that it is possible that participation in vocational rehabilitation prior to TPI designation might have identified opportunities to improve earnings capacity among this group. Much of the focus on the financial security of Veterans has been on those Veterans deemed TPI for work (OVO, 2013). While, the rate of experiencing low income among Veterans deemed TPI was not different from other Veterans, they were more likely to be dissatisfied with their financial situation (MacLean and Pound, 2014). Lost earnings potential may explain this difference.

This study on earnings losses also found income replacement rates varied considerably among those without disability benefits and by disability rating, suggesting factors other than disability play a role in earnings capacity and economic loss. This finding is not surprising given the link between impairment on which PIA is solely based and earnings capacity is weaker than commonly assumed. Even minor impairments can result in significant earnings losses since factors such as gender, age, transferable skills and labour market conditions may all bear on earnings capacity (Waddell and Burton 2004, Tompa 2010, Institute for Work and Health 2011). Furthermore, in the late 1960s, the USVA studied earnings capacity loss among disabled Veterans, controlling for age, education, and region of residence. They found their ratings generally overcompensated loss. The report noted that earnings capacity was more related to their skills than their ability to perform physical labour (General Accounting Office, 1997).

Financial compensation has been expanded three times (2011, 2014 and 2016) and support for expanding financial compensation may have grown out of a lack of understanding of the NVC. In 2012, two studies were commissioned by VAC as part of a five-year transformation strategic plan. The first study (VAC, 2012a) found limited awareness of VAC and its programs and services which was impacting perceptions of VAC as a whole. It was found that once respondents became aware of the extent to which VAC supports Canadian Veterans, most acknowledged the services offered were more than they anticipated. The second study (VAC, 2012b) also found awareness of

VAC programs and services among Veterans was fairly limited, but, for the most part the programs and services currently offered by VAC were deemed important.

Expanded financial compensation has resulted in rising costs. As of March 2013, NVC re-establishment program costs were double the original projections, and these costs have doubled since the NVC enhancements in 2011. One in five Veterans who participated in the Rehabilitation Program since 2006 have been deemed TPI and are projected to likely continue receiving earnings loss benefits to age 65. The majority (67%) of TPI Veterans were deemed since the 2011 enhancements, and the numbers tripled over this period. While rising military earnings (compared to what is available in the civilian workforce), rising levels of disability among Rehabilitation Program clients and TPI training and policy changes following a 2011 evaluation likely contributed to the growth in the number of TPI Veterans, much of the growth occurred after the 2011 NVC enhancements and the removal of the pension offset that came into effect in 2012 (MacLean and Pound, 2014).

Evidence suggests that more focus on labour-market engagement is needed to improve well-being as well as to control costs. Two recent VAC studies examined best-practices in disability compensation and the role of the labour market. MacLean and Campbell (2014) found that the generosity of benefits can be a financial disincentive undermining employment goals, ultimately impacting the effectiveness and affordability of the program as well as client well-being. The literature review looked at a number of studies – both national and international, Veteran and general population – and reported a negative connection between more generous benefits and employment outcomes. They found that successful employment strategies improve program affordability, income adequacy and, ultimately, well-being. This study also found that over the last decade, most Organization for Economic Co-operation and Development (OECD) countries have tightened access to benefits while improving employment integration. The second study in this area (MacLean and Pound, 2014) examined approaches to disability compensation in worker compensation schemes in Canada and Veterans' administrations in the UK and Australia. This study found that, unlike the NVC economic loss benefits, other jurisdictions use approaches to compensate for earnings loss which recognize varying degrees of work capacity and are designed to encourage labour market engagement. This same study found that the UK's earnings loss benefits are provided for life and adjusted to provide more for younger Veterans in recognition of their steeper earnings trajectory.

Family Support

Research on families of CAF members and Veterans is important given the role families play in supporting serving members and Veterans and the potential impacts military

service can have on families. A study (MacLean *et al*, 2015a) was conducted in 2015 to inform the VAC Family Strategy and to inform further research on families, and in particular LASS. The study examined the demographic composition of CAF military and Veteran families, reviewed more than 20 studies related to military and Veteran families conducted in Canada and 10 broader international military and Veteran population health studies focusing on families. This study found that families can face challenges, particularly in supporting Veterans with service-related physical or mental health conditions. Other challenge areas include identifying families at risk of difficulties in transition to civilian life and effective interventions and mitigating the general impacts of military service on families, such as in the areas of low income and spousal employment.

Another 2015 study commissioned by VAC (Norris *et al*, 2015) found that there is clear and growing evidence of the negative impacts of operational stress injuries (OSIs), mainly post-traumatic stress disorder (PTSD), on the family. There is a need for Canadian research on how OSIs may be affecting the well-being of Veterans' families and how family life may be impacting Veterans' diagnosis and treatment. The study also identified a need to assess existing interventions through research.

Further Research

Measuring the performance of the NVC for the entire Veteran population has been problematic since its introduction. In fact, the 2015-16 Management Accountability Report on Veterans Affairs produced by Treasury Board stated that VAC did not successfully demonstrate that it consistently uses performance measurement information to inform planning or resource allocations and recommended that VAC ensure its performance metrics focus on program outcomes rather than on internal service standards/outputs. While LASS has provided valuable information on program reach, compensation for economic loss and the earnings outcomes of those who participated in the Rehabilitation Program, it does not cover the entire population eligible for NVC programs (only releases since 1998). Further, due to the broad well-being focus, some areas such as employment are not examined in detail. The recently developed global well-being conceptual framework will aid in identifying appropriate well-being indicators to assess outcomes (Thompson *et al*, 2016).

In addition, VAC is exploring the feasibility of capturing Veterans on national surveys and the Census and has published a paper on the topic of identifying Veterans on surveys (VanTil *et al*, 2016). Already, discussions with Employment and Social Development Canada and Statistics Canada have led to Veteran identifier questions being added to the 2017 Canadian Survey on Disability. As well, Veterans have been identified on the Mental Health Commission homelessness study, "At Home/Chez Soi,"

in shelters across Canada (Bourque *et al*, 2015) and upon intake in the federal corrections system (Correctional service of Canada, 2015).

VAC is currently conducting a five-year program of research to close knowledge gaps in understanding and supporting CAF members/Veterans undergoing military to civilian transition. The program, called Road to Civilian Life (R2CL), focuses on the mental health and global well-being of transitioning CAF Veterans. Military to civilian transition is a highly individualized, multidimensional experience. There is anecdotal evidence and emerging consensus among researchers internationally that it is a particularly stressful process and can have later life well-being consequences. University researchers have been contracted to conduct a qualitative longitudinal study.

VAC also recently contracted with university researchers to conduct a Family Well-being qualitative study to better understand the health and well-being of families of CAF Veterans with mental health problems, whether the family is accessing support, and if so, whether the support appears to be working for them.

The LASS 2016 survey marks the first wave of a longitudinal component which will follow-up with Veterans surveyed in 2013. The Veteran Suicide Mortality Study will examine the suicide mortality of released CAF personnel. This study will monitor suicide rates on an annual basis to inform suicide prevention efforts and to Canadians.

CONCLUSION

Overall, evidence suggests that key aspects of the design of the NVC are still relevant today. While the NVC was for the most part evidence-based, much of the evidence that has come to light since the NVC has yet to be considered in this "living" Charter. Challenges identified include ineffective screening, lack of comprehension of the suite of programs, poor program reach and financial compensation that does not adequately reflect true economic losses or encourage labour market engagement. As well, risk factors for poor transition, such as low income, are not adequately addressed in existing programs and among transitioning Veterans not eligible for VAC programs. These challenges may be related to an organization that remains essentially focused on benefits delivery rather than on outcomes and as such outcome information is limited.

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Annex A: Research Used in Designing the 2006 New Veterans Charter

Year	Research
1997	A Study of the Treatment of Members Released from the CF on Medical grounds (Stow Report)
1997	Care of Injured Personnel and Their Families Review (McLellan Report)
1998	The 37th RCL Dominion Convention Resolutions
1998	NCVA's Report to SCONDVA
1998	Moving Forward – A Strategic Plan for Quality of Life Improvements in the Canadian Forces
1998	Goss Gilroy – Health Study of CF Personnel Involved in the 1991 Conflict in the Persian Gulf
1998/99	Raising the Bar: Creating a New Standard in Veterans Health Care (Subcommittee on VA of the Standing Committee on Social Affairs, Science, and Technology)
1999	Conference of Defence Associations
2000	VAC Review of Veterans Care Needs (RVCN) – Phase III
2000	Final Report – Board of Inquiry – Croatia
2003	Canadian Community Health Survey, CF Supplement (Boddam)
2003	Evaluation of an Enhanced Post-deployment Health Screening Program for CF Members Deployed on Operation APOLLO (Zamorski)
2003	Best Practices (Seniors International Forum)
2004	VAC-CFAC Advisory Council's Report – Honouring Canada's Commitment: "Opportunity with Security" for Canadian Forces Veterans and Their Families in the 21st Century
2004	VAC CF client (recent releases) telephone interviews (testing proposed approach)
2004	DND Base Commander/CWO Forum (3 November 2004)
2004	Corporate Research Associates Inc. Focus Groups with Serving and Former CF Members and their Families, December 2004 to January 2005)

Annex B: Life After Service Studies Publications, Reports and Presentations

LASS Publications (peer-reviewed)

No	Title	Data Year
1	Klassen. Income and anxiety, Draft June 2016	2010
2	MacLean MB, VanTil L, Sweet J, Poirier A, Pedlar D. Well-Being of Canadian Forces Veterans: Canadian Community Health Survey 2003. J Military Veteran Family Health. (Draft to submit in 2016).	2003
3	Thompson JM, VanTil LD, Feder K, Sweet J, Boswall M, Courchesne C, Banta G, Lamontagne P, Bogaert L, McKinnon K, Poirier A. Prevalence of Hearing Problems in Canadian Armed Forces Veterans – Life After Service Studies. Can J Public Health, (submitted June 2016).	2013
4	Thompson JM, VanTil LD, Zamorski MA, Fikretoglu D, Dursun A, Sweet J, Garber B, Richardson JD, Sareen J, Courchesne CE, Pedlar D. Composite measure of mental health problems in Canadian Armed Forces Veterans - 2013 Life After Service Survey. Population Health Metrics (submitted Feb 2016).	2013
5	VanTil L, Thompson JM, MacLean MB, Pedlar D. Screening questions to identify Canadian Veterans. J Military Veteran Family Health, 2016; 2(1): 28–32.Avail: http://dx.doi.org/10.3138/jmvfh.3587	2013
6	Hachey K, Sudom K, Sweet J, MacLean MB, VanTil L. Transitioning from military to civilian life: The role of mastery and social support. J Military Veteran Family Health, 2016; 2(1): 9–18. Avail: http://dx.doi.org/10.3138/jmvfh.3379	2010
7	Thompson JM, VanTil L, Zamorski MA, Garber B, Dursun S, Fikretoglu D, Ross D, Richardson JD, Sareen J, Sudom K, Courchesne C, Pedlar D. Mental health of Canadian Armed Forces Veterans – review of population studies. J Military Veteran Family Health, 2016; 2(1): 70–86. Avail: http://dx.doi.org /10.3138/jmvfh.3258	2013

8	Hachey K, Sudom K, Sweet J, Thompson JM, MacLean MB, VanTil L. Differences in adjustment to civilian life between male and female Canadian Armed Forces Veterans. Res Militaris, ERGOMAS Women in the Military (PtII), February 2016; published online. Avail:http://resmilitaris.net/ressources/10227/15/res_militaris_article_hachey_et_al._differences_in_adjustment_to_civilian_life_between_male_and_female_canadian_veterans.pdf	2010
9	Rebeira M, Grootendorst P, Coyte PC. Determinants of chronic physical health conditions in Canadian Veterans. J Military Veteran Family Health, 2015; 1(2): 32-42. Avail: http:// dx.doi.org /10.3138/jmvfh.3091	2010
10	Hopman WM, Thompson JM, Sweet J, VanTil L, VanDenKerkhof EG, Sudom K, Poirier A, Pedlar D. Multivariate assessment of health-related quality of life in Canadian Armed Forces Veterans after transition to civilian life. J Military Veteran Family Health, 2015; 1(2): 61-70. Avail: http://dx.doi.org /10.3138/jmvfh.2986	2010
11	Thompson JM, Pranger T, Sweet J, VanTil LD, McColl MA, Besemann M, Shubaly C, Pedlar D. Disability correlates in Canadian Armed Forces Regular Force Veterans. J Disability and Rehabilitation, 2015; 37(10): 884-891. Avail: http://dx.doi.org/10.3109/09638288.2014.947441	2010
12	Vandenkerkhof EG, VanTil L, Thompson JM, Sweet J, Hopman WM, Carley ME, Sudom K. Pain in Canadian Veterans: Analysis of data from the Survey on Transition to Civilian Life. Pain Research and Management, 2015; 20(2):89-95. Avail: www.ncbi.nlm.nih.gov/pmc/articles/PMC4391444/	2010
13	VanTil L, Macintosh S, Thompson J, MacLean MB, Campbell L, Sudom K, Dursun S, Herron M, Pedlar D. Veterans' transition experiences. J Military Veteran Family Health, 2015; 1(1): 7-8. Avail: http://dx.doi.org/10.3138/jmvfh.1.1.7	2013
14	El-Gabalawy R, Thompson J, Sweet J, Erickson J, Mackenzie CS, Pietrzak RH, VanTil L, Sareen J. Comorbidity and functional correlates of anxiety and physical conditions in Canadian veterans. J Military Veteran Family Health, 2015; 1(1): 37-46. Avail: http://dx.doi.org/10.3138/jmvfh.2014-03	2010
15	MacLean MB, VanTil L, Thompson JM, Sweet J, Poirier A, Sudom K, Pedlar DJ. Post-military adjustment to civilian life: potential risk and protective factors. Physical Therapy J. 2014; 94(8):1-10. Avail: http://dx.doi.org/10.2522/ptj.20120107	2010

16	Thompson JM, Zamorski MA, Fikretoglu D, VanTil LD, Sareen J, MacLean MB, Carrese P, Macintosh SK, Pedlar DJ. Out of the shadows: mental health of Canadian Armed Forces Veterans. International J Psychiatry, 2014; 11(2): 85-87. Avail: http://www.rcpsych.ac.uk/pdf/pub_ipv11n4x.pdf	2013
17	Thompson JM, Zamorski MA, Sweet J, VanTil LD, Sareen J, Pietrzak RH, Hopman WH, MacLean MB, Pedlar D. Roles of physical and mental health in suicidal ideation in Canadian Armed Forces Regular Force veterans. Can J Public Health 2014;105(2):e109-e115. Avail: http://journal.cpha.ca/index.php/cjph/article/view/4217	2010
18	Thompson JM, Hopman W, Sweet J, VanTil L, MacLean MB, VanDenKerkhof E, Sudom K, Poirier A, Pedlar D. Health-related quality of life of Canadian Forces veterans after transition to civilian life. Can J Public Health 2013;104(1):e15-e21. Avail: http://journal.cpha.ca/index.php/cjph/article/view/3403	2010
19	Pedlar D, Thompson J. Research in the life courses of Canadian military veterans and their families. In Aiken AB, Bélanger SAH, eds. Shaping the Future: Military and Veteran Health Research. Kingston: Canadian Defence Academy Press; 2011, pp15-31. Avail: https://cimvhr.ca/documents/Shaping-the-Future.pdf	2010
20	MacLean MB, VanTil L, Thompson J, Poirier A, Sweet J, Adams J, Sudom K, Campbell C, Murphy B, Dionne C, Pedlar D. Income study: Regular Force veterans. In Aiken AB, Bélanger SAH, eds. Shaping the Future: Military and Veteran Health Research. Kingston: Canadian Defence Academy Press; 2011, pp. 290-305. Avail: https://cimvhr.ca/documents/Shaping-the-Future.pdf	2010
21	VanTil L, MacLean MB, Thompson J, Pedlar D. Life After Service Studies: a program of population health research at Veterans Affairs Canada. In Aiken AB, Bélanger SAH, eds. Shaping the Future: Military and Veteran Health Research. Kingston: Canadian Defence Academy Press; 2011, pp317-322. Avail: https://cimvhr.ca/documents/Shaping-the-Future.pdf	2010

Annex C: LASS Government Publications

No	Title	Data Year
1	Thompson J. Hearing. Draft May 2016.	2013
2	VanTil L, MacLean MB, Poirier A, McKinnon K, Sudom K, Dursun S, Herron M, Pedlar D. Veterans of the Reserve Force: Life After Service Studies 2013. Veterans Affairs Canada, Research Directorate Technical Report (21). Draft March 2016.	2013
3	MacLean MB, Van Til L, Sweet J, Poirier A, McKinnon K. Factors associated with work satisfaction among Veterans. Veterans Affairs Canada, Research Directorate Technical Report (17). Draft March 2016.	2010
4	MacLean MB, Campbell L, Poirier A. Monitoring Rehabilitation Program outcomes using the Life After Service Studies. Veterans Affairs Canada, Research Directorate Technical Report (16). 19 April 2016; 10p. Avail: http://publications.gc.ca/pub?id=9.816702&sl=0	2010
5	MacLean MB, Campbell L, Poirier A, Sweet J. Military occupation and post-military employment and income outcomes. Veterans Affairs Canada, Research Directorate Technical Report (15). 8 April 2016; 10p. Avail: http://publications.gc.ca/pub?id=9.816688&sl=0	2010
6	MacLean MB, VanTil L, and Poirier A. Income recovery after participation in the Rehabilitation Program. Veterans Affairs Canada, Research Directorate Technical Report (20). 29 March 2016: 7 p. Avail: http://publications.gc.ca/pub?id=9.815807&sl=0	2013
7	MacLean MB, VanTil L, Poirier A. Economic Loss: Is it related to age or disability rating? Veterans Affairs Canada, Research Directorate Data Report (18). 29 March 2016; 18p. Avail: http://publications.gc.ca/pub?id=9.815831&sl=0	2013
8	MacLean MB, Keough J, Poirier A, McKinnon K, Sweet J. Labour-market outcomes of Veterans. Veterans Affairs Canada, Research Directorate Technical Report. 15 February 2016; 80p. Avail: http://publications.gc.ca/pub?id=9.811336&sl=0	2013

9	MacLean MB, Pound T. Compensating for permanent losses: Totally and Permanently Incapacitated. Veterans Affairs Canada, Research Directorate Technical Report. 22 April 2014; 28p. Avail: http://publications.gc.ca/pub?id=9.816420&sl=0	2010
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11	MacLean MB, Campbell L, O'Connor T, Van Til L, Poirier A, Sudom K, Dursun S and Pedlar D. Profile of personnel deployed to Afghanistan. Veterans Affairs Canada, Research Directorate Technical Report. 14 December 2015; 20p. Avail: http://publications.gc.ca/pub?id=9.808246&sl=0	2010
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