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*LIFE AFTER SERVICE STUDIES (LASS) SECONDARY ANALYSIS
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Veterans Independence Program Need - Indicators from the Survey on Transition to Civilian Life

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Research Questions (Request)

How many Veterans Independence Program (VIP) Veteran clients appear not to have a need for VIP? Is VIP reaching Veterans in need?

Background

VIP is a national home care program established by Veterans Affairs Canada (VAC) in 1981 to help clients remain healthy and independent in their own homes or communities. VIP complements but does not replace other federal, provincial or municipal programs. VAC Case Managers assess eligible Veterans for need for VIP services, which may include: grounds maintenance; housekeeping; personal care services; access to nutrition services; health and support services provided by health professionals; ambulatory (out-patient) health care for certain health and social services provided outside the home; transportation costs to foster independence; home adaptations and nursing home care.

While the majority (75%) of VIP Veteran clients are War Service Veterans (World War II or Korea), many Canadian Forces (CF) Veterans also receive VIP. In two years, the number of CF Veteran clients receiving VIP grew from 14,073 (March 2008) to 17,742 (March 2010), an increase of 26%. Over this same time period, the participation rate rose from 27% (14,073 of 52,870 eligible) to 29% (17,742 clients of 61,157 eligible).

While the number of War Service Veteran clients using VIP is expected to decline, the number of CF Veteran clients¹ is expected to increase as VAC's Veteran population shifts. By 2015, the approximately 56,000 War Service Veteran clients receiving VIP (March 2010) is forecast to decline to 29,000. At the same time, the number of CF Veteran clients receiving VIP is expected to increase from about 18,000 to 25,000.²

Possible explanations for the growth in VIP participation among CF clients include aging, rising need related to disability severity independent of aging and rising service intensity. While the average age of CF clients has been increasing, it is unknown whether disability levels are rising at each age group or if the provision of benefits is increasing independent of disability levels ("service intensity").

The Survey on Transition to Civilian Life 2010 targeted Regular Force Veterans that released from 1998 to 2007. The survey included questions about activity limitation and need for help with activities of daily living which are indicators of need for VIP. The share data provided to VAC and the Department of National Defence (DND) by Statistics Canada allowed for linkages to administrative data including use of VIP. This presented an opportunity to examine reach and unmet need for a segment of the CF population as it relates to VIP.

1 Includes some still-serving members.

2 Source: Veterans Affairs Canada Client and Expenditure Forecast, 2011-12 Forecast Cycle, Statistics Directorate, August 2010.

Method

VIP client status for March 2009 from VAC administrative data³ was linked to the Survey on Transition to Civilian Life 2010 share data (3,154 Regular Force Veterans released from 1998 to 2007)⁴. Two indicators (participation and activity limitation and needs help with tasks) were compared for three groups: VIP clients; VAC clients not in receipt of VIP (non VIP clients); and Veterans not in receipt of benefits (non-clients).

Participation and activity limitation is derived from a series of questions on activity limitation at home, at school, at work and other activities. It includes those who reported being limited (sometimes or often) in selected activities (home, school, work and other activities) because of a physical condition, mental condition or health problem which has lasted or is expected to last six months or longer.

Needs help with tasks is derived from six questions on needing help (because of health reasons) with instrumental activities of daily living such as preparing meals, shopping for groceries or other necessities, doing everyday housework, and personal care (washing, dressing, eating or taking medications), moving about inside the house or paying bills.

Results

Of the 3,154 Veteran respondents to the Survey on Transition to Civilian Life, 622 or 11% (weighted for oversampling of clients) were VIP clients as of March 2009. The remainder were either VAC clients not in receipt of VIP (22%) or non-clients (66%). The vast majority (98%) of VIP clients had a participation and activity limitation, but 30% of VIP Veteran clients reported not needing help with tasks. This represents 3% of the population appearing to not need help but receiving VIP.

Most (90%) non-VIP clients also had a limitation and about one-quarter (26%) reported needing help with tasks. Among non-clients, the proportion reporting activity limitation was much lower (38%), and only 5% reported needing help. Together, 10% of the population appeared to have a need for VIP but were not in receipt of benefits.

	VIP Clients	Non-VIP Clients	Non-Clients	Total
Sample	622	1,173	1,359	3,154
Weighted % of population	11%	22%	66%	100%
Participation and activity limitation	98.3%	89.5%	37.7%	56.1%
95% Confidence Interval	(96.8-99.1%)	(87.5-91.2%)	(35.2-40.4%)	(54.3-57.9%)
Needs help with tasks	69.7%	26.2%	5.0%	17.1%
95% Confidence Interval	(65.8-73.4%)	(23.7-28.9%)	(4.0-6.4%)	(16.0-18.2%)
Need help but not a VIP Client	-	-	-	10.4%
95% Confidence Interval				(9.3-11.6%)

3 VAC Statistics Directorate Annual Client dataset.

4 Thompson JM, MacLean MB, Van Til L, Sudom K, Sweet J, Poirier A, Adams J, Horton V, Campbell C, Pedlar D. Survey on Transition to Civilian Life: Report on Regular Force Veterans. Research Directorate, Veterans Affairs Canada, Charlottetown, and Director General Military Personnel Research and Analysis, Department of National Defence, Ottawa. 04 January 2011:103 p.

Discussion

Possible explanations for receipt of VIP without an apparent need include: (1) there was a need for VIP when approved for benefits but the need no longer exists; (2) the types of tasks for which VIP was approved were not covered by the survey such as heavy housekeeping (e.g. cleaning gutters); or (3) benefits were provided without the establishment of a need for VIP. VIP benefits may be awarded not for a need for VIP services but for treatment benefits (such prescription drugs, physiotherapy, etc., without the relationship to pensioned condition). Many clients become eligible for treatment benefits once approved for VIP. Further research is needed to sort out why VIP clients who do not seem to have an apparent need for VIP are receiving benefits.

Conclusion

This paper set out to answer two questions: (1) How many VIP Veteran clients appear not to have a need for VIP? and (2) Is VIP reaching Veterans in need? About 11% of Regular Force Veterans who responded to the Survey on Transition to Civilian Life were in receipt VIP, and almost one-third appear not to have a need representing 3% of the population. On the other hand, 10% of Regular Veterans who responded to the Survey appear to have a VIP need but are not receiving benefits.

Interpretation Guidance

The results cannot be generalized to all Veterans as they represent only a sub-component of the Veteran population (i.e., Regular Force Veterans released from 1998 to 2007). The indicator of need used in this study may not cover legitimate needs for which VIP may be provided.

Requestor(s)

This research was requested by Shawn Russell, Director VIP and lead of the Transformation Team on VIP. Steve Ogden and Shauna Cheverie of Audit and Evaluation who are conducting an evaluation of the VIP program were also provided with a copy of the results.