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Client Experiences with Veterans Affairs Canada Rehabilitation Program and Case Management Services

Final Report

Prepared by:
Corporate Research Associates Inc.

Prepared for:
Veterans Affairs Canada

Ce rapport est aussi disponible en français.

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Canada

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Supplier Name: Corporate Research Associates Inc.

April 2019

This public opinion research report presents the results of in-depth interviews conducted by Corporate Research Associates Inc. on behalf of Veterans Affairs Canada (VAC). The research study included a total of 29 in-depth telephone interviews with VAC clients who were currently or had received Case Management Services and/or taken part in the Rehabilitation Services and Vocational Assistance Program. All had completed the 2017 VAC National Survey and expressed an interest in follow-up research. Interviews were conducted from February 27 to April 2, 2019.

Cette publication est aussi disponible en français sous le titre : Expériences des clients avec le Programme de réadaptation et les services de gestion de cas d'Anciens Combattants Canada.

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Executive Summary

Corporate Research Associates Inc.
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To support improvements to service delivery and policy development, in the spring of 2017 Veterans Affairs Canada (VAC) conducted the VAC National Survey 2017 to obtain feedback from War Service Veterans, CAF Veterans and Members, RCMP Veterans and survivors who were either in receipt of benefits or who had applied for a benefit in the last 12 months. While the survey demonstrated overall satisfactory results, aspects of the Rehabilitation Services and Vocational Assistance Program and Case Management Services received lower ratings. As such, further exploration was needed to better understand the reasons for lower satisfaction levels.

In January 2019 VAC commissioned Corporate Research Associates Inc. (CRA) to conduct qualitative research with Veterans who took part in the 2017 VAC National Survey. The goal of this study was to explore areas of lower satisfaction from the 2017 VAC National Survey, specifically related to the Case Management Services and the Rehabilitation Program. A total of 29 in-depth telephone interviews were conducted from February 27, 2019 to April 2, 2019.

Research objectives:

- Explore clients' perceived experiences with their engagement in the Rehabilitation Program and/or Case Management Services;
- Identify the facilitators and barriers to clients' participation in the Rehabilitation Program and/or Case Management Services;
- Identify the facilitators and barriers to clients' completion of the Rehabilitation Program and/or Case Management Services.

The study also sought to make recommendations for survey items on future iterations of the VAC National Survey, and future research to support the development, management and improvement of programs and services for Veterans and their families.

Findings from this qualitative research study will be used to increase VAC's understanding of clients' experiences with these specific programs/services, inform the development of survey items on future iterations of the VAC National Survey, and inform future research to support the development, management and improvement of programs and services provided to Veterans and their families. Qualitative techniques are used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. As such, results are directional only and cannot be projected to the overall population under study.



What Did Veterans Tell Us?

Transitioning from Military to Civilian Life

Veterans begin their case management experience at a time of physical pain, mental instability, with trepidation and uncertainty for their future. This and the fact that military culture is significantly different than civilian culture defines particular needs for the Veteran.

Awareness and Understanding of VAC's Services and Programs

Veterans are often unaware of, or do not understand the suite of VAC's programs and services available to them, and are unsure where to access this information. This is sometimes a function of the Veteran's personal physical and mental circumstances that make it difficult to absorb and navigate information and sometimes a function of the complexity of VAC's system. Often both factors are at play. Therefore, Veterans want a clear and structured Case Plan. This points to the need for clear, complete, direct and accessible information, delivered pro-actively to the Veteran and it emphasizes the need for the Case Manager to act as both an advocate and a navigator for the Veteran for both VAC programs and community resources.

Case Manager Role - Characteristics, Knowledge and Skill Set

Veterans do not fully understand the Case Manager role and experience variability in quality and experience levels in Case Managers. Veterans identify key qualities and ideal characteristics as: being empathetic, understanding, caring, having excellent listening skills and an ability to build rapport. Veterans expect that Case Managers will be knowledgeable about all of VAC's benefits and services and will proactively communicate this information to Veterans. There is the perception among some Veterans that Case Managers may withhold information, thus acting as gate-keepers.

Working Relationship Between Veteran and Case Manager

Veterans want direct access to their Case Manager and they want continuity in the working relationship. Change is experienced as disruptive and potentially harmful to the Veterans' well-being. Veterans express a fear of the future and seek a safety net, sometimes expressed as a desire to retain Case Management services and remain in the Rehabilitation program, even when the Veteran is deemed well enough to cease services.

Experiences with Rehabilitation Services and Vocational Assistance Program

Veterans have experienced excellent outcomes as a result of participating in medical, psychosocial and vocational rehabilitation programs, however Veterans identified issues in the program that stem from both individual and structural (VAC) sources. The connection between rehabilitation and financial security is one that requires further exploration. This and Veterans' fear of the future and want of a safety net, combined with what is perceived as a lack of accountability may account for Veterans remaining in the Rehabilitation program even when they are determined to be well. Veterans have good awareness of medical and psychosocial rehabilitation programs, but not for vocational rehabilitation. Veterans experience confusion between the Service Income Security Insurance Plan (SISIP) offered by the Canadian Armed Forces and the Vocational Assistance program offered through VAC.



Introduction

A core responsibility of Veterans Affairs Canada (VAC) is to support the care and well-being of Veterans and their families through a range of benefits, services, research, partnerships and advocacy. Case management and rehabilitation services are two core offerings of VAC, each of which was explored in detail in the VAC National Survey in 2017, as outlined below.

Case Management Services

VAC Case Management services enable Veterans with complex needs, and their families, to achieve mutually agreed upon goals through a collaborative, organized and dynamic process, coordinated by the VAC Case Manager. VAC Case Managers are members of interdisciplinary teams and have access to doctors, nurses, physiotherapists, occupational therapists, mental health specialists, rehabilitation specialists, and provincial and local programs and service providers. The Veteran and Case Manager's working relationship begins as soon as the Veteran and VAC Case Manager meet. Initially, the Case Manager and Veteran identify and establish goals or the Veteran's case plan, as well as the facilitators and barriers to achieving these goals. Throughout the course of the case management process the Case Manager will work with the Veteran to monitor and evaluate their progress and adjust the plan as necessary to assist the Veteran and their family reach goals, and optimize the Veteran's level of independence and well-being.

Rehabilitation Services and Vocational Assistance Program

The rehabilitation services and vocational assistance program (rehabilitation program) was initiated after the implementation of the New Veterans Charter on April 1, 2006. The rehabilitation program provides services to support Veterans improve their physical, psychosocial, and vocational well-being. Depending on individual needs and goals, the Veteran works with a Case Manager to establish a rehabilitation plan to address identified barriers to their function at home, in their community or at work. Access to services can include medical rehabilitation, psychosocial rehabilitation, and vocational rehabilitation.

Qualitative Research

To support improvements to service delivery and policy development, in the spring of 2017 Veterans Affairs Canada (VAC) conducted the VAC National Survey 2017 to obtain feedback from War Service Veterans, CAF Veterans and Members, RCMP Veterans and survivors who were either in receipt of benefits or who had applied for a benefit in the last 12 months. The National Survey aimed at gathering information on Veteran health and well-being and the extent to which programs are effective in meeting recipients' needs.



The VAC National Survey 2017 was designed to provide high level information on degrees of satisfaction with VAC services and benefits. While the survey demonstrated overall satisfactory results, aspects of the Rehabilitation Services and Vocational Assistance Program (hereinafter referred to as the Rehabilitation Program) and Case Management Services received lower ratings. As such, further exploration was needed to better understand the reasons for lower satisfaction levels.

With this in mind, VAC commissioned Corporate Research Associates Inc. (CRA) to conduct qualitative research with Veterans who took part in the National Survey 2017 to explore areas of lower satisfaction, specifically related to the Case Management Services and the Rehabilitation Program. VAC will use the research findings to:

- Increase VAC's understanding of clients' experiences with these programs/services;
- Inform the development of survey items for future VAC National Surveys; and
- Inform future research to support the development, management and improvement of programs and services provided to Veterans and their families.

More specifically, the objectives of the qualitative follow-up research project are as follows:

- Explore clients' perceived experiences with their engagement in the Rehabilitation Program and/or Case Management Services;
- Identify the facilitators and barriers to clients' participation in the Rehabilitation Program and/or Case Management Services;
- Identify the facilitators and barriers to clients' completion of the Rehabilitation Program and/or Case Management Services.
- Make recommendations for survey items on future iterations of the VAC National Survey, and for future research to support the development, management and improvement of programs and services for Veterans and their families.

Findings from this study will be used to increase VAC's understanding of clients' experiences with these specific programs/services, inform the development of survey items on future iterations of the VAC National Survey, and inform future research to support the development, management and improvement of programs and services provided to Veterans and their families.



Research Methodology

Target Population

The target population consisted of Canadian Veterans, specifically the sub-population of VAC clients who were currently in receipt of Case Management Services and/or who participated in the Rehabilitation Program, or those who had recently completed receiving this service, or program.

Discussion Guide Design

The interview protocol was developed by Corporate Research Associates in close consultation with Veterans Affairs Canada. The final interview protocol is appended to this report (Appendix D). Interview questions/topics are in part based on background information provided by Veterans Affairs Canada (as found in Appendix E of this report).

Data Collection

A total of 29 in-depth telephone interviews were conducted with VAC clients between February 27 to April 2, 2019. Each interview lasted approximately one hour (ranging from 40 minutes to 1 hour and 20 minutes). Of the 29 interviews, four were conducted in French and 25 in English based on each client's preferred language. Participants represented a cross section of geographic locations across Canada.

Sample

Participants were randomly recruited from a VAC-provided list of individuals from the target audience, as identified above. Only those who completed the VAC National Survey 2017 and expressed an interest to take part in follow-up research were considered for this study. All participants were recruited by telephone, per the recruitment specifications for the Government of Canada. Participants were offered a financial compensation of \$75 in appreciation for their time.

The following provides a breakdown of interviewees based on their current or past participation to the Case Management Services and the Rehabilitation Program (based on their self-identification):

	Current	Past	Total
Case Management Services	13	16	29
Medical Rehabilitation	10	9	19
Psycho-social Rehabilitation	9	10	19
Vocational Rehabilitation	0	4	4



In total, 9 females and 20 males took part in the research. The following provides an overview of the age breakdown of participants:

Age Category	Number of Participants
30-39 years old	8
40-49 years old	6
50-59 years old	13
60-69 years old	2

In total 20 interviews were conducted with Veterans who currently reside in a rural community, while nine interviews were conducted with those located in an urban centre. The following table provides a breakdown of interviews by region:

Region	Number of Participants
Atlantic Canada	8
Quebec	3
Ontario	10
Western Canada/Prairies	8

Analysis Approach

Corporate Research Associates consultants reviewed notes and recordings from the interviews to assist with the analysis of research findings. In reviewing the information obtained during the interviews, commonalities and differences among responses were identified, as well as overarching themes. In addition, the analysis incorporated the frequency occurrence, combining outward comments expressed by respondents. As qualitative research is not statistically representative, a calculation of frequencies only provided direction on areas that require critical focus during the analysis and actual frequencies were not included in the report.

Context of Qualitative Research Approach

Qualitative discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of individual or group qualitative discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. This type of discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Qualitative research allows for more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion." Qualitative techniques are used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. As such, results are directional only and cannot be projected to the overall population under study.



Findings

Veteran's Experiences with Case Management Services

Veterans were asked to share perceptions of their Case Management experience, including initial case manager assignment, the ongoing working relationship with their case manager, the development of a case plan, and Case Management communications.

1. Transitioning from Military to Civilian Life

Regardless of region, conversations highlighted that for many Veterans the transition from a structured military life to a civilian life, where there is often no structure at all or guidance, is often a shock. For most, having to adapt to a non-regimented civilian lifestyle is compounded by the fact that Veterans are typically dealing with serious physical and mental conditions at the time of discharge, as a result of their service. Again, while this aspect is beyond the scope of the Case Management Services, the research shows that it has a significant influence on Veterans' perceptions of that service.

"...I was in the military one day, and I was out the next day. There has to be a longer span when people can go and start working or being integrated into civilian aspects to understand how things work. There is no hierarchy anymore. People need to learn that the whole planning process, it's not organized. It's very disorganized. Military people cannot handle disorganization and lack of preparation. They need to learn slowly how to move from a structured environment to a chaotic environment."

"There has to be some sort of mechanism in place to ease the transition from the Canadian Forces to civilian [life] in a more managed pace. Don't throw a person at a psychologist three months after being released because it is not the same. It is outside the whole scope for VAC but there should be a "one-stop centre" for everything; VAC, SISIP, the CF release centre."

Accordingly, for many Veterans, integration into a civilian lifestyle presented real challenges given their mental and physical state at the time. Apparent simple tasks such as filling out documentation, or finding a civilian doctor proved problematic for some, as such responsibilities were things typically taken care of for them by the Canadian Armed Forces (CAF) when they were in service. Veterans also reported that these tasks were further exacerbated by memory loss, mental challenges, being highly medicated, or an unfamiliarity with what processes are required. This underscores the important advocacy role of a case manager, especially at the onset of the relationship with clients.

Most Veterans interviewed were generally satisfied with their assignment of a case manager following discharge. Overall, initial assignments were deemed to be timely and met Veterans' expectations, with assignment typically taking place within an acceptable timeframe immediately following discharge.



“I would say I was assigned a case manager pretty much right off the bat.”

That said, a number of Veterans believed consideration should be given to having a case manager assigned prior to or at discharge to ensure a smoother transition and to provide increased clarity during the transition process. Indeed, these Veterans would have liked to have had their medical file and other relevant information regarding their SISIP case transferred from the Canadian Armed Forces to Veterans Affairs Canada to inform their case manager, avoid having to repeat medical examinations, and ensure a smoother transition from the CAF. While this element is beyond the scope of the Case Management Services, it was perceived by Veterans as having a significant impact on their level of satisfaction with the Case Management Services.

“When you leave the military, it happens really fast and there is no one to navigate; no one to tell you what services are available. You are in limbo the first few months. Being assigned a case manager prior to discharge would be helpful; or [being provided] a number to call when you have questions. I was going back to the base and they couldn’t answer my questions.”

While few problems were identified in relation to the timeliness of case management assignment, some Veterans expressed confusion in terms of understanding the process following discharge, the role of the case manager, and the full spectrum of programs and services available for Veterans. In addition, a number of Veterans felt it was not clear to them what services are and are not covered by VAC, most notably with respect to medical services.

2. Awareness and Understanding of VAC’s Services and Programs

Veterans Affairs Canada’s (VAC’s) Case Management was considered by Veterans who took part in the study as a highly important and valued service, especially in guiding a Veteran as they leave the Canadian Armed Forces and try to regain normalcy in their lives.

There appeared to be some confusion as to the extent of the services offered by Case Management Services, notably in terms of knowing what service is available, and receiving assistance to apply for those benefits.

Veterans’ reactions were mixed when asked if their case manager proactively recommended VAC benefits and programs. Some felt that their case manager effectively communicated the full spectrum of programs and services available and proactively offered suggestions and guidance.

“They were good to explain; good to contact me. I asked for things I was not entitled to and they were good at explaining why I could not access those.”

“The communication aspect worked very well. If I requested information, she got back within a reasonable time. Information on benefits was good. She was open and quick [to respond].”



Other Veterans criticized case managers for offering a more limited and subjective range of services. Indeed, a good number of Veterans were under the impression that their case manager did not openly discuss the full range of options, but rather recommended only the assistance or resources that they felt the Veteran needed, based on their initial review of a Veteran's case. More so, these recommendations were sometimes made in absence of any conversation with the Veteran or the Veteran's family. While Veterans appreciated the guiding nature of this type of interaction, they expressed a desire for more open and complete communication.

“One of the biggest hurdles is the transparency of information. The information that the Vet needs about the program isn't widely available to them. If I went on Google and searched “VAC Rehab”, I don't get an official site; I get people's testimonials, not official. There is no detail from VAC online... I found out [about programs and services] because when I was released, I worked near the VAC office so I was constantly asking them questions. That is how I found out about it.”

Regardless of their level of satisfaction with their case manager, Veterans highlighted a need for increased and more complete communication on the full range of benefits and services available to them in a simplistic, reference document. While online access to this kind of information was also suggested by a few, the importance of a simple, printed document was considered paramount particularly given the fact that many Veterans reported experiencing mental or emotional challenges at the time when information is initially needed and may be unable to absorb and understand information shared verbally. Having a printed reference document that can be shared with others, referred to at a later date, and that does not place the onus on the Veteran to search out the information, was deemed by Veterans as both essential and currently lacking. Further, some Veterans indicated that they were not 'tech savvy' and were often overwhelmed by complex government websites and difficult site navigation. Nonetheless, a tool available both in print and online was considered important.

“It would be good to have a web page to talk about all of the treatments available, and the results. Present all of the facts in an unbiased way. That way, a Veteran can make an informed decision. It needs to present all of the facts, not just what the department thinks is the best approach.”

“[They need to] ensure that Veterans know what they are entitled to, and what is required of them throughout the various steps.”

For a few Veterans, awareness of eligible programs, resource and services often occurred through discussions with other Veterans or through civilian medical personnel they were seeing. This was a point of frustration for some, suggesting that VAC was not committed to ensuring Veterans had full awareness and access to benefits that they are entitled to. A few Veterans saw their case manager as someone 'holding the purse strings' in terms of deciding what should be offered to a Veteran, rather than as an advocate for the Veterans and what they needed.

When considering community resources that may be available to Veterans, with very few exceptions, Veterans indicated that their case manager had not informed them of any such community resources.



Further, most were unaware that this was actually a responsibility of a case manager. In most cases Veterans were either unaware of any community resources that might be available to them or had only heard about such resources by chance or through communication with other Veterans.

“I live in a small rural community and I don’t think there would be anything. But when I did live in the bigger cities, I wasn’t told of any [community programs or services].”

Across locations, Veterans discussed the importance of having clear, succinct and simplistic communication with their case managers. Many expressed frustrations with a lack of simple communication or broad overview related to Veterans’ benefits and services, and felt the system is complicated and overly complex to navigate. As mentioned, this is further compounded by a Veteran’s poor mental state at the time of discharge. The system was criticized for its inability to clearly outline necessary information in a format that is easily understandable and can be quickly referenced at a later date.

Veterans felt strongly that case managers should present a complete overview of all program and service options available, discuss the various advantages and disadvantages of each option, and collaboratively decide what is the best course of action with the Veteran’s best interests in mind. While this was the approach reportedly experienced by some Veterans, many indicated that they experienced otherwise.

Further, during that discussion, it was deemed imperative that Veterans fully understand what impact specific actions would have on their various benefits. For example, if certain benefits would be lost if a Veteran started a specific program, that consequence must be clearly articulated and understood. Across locations, Veterans underscored the need to use simple language in written communication regarding benefits, program allowances or any decisions pertaining to a Veteran’s case. In a few instances, Veterans felt that VAC currently uses a formal and technical language in its personal written communications with Veterans.

“J’ai entendu dire que si tu manques trop de rendez-vous, tu te fais sortir du programme. Je trouve ça aberrant parce que me sentir fatiguée comme j’étais, je trouve ça normal qu’il y ait des absences à des rendez-vous.” (I heard that if you miss too many appointments, you are taken out of the program. I find this appalling because feeling tired as I was, I find it normal that there would be missed appointments.)

3. Case Manager Role - Characteristics, Knowledge and Skill Set

While some felt that their case manager supported their effort to access VAC and community services, others were unclear as to what case managers were responsible for and what Case Management Services entailed. This lack of clear understanding of the role of case managers may have contributed to some Veterans’ frustration towards the service. Conversely, a clear understanding of the role of case managers led to Veterans being more satisfied with the service.



Across interviews, Veterans' Case Management experiences varied considerably. Those who reported the greatest level of satisfaction with their engagement in the service reported having had an attentive, caring and involved case manager who they felt advocated for them and who took care to build a strong rapport.

“My current one we have a really productive thing [going on]. He always calls every month or month and a half to check on me and we set up time for home visits. Any problem or question I have; I can just call him and he responds really quickly. He will let me know about home visits; he likes to do it once a year.”

Veterans' level of engagement in, and satisfaction with, the Case Management Services appeared to be influenced by their level of understanding of the process, but also with the case managers' ability to create a strong rapport with their clients. Indeed, across locations, Veterans consistently underscored the importance of any case manager being understanding, empathic and respectful. More so, it was felt that a case manager must be considerate of Veterans' situation, compassionate of what Veterans are going through and caring in all dealings with a Veteran. Ideally, it was felt a case manager should be an advocate for Veterans, someone to help Veterans navigate through various resources and information. Consistently, those who qualified their relationship with their case manager as such were pleased with the service they received. By contrast, a lack of perceived empathy and caring was often cited to explain dissatisfaction.

Assuming that advocacy role, a case manager's listening skills were deemed imperative, as was their ability to ensure that communication is provided in a format that is fully understood and easily comprehensible. Further, it was suggested that the skillset needed for case managers should include experience in the medical sector or social services, with a special understanding of how to deal with complex mental health issues.

Despite uniformity in opinions on what a case manager should be like, findings suggest inconsistencies in the level of service offered to Veterans. While some Veterans were pleased with the professionalism and quality of service offered by their case manager and considered the relationship to be exceptionally strong, others felt their case manager lacked some of the essential qualities that are needed to build rapport. Veterans' perception of their case manager's ability to build rapport and establish a trusting relationship with them appeared to highly influenced their perceptions regarding the quality of the service they received.

“The first case manager took the time to go through my medical record and outline the issues and discussed with a doctor about something she was unsure of. She took time to invest in me. To understand my situation. She was laid back, not all uptight. I have had a couple of case managers that were so pushy; but she wasn't. She was taking time to understand what my position was and helped me along to reach my goals. She was more on top of following up on things. She would contact me every four to six weeks.”



“They never pushed me; they offered me suggestions and contact information and not once they told me I had to do this. Both [case managers] were totally great in understanding [my situation].”

“She cared about my needs and she was always wondering how the family was and how I was and how I was doing with my goals.”

“[She showed] empathy; advocating for me instead of me trying to prove my case. It was like she was going to do everything possible to help streamline [the process] and get all the benefits I was entitled to.”

Veterans noted considerable variability in both the quality and experience of case managers. Many Veterans prefaced their comments about their case manager working relationships by noting that they have had dramatically different experiences with different case managers. Such inconsistencies in service delivery were attributed to: different personalities, varied backgrounds and capabilities of case managers; a lack of continuity in case managers; and a difference in accessibility offered by part-time and full-time case manager resources.

There is a widespread perception among Veterans that case managers are overworked, bearing excessive and perhaps unrealistic workloads. Veterans were under the impression that case managers' workload impacts their performance, including the level of contact they have with Veterans, and their ability to consistently review a Veteran's progression and offer counsel advice.

“I have been very fortunate. I ended up getting two really good case managers. I talk to other Vets that have other case managers that are way too busy. I know mine is busy, but he will even email or text after work to make sure everything is ok.”

4. Working Relationship Between Veteran and Case Manager

Perhaps not surprising given Veterans' highly structured lifestyle while in the service, Veterans voiced a clear desire for a regimented schedule of contact with their case manager. Further, given some Veterans' compromised mental state, they expressed a desire for a plan of action that does not present uncertainty and surprises. They expressed a desire to know what they can expect as they work through their progress, and want to ensure that the contact schedule is reviewed on a regular basis and adjusted as necessary. Those who have had positive working relationships with their case manager generally believed that their relationship has helped them stay better informed on how to access the VAC programs and benefits that they need. In fact, many cited their case manager's suggestions and assistance as being fundamental to their effective receipt of services and programs. By contrast, those who experienced a less than ideal working relationship felt the contrary. For them, they did not believe that they received the necessary program and service information in a timely fashion (if at all), or did not feel as though their case manager was effectively looking out for their best interests.



Change in Case Manager:

A good number of Veterans indicated that they had worked with multiple case managers. All Veterans fully appreciated the heavy workload and limited number of case managers available and understood that changes in staffing may occur. That said, a number of Veterans shared incidences where they had not been informed of a change in their case manager and had only found out when they reached out in need of assistance.

“I kept getting new [case] managers; 3 or 4 managers. I lost track of how many I have had. It is a lot when you are not really told who the new one is. So, I could not do much about telling them about my progress.”

Dissatisfaction with the Case Management Services included having had to deal with multiple case managers who offered various levels of services. Specifically, many Veterans reportedly used the services of a number of different case managers over time, noting an inconsistency in service delivery. In general, findings suggest that Veterans appear more satisfied with the service if they dealt with few case managers over the course of the program.

For some, losing a ‘good’ case manager caused anxiety as they had to re-develop a working relationship with another case manager – often times sharing details and revisiting traumatic occurrences in their lives. The need to repeatedly provide all detailed information to the new case manager was considered troublesome and an ineffective use of everyone’s time. Many were left with the impression that VAC does not have a transition process in place, as the new case manager were not always familiar with the Veteran’s case. It was believed that a better transition process should be implemented, and that involved Veterans, in addition to providing advance notice of the change to Veterans when possible.

“Over the course of about 3 ½ years, I had about three case managers. The first one was good, but she left on mat leave. Then I had no case manager. Then I ended up with a case manager that was 2 hours away and it was not easy to see her. I talked to her a couple of times over the phone and that was it. Then I had no case manager for a while. I was given another case manager [nearby] and she was later posted [in another province] so we had a couple of phone calls, and that’s it. I went to call her one day to find out something and I happened to find out that she was no longer my case manager. I had called the 800 VAC line and they told me she was no longer my case manager. Some case managers don’t want to give you their direct line.”

Desire to Retain Case Manager – Continuity of Care:

Once finished their case plan, some Veterans would like to have the option of keeping their file open, or retaining a case manager, just in case they need to reach out at some time in the future to access additional services. This would provide a ‘safety net’ for some, including reassurance that assistance would be available if needed. It was mentioned that the current situation may be a reason why some Veterans slow down program completion, so as to retain the service of a case manager for as long as possible.



“I think that a Veteran should have a case manager ongoing. Every Veteran should have a point of contact that they can reach out to. Who at least has met you and has a file on you. You may never have to have that point of contact, but if you need it, it’s there.”

Access and Contact with Case Manager:

Some Veterans were frustrated by the fact that they are unable to contact their case manager directly. The use of My VAC Account/ Mon dossier ACC was limited among Veterans. Many were unfamiliar with using the system and reported that they had not been properly trained on it. Others indicated that they do not like to use the system and found it cumbersome to deal with online formats. Some indicated that they prefer to have a more personal relationship with an established contact. For them, their case is a personal matter that they would like to be able to discuss one-on-one within an established relationship.

Having a direct phone number or email was clearly preferred to having to call a general phone line and it was felt the current system is not set up to be responsive to Veterans’ needs. Veterans disliked that they have to consistently prove who they are when calling the general line, and having to wait for a response from their case manager once a message is left with them. While the process appears simplistic to them, they reported that it introduced a layer of stress for those with mental challenges caused by stress.

“They will not do any contact via email. You have to go through the MyVAC messaging system. It is a pain [...] because you have to log in and certify who you are and send a message which goes to a generic forwarder and then to your case manager and it takes a day or two to get back a response.”

“The biggest problem I had is when you phone in I have to prove who I am and I can’t contact the case manager directly. I get the run around and then have to leave a phone message.”

“...I am a digital person. I prefer things over email, but they won’t do that. If I give my consent for them to contact me by email, it should not be an issue, but they only want me to use MyVAC because of confidentiality. But if the client prefers email and consent to it, there should not be an issue.”

Across the country, Veterans in more remote locations typically experienced greater challenges in maintaining regular access to their case manager, as well as to various programs and services. Some also expressed concern for not having access to a French case manager given their remote location, despite the fact that French was their mother tongue.

When considering communication and accessibility, it is important to note that numerous Veterans felt that VAC’s heightened focus on confidentiality impedes its service delivery and is detrimental to Veterans getting the service they need. More specifically, Veterans were frustrated by not being able to have direct access to their case manager by phone or email. Having to call the toll-free number and leave a generic message was considered problematic and unrealistic in a time of electronic service



provision. While Veterans appreciated the importance of confidentiality, and understood that a direct dial may not expedite access, they felt strongly that a case manager's email address should be provided. This would not only eliminate a key source of frustration to many, but would provide a direct line of communication to the case manager that would allow for more regular and timely communication.

"The undue concern for my privacy was really creating a burden for me. Even if I signed all of the waivers, it still had too many barriers [to contact my case manager directly]."

"Before anybody is given the opportunity to go back to school or learn a trade, I think that the case manager and the treating person should communicate directly and see if everybody is on the same page. It's only a waste to send someone on a course who is not ready to go. There were conversations every quarter between my case manager and my therapist to fill them in on treatment and the level of progression. But they did not get involved in telling the case manager when I was ready. They could not pass on more information than the progression to my case manager because of confidentiality."

When asked what the preferred level of contact between case managers and Veterans should be responses varied notably depending on both a Veteran's specific needs, and the stage of their case plan. That said, Veterans would like to see various types of contact, including regular phone calls on a weekly or monthly basis and in-person meetings annually. Consistently, an in-person meeting was considered important to help establish an effective ongoing relationship, and an important component to build rapport.

"The fact that they came to my residence [was great]. That is not a norm for them but they did accommodate me that way."

Following that, it was generally felt that having initially a weekly contact by phone was important to assist the Veteran during an important transition period. While it was believed that the ongoing frequency of contact should be totally dependent on any given case, it was felt that moving to phone contact once every month or two and then progressing to meeting in person once or twice a year would likely suffice. More importantly, it was felt that the frequency of contact should be established in collaboration with Veterans, and Veterans should be informed of that level of contact upfront to align expectations. It should be noted that expectations on the level of contact were generally consistent among both rural and urban Veterans. While it was appreciated that distance may prove challenging in having regular in-person contact, the importance of such contact for those living in remote areas was deemed of great importance given the isolation that Veteran would be experiencing.

"Someone who doesn't have a head injury, once a week would be fine to get them doing stuff; just a phone call [would be ok]."

"At the beginning of a critical injury, it should be once a week. When you have no one and that's the only contact [you have], it's important [to have] someone looking out for you."



A few Veterans expressed frustration with the responsiveness they had experienced with their case manager. As an example, one Veteran felt that they ‘fell through the cracks’ and were made lower priority because they appeared to be high functioning. As a result, they consistently experienced delays in responsiveness.

5. Development of a Case Plan

For the most part, Veterans who had a case plan developed in recent years recalled having been involved in this process and many were pleased with the manner in which it unfolded, especially if they had an engaged case manager. Veterans who were involved in the process typically described the involvement as a discussion with the case manager regarding what realistic personal outcomes might be, based on their physical and mental condition.

“We set up a plan of where we are going to strive towards and work towards. And every few months, we would follow up and see how things were going; see if we had to adjust anything. My role was to come up with the ideas and the goals that we were going to strive towards, and she would listen and input feedback on if I was trying to strive for too much... For me, thinking about the goals myself was a bit difficult but she guided me through and helped me pin point what I needed to achieve.”

The exception included those who reportedly did not have the mental capacity or were in a poor physical state at the time the case plan was developed. Those Veterans typically had no clear recollection of what involvement they may have had at that time. A few also began Case Management Services more than a decade ago, and as such, had limited recollection of what steps they initially went through.

Most Veterans with a case plan were offered the opportunity for their family or support network to be involved. This appeared to be more consistently the case for Veterans who started Case Management Services within the past few years. This process was generally appreciated by Veterans, and was felt to be an important step in their active participation in the program. For some, a spouse played a key role in case management and case plan discussions, primarily because of a Veteran’s limited mental capacity at that time.

“My wife was involved in every call and every meeting. She backed me up. My memory fades in certain areas, and I might make light of things that are more serious so [my wife] is my sounding board.”

That said, a few Veterans, (namely among those without mental impairment), questioned what value there would be in having family or a support network involved in the development of a case plan. This suggests that there may be merit in case managers more clearly articulating why such involvement could be considered, so the Veteran can decide the best course of action for their situation.



For some Veterans, the case planning process was not clear. It appeared to them as though there was no formal structure in place and the plan was in large part based on informal conversations with a case manager. Further, a good number of Veterans, particularly those who started the process more than ten years ago, reported that no written document was provided. No Veterans mentioned having a written case plan document as a reference. This suggests that increased focus on a more structured or formal plan could help to align Veterans' expectations and understanding of the case plan process.

"I did not know there was a formal case plan."

Given that Veterans are sometimes in a bad state when their case plan is being developed, (i.e. physical pain or limited mental abilities), Veterans believed they were not always in optimal condition to actively participate to developing plan objectives. With that in mind, Veterans felt that it would be worthwhile to revisit the case plan mid-point during rehabilitation to ensure objectives are still aligned with expectations. Further, while some discussed their progress with their case manager during rehabilitation, no one reportedly had reviewed their initial objectives.

"Me and my case manager we sat down and discussed [the case plan] and created a path. It was difficult at the time because I was just at the beginning of the transition from military to civilian [life]. That is not where my head was at. I was upset about being released from the military."

It is interesting to note that some Veterans indicated that they are unsure what their goals actually were / are, suggesting that efforts could be considered to enhance communication to Veterans of their actual plan and corresponding goals. Further, no Veteran had received a printed copy of their case plan. Accordingly, they had nothing to reference their personal progress at any point, other than through conversations they may have had with their case manager.

6. Facilitators to Participation and Completion of Case Management Services

When considering the effectiveness of Veterans' working relationship with their case manager, and their level of engagement in Case Management Services, those with positive experiences typically associated similar attributes to the relationship. These consistently included the following:

Regular communication: As mentioned above, Veterans believe that communication is key in establishing a good working relationship. The frequency of communication is ranging from short-term to more long-term scheduled contact, as discussed earlier in this report.

Proactive support: Whereby the case manager reached out to the Veteran on a regular basis, without being prompted, showing genuine concern and interest in the Veteran's progress, and proactively suggesting services or programs that may assist Veterans based on their unique and evolving needs. For many Veterans, a positive relationship was often attributed to their case manager's proactive nature, namely reaching out to make sure the Veteran was aware of a change in service or a benefit that might be relevant. A discussion to simply 'find out how things are going' was often mentioned by Veterans as a productive step in the Case Management Services.



Accessible: It was believed that a functioning working relationship entails that Veterans are able to access their case manager when they need to, and that they receive prompt response to their queries. Accessibility and responsiveness were seen as going hand-in-hand.

Key personality attributes: As mentioned earlier, Veterans who are pleased with their case manager cited that they are empathetic, caring, looking out for Veterans' best interests and respectful of the Veteran's ability to take on more. In the best-case scenarios, the case manager provided invaluable moral support for the Veteran and was considered paramount to the Veteran's ongoing progression and improvement.

7. Barriers to Participation and Completion of Case Management Services

By contrast, many Veterans cited less than ideal case management experiences which in turn negatively impacted their experience of the Case Management Services and, in some instances, their level of personal engagement. Reasons for challenging case management experiences were generally attributed to the following:

Personality: Some case managers were not considered to have the necessary skillsets in dealing with Veterans, particularly due to a lack of compassion, understanding, respect or empathy. Similarly, some Veterans criticized case managers for not wanting to engage with the Veteran on the full range of benefits they were entitled to and being directive in what benefits they should be told about. These attitudes were seen by Veterans as a sign of not caring for their well-being, thus resulting in some Veterans not being interested in actively participate in their rehabilitation.

Responsiveness: Being non-responsive or untimely in response to a Veteran's outreach caused frustration. Some spoke of days or weeks in response time to a basic query.

Change in Case Managers: Frustration was also evident among Veterans who had not been advised of a change or switch in case manager. Further, when experiencing a change in case manager, Veterans were frustrated by having to review their entire case history with a new case manager, rather than the VAC system providing a complete case overview.

Part-time vs. Full-time Case Manager: Part-time resources were considered less responsive to Veterans' needs and for some, accessibility proved problematic given the case manager's limited hours. Other Veterans found it difficult to establish a relationship or receive frequent communication from a part-time case manager.

Lack of Communication Across Resources: Some lack of communication between case managers and treatment staff was evident according to Veterans, resulting in not being aware of the Veteran's progress / new developments. For example, one Veteran mentioned not being physically or mentally able to go to a physiotherapy appointment that is scheduled a day or so apart from an appointment with their psychiatrist in instances where the treatment session was particularly difficult. It was mentioned that better understanding was required on the part of case managers to adapt their expectations and manage that of healthcare providers, in those



kinds of situations. It was also mentioned that healthcare professionals and case managers should work more closely in assessing a Veteran's condition, to ensure the proper level of case and adequate services (e.g., vocational) are offered to align with the Veteran's condition.

Lack of Accessibility: Not being able to reach a case manager was commonly cited as a point of frustration with the service.

Lack of Familiarity of Programs / Services: In many instances, Veterans were not told of programs / services / benefits that they are entitled to because of what was seen as a case manager's lack of awareness.

Veterans' Experiences with Rehabilitation Services and Vocational Assistance Program

Veterans who are currently participating in the Rehabilitation Program, or those who have completed the Program, were asked to share their perceptions about the Program and to comment on their level of personal involvement.

1. Outcomes of Participation

With few exceptions, Veterans believe that participating in Rehabilitation Services and Vocational Assistance Program has resulted in a decrease in mental and physical barriers faced. As mentioned, Veterans were generally confident that much of their success can be attributed to the various programs and the benefits that they are able to access through VAC. Key improvements typically centered around improved moods / positive outlook, an increased understanding of how their bodies and minds have reacted to their conditions, increased mobility (particularly with the introduction of appliances and as a consequence of surgeries), all of which resulted in a more settled life.

"As far as quality of life goes it probably [did not help] as much as I expected. But it has showed me where my problem areas are and ways to overcome stuff."

For most Veterans, the Rehabilitation and Vocational Assistance Program has been paramount in helping Veterans return to daily activities. Whether addressing various mobility challenges, easing integration into society (e.g. driving, going in public, etc.), helping to lessen dependence on drugs or alcohol. For others the programs have resulted in improved relationships with their spouse or other family members and allowed them a greater sense of financial security.

"My spouse is happy because he sees me improving. There is improvement in intimacy – both physical and mental. I have the ability to hold a meaningful conversation."

A number of Veterans acknowledged that some barriers have not and will never decrease, regardless of the level of rehabilitation programs they participate in. Most notably, the fact that they are disabled, or coping with significant mental challenges was considered insurmountable to some. For others, a broken



marriage, family life or relationship has created a life-long barrier. Further, it was felt that a lack of understanding or uncertainty of the future outlook of their psychosocial state was a barrier to recovery. Veterans often spoke of how their triggers still exist, and that it is their personal reaction to those triggers that will continue to impact the stability in their home and with their relationships.

Psychosocial Rehabilitation:

In psychosocial rehabilitation, Veterans consistently reported that they are now able to function on their own to a greater extent than when they began treatment. While they acknowledged that they are a 'mere shell of their former self', and that they will never fully recover from their PTSD, memory loss, or depression, multiple changes for the better have been experienced. For some, improvement has been most evident in: their ability to interact with others (including their spouse or family members); a decreased dependence on medication or alcohol; a more positive outlook; ability to manage anger; and reduced depression. Having a better understanding of how to personally deal with a traumatic or stressful event was also another key outcome from their rehabilitation. In particular, accepting that their condition is and will be ongoing for years (if not for their entire life) was considered key in dealing with their situation.

"It helped me understand my barriers and understanding what I can do. It gave me experience trying to overcome the symptoms I need to overcome. I am more aware of my limitations."

"I am getting proper and timely therapy for mental health. It has taken me to a better place, helped me to keep the chaos away."

For some, the ability to go out in public was often mentioned as an area of improvement, as was being more independent, and being able to drive down the road without an overwhelming fear of being shot at or worrying about roadside bombs. Getting out of the house more, but within the boundaries of their own shortcomings, was also seen as a direct result of the rehabilitation whereby Veterans ventured outside their home and expanded their borders.

"I wouldn't go to local stores before. I am still restricted, but now I venture out. We go for drives now. The biggest thing is it helped me recognize that expanding the borders is a good thing."

While public interaction continued to be a daily challenge to many, Veterans spoke of being stronger mentally, being more social, not thinking about dying to the same extent, having fewer suicidal thoughts, and spending more quality time with their family. In addition, Veterans have developed a greater understanding of how their body is reacting to PTSD, including greater coping mechanisms.

Multiple Veterans underscored the importance of social interaction in their improvement, and how their rehabilitation helped to recreate a social life which added to consistency in their day-to-day life.



In a few instances, Veterans indicated that some VAC programs had the potential to have a negative impact on Veterans. Specifically, it was reported that health care offices or professionals were not set up to properly deal with PTSD.

Medical Rehabilitation:

Veterans cited numerous improvements as a result of their medical rehabilitation. For many, such rehabilitation has followed numerous surgeries, appliances, and extensive physiotherapy. The greatest improvement mentioned was increased mobility whereby Veterans are now able to leave their house, be more independent and for some, live independently. Indeed, the use of appliances, and support dogs were seen as significant positive contributors. Once again Veterans cited a more positive outlook on life as a result of their increased mobility, as well as a reduced dependency on drugs and alcohol to manage both physical and psychological pain.

“My mental state improved. My mobility to a certain extent. They helped me a lot with doing things and learning things. My back is bad and I learned how to minimize pain. The exercises they gave me helped.”

“I am mobile now; I am living in my house; I am no longer dependant on drugs the way I was; my outlook is better.”

For many, once VAC had processed all medical conditions, Veterans were able to get the financial benefits they were entitled. It was believed that this in turn reduced the significant financial burden on Veterans and their family. Similarly, being exposed to the benefits that are available helped Veterans with their basic needs and helped them to achieve a better standard of living, especially for those who would not be able to work again. This typically resulted in significant financial improvements, a notable reduction of stress in the household, including allowing some to keep their home.

A number of Veterans reiterated that the benefits they received through the various programs provided the financial security to resolve their debts, and in one instance, avoid personal bankruptcy.

Vocational Rehabilitation:

Across locations it was rare that Veterans had made use of vocational rehabilitation. As mentioned, most were not yet in a position physically or mentally where vocational rehabilitation was an option. For others, their physical or mental state resulted in them being in a diminished earning capacity, and thus would not likely return to gainful employment. Many also confused SISIP and VAC vocational rehabilitation. Nonetheless, the few who experienced the VAC vocational rehabilitation indicated that it helped them transition to the civilian workforce, secure employment, and regain a sense or normalcy at home.

“It helped my quality of life, my reassurance of finding employment. I had really good support.”



One Veteran mentioned that the financial benefit differential between the school periods and the work-term/co-op period caused some financial difficulty. More specifically, the benefit amount adjustment was not provided in a timely manner, which caused the family issues in financially planning for fixed expenses. This was considered problematic when someone's earnings changed between school periods and coop periods, during which their earnings changed.

"I had to submit my paystubs to VAC and then they would do an earnings loss recalibration calculation. From the time I would mail in one it takes time to go to VAC so there is mail there and then the length of time it takes them to recalculate and mail back to me. By that time, I have an overpayment. Sometimes, it would take a three-month period. And then it takes forever to get that overpayment back. It got faster a little bit when I found out I could scan and email them in. It's not my fault if VAC has a backlog of earnings loss to calculate... It requires a tremendous amount of planning and if you don't have the right financial skills, you run up your line of credit with the ups and downs."

2. Awareness and Engagement

Although participation in the Rehabilitation Services and Vocational Assistance Program varied, VAC clients interviewed were all aware of the service offering. Of those interviewed, most had made use of, or were still involved in, the medical rehabilitation and/or psychosocial rehabilitation. By contrast, awareness of and participation in the vocational rehabilitation was notably less common, although some confusion was evident in terms of whether vocational rehabilitation was offered through SISIP or VAC.

"I am a little confused on vocational; whether it is through SISIP or VAC."

For most, participation in the medical and psychosocial rehabilitation was driven by an immediate need for medical and mental attention following discharge and a clear diagnosis. Most Veterans cited a diagnosis of PTSD and /or depression, while others had experienced significant physical impairment that had rendered them unable to effectively integrate into 'normal' civilian life. For them, they understood that vocational rehabilitation did not apply because of their diminished earning capacity, or an inability to cope in a workplace setting. A few were not looking to re-enter the workforce because of their age or tenure in the services.

Some Veterans had completed their participation in their streams of services, while others continued to make use of the services and anticipated that they will likely do so for the remainder of their lives because of their medical conditions.

A few Veterans commented that they had only learned about vocational rehabilitation after they were better, and for one, awareness followed a full year without any type of gainful employment. These Veterans felt that if they had known of vocational rehabilitation, they would have taken advantage of it while undergoing medial or psycho-social rehabilitation. Further, they felt that Veterans should be made aware of their vocational rehabilitation entitlement so it could be incorporated into goal setting.



3. Expectations, Effort and Participation

When asked if the level of participation expected during rehabilitation programs was reasonable, some mixed opinion was evident. For most, rehabilitation was always done on their own time and at their own pace and it was never overwhelming. They mentioned that a program was developed that forced them to work hard and push their boundaries, so they were constantly exerting a great deal of effort to improve. This was especially the case for physical rehabilitation programs. While some acknowledged that the amount of effort was often times outside the comfort zone for many, Veterans recognized that they needed to be challenged often times to get better. Indeed, many attributed this 'push' to their improvement. That said, Veterans with this type of positive attitude all appeared to be driven by a true desire to get better and resume what they considered a 'normal life'. Of note, perhaps as a result of having no formal written case plan, Veterans often reported a lack of clarity on rehabilitation goals and milestones.

"As long as I meet my appointment dates, really as long as I participate in the program, they had no problem with it. This is reasonable expectations... But I was not given any indication of what was required of me. It would be nice to know what's required of you rather than figure out my responsibility on my own."

For others, the rehabilitation plan was perceived to be too aggressive, and this point of view was more evident for psychosocial rehabilitation. Some reported having too short timeframe to reach their rehabilitation goals, thus putting undue pressure on them. It was also believed that such rehabilitation is only effective if the Veteran is in a mindset to make improvement a personal priority.

The perceived lack of accountability on the part of Veterans was mentioned by some as problematic, and opening the door for abuse. It was mentioned that VAC does not consistently follow-up to ensure that Veterans participate in treatments, and that there are no consequences of a lack of participation. Further, with lack of accountability for their actions, it was felt that this would be a time where Veterans would experience a downward spiral with isolation, addiction and a lack of accountability all coming to bear.

For the most part, Veterans generally felt that their goals were aligned with their needs and expectations at the time they were established, although goal assessment was considered difficult for those with PTSD or serious emotional or memory issues. A few Veterans cited that sometimes work-related personal wishes were not considered in their plan, whereby if a case manager did not feel the Veteran could perform a job of interest to the Veteran, VAC would not pay for training.

Despite a desire by some Veterans for increased accountability from participants to the Rehabilitation Program, it was mentioned that each person reacts differently to mental health treatments, and that a psychotherapy session can have immediate positive outcomes or it can be mentally challenging on the Veteran. As such, Veterans believed that any progress schedule needs to be aligned to every individual's need and remain flexible.



“For a long time I felt pressured to achieve things that were way too fast for me. Twelve weeks [to complete the psycho-social rehabilitation] was not realistic; not when you carry something for 30 years.”

4. Concern for the Future and Continuity of Care

Veterans were told that some people say that there are some Veterans who try to extend their participation in the Case Management Services or Rehabilitation Programs as long as possible for fear of losing benefits. They were asked how they felt about that situation and what they believe could be done to minimize this situation.

Most Veterans believed that there will always be some people who will look to take advantage of the system, particularly if they have the option to benefit from it financially. That said, they felt strongly that the vast majority of Veterans do not try to extend participation in Case Management Services or the Rehabilitation Program. Rather, it was believed that the vast majority of Veterans want to get the support needed and the assistance available so they can get better.

“If there are fakers, I have never heard of someone doing that.”

When considering program extension, some Veterans expressed a concern for the future and a lack of certainty in whether or not new medical problems will present themselves later on as a result of a Veteran’s initial condition. Understanding that they may never be better, Veterans want to ensure that they will continue to have the support (both physically and financially) when and if they need it at some point in the future. Some have seen their condition progress with age and, at the same time, have had appointments cut back. For them, a concern for the future encourages them to hang on to their programs and benefits.

“It is a safeguard that a lot of people need; a reassurance. They feel that if they don’t have that [benefit], they will be on the street. The fear of not having that income if they can’t find a job or hold a job. A lot of us have real difficulty with transition out of military to a civilian job. The transition is extremely hard. I am still fighting it and I have been out for 10 years.”

“One of the points I made to my case manager on my last visit was to guarantee me that the door was open for me in case I needed it. That door is there and I could call now and they would return my calls in a reasonable amount of time. I don’t believe there is a timeline for rehabilitation. If there is a timeline, I would say just reassure [Veterans] that they can re-enter the system.”

At the same time, it was believed by a few Veterans that isolation or the fear of being isolated once VAC services and programs ends was another reason why some Veterans may be reluctant to complete the programs.

“There is a lack of trust, a fear of being alone. You hear lots of stories where Veterans come home and are by themselves; there is a fear of being alone.”



That said, a few Veterans felt that lack of accountability is the greatest culprit in extension of participation for some. Military people are typically held accountable in everything they do, from initial entry in the service to their discharge. It was believed that military personnel are used to structure and accordingly, they expect and want discipline in terms of clear accountability. It was felt that once you become a civilian, there is no accountability – no one holds a Veteran to task. In fact, it was felt that the process is set up in a way that it is easy to take advantage of. In particular, a Veteran does not have to prove that they are doing anything, and this is an important consideration given that it is very easy to get stuck when you are dealing with psychosocial factors. That said, a few Veterans felt that while greater accountability is warranted, the services and programs need to remain flexible to adapt to each person's situation.

“It’s very easy to get stuck [in the system] and say, “screw it” and take the cash. You don’t have to prove that you are doing anything [towards rehabilitation]. All you have to do is say you are not better and the money is there. Accountability is the hugest part [of the solution]. In their military job, military people are held accountable right thru. They are used to that structure. When they come in to these psycho-social problems, it is easy for them to take advantage [of the system].”

Finally, just a few felt that once obvious processes are in place there should be clear repercussions or restitution for those who abuse the system, so as not to disadvantage the Veterans who truly need the support.

5. Facilitators to Participation and Completion of the Rehabilitation Program

Perhaps the greatest perceived motivator to participating in the Rehabilitation Program is a desire to get better and the prospect of an improved lifestyle. Veterans' expressed need for 'normalcy' and re-integration in civilian life were often cited as the greatest motivator to actively get involved in rehabilitation.

A number of items were considered important to support Veterans' rehabilitation efforts:

Flexibility: In terms of facilitators, Veterans concurred that given the highly personal nature of rehabilitation plans, flexibility from VAC to allow Veterans to move at their own pace was key to ensure a successful outcome.

Support/Assistance: Being able to rely on a case manager to provide relevant and comprehensive information regarding rehabilitation options was considered important.

Coordination Between Health Professionals: In complex rehabilitation situation where a number of health professionals are involved (e.g., physiotherapist, psychologist), having a case manager coordinate communication between health professionals was considered by a few Veterans as releasing some of the pressure on them, as well as ensuring better treatment is received.

Finance: Knowing that proper financial support is in place during rehabilitation helped Veterans focus on their health or vocational goals during rehabilitation.



A Sense of Security: Perhaps one of the greatest contributors to feeling comfortable completing the Rehabilitation Program was the reassurance that assistance remains available to Veterans if they need to in the future. Veterans believe that people may be more reluctant to complete the Rehabilitation Program if they feel that VAC support will cease as a result. Conversely, knowing that VAC services and programs are available during their lifetime helped Veterans feel a sense of confidence in their future, and ultimately gain a sense of independence.

6. Barriers to Participation and Completion of the Rehabilitation Program

When asked what might prevent Veterans from participating in or completing rehabilitation programs, Veterans identified a variety of barriers including:

Finances: A few Veterans commented that the caps for rehabilitation allotments need to be looked at. One Veteran explained that VAC puts a maximum dollar amount on the amount of coverage per visit, with the client paying the difference. In this Veteran's home province, 95 percent of all physiotherapists charge a market price that is higher than that covered by VAC, thus resulting in any physiotherapy being an expense to the Veteran. With limited financial means, the Veteran considered finances to be a barrier to completing the program.

Distance: Veterans living in rural areas consistently identified distance as a barrier to completing their program. For many, travel to appointments is extensive, inconvenient, sometimes challenging given physical limitations, and expensive. Unless personally driven to improve this can result in a diminished likelihood of attending appointments.

Isolation: Related to the previous point, a good number of Veterans commented that they live in a rural community and often have little interaction with others. For some, living in isolation is not conducive to getting better.

Medical State: A Veteran's limited medical condition or unstable mental state were considered barriers to completing a rehabilitation program.

Access to Medical Appointments: One challenge often experienced by Veterans is the extensive waiting period for medical appointments. Across provinces, Veterans mentioned a shortage of physicians, specialists and other health professionals as a problem, whereby it is difficult to get in to see a doctor. This waiting time for a civilian is often in sharp contrast to what was experienced in the military. Further, the level of care or interest in Veterans' well being was considered at a lower threshold than when Veterans were in the military, where they had often established familiar relationships with their doctor.

Lack of a Plan / Case Manager: A few Veterans commented that while they make regular use of rehabilitation programs through VAC, the fact that they do not actively have a case manager or a case plan with VAC prevents them from having a long-term vision for their overall health and recovery. It was felt that a lack of clear plan presents a clear barrier to improvement and program completion.



Discussion

Analysis of the results of the ***Client Experiences with VAC Rehabilitation Program and Case Management Services Qualitative Research Study*** reveal that while Veterans value both Case Management Services and VAC's Rehabilitation Program, there is a clear opportunity to enhance service delivery in both regards to secure more active engagement from Veterans and improve their experience.

Veterans' level of engagement in the Case Management Services varies significantly primarily as a result of the perceived strength of the relationship they have with their case manager and the structured approach to delivering the service.

Veterans Experiences with Case Management Services

When considering Case Management Services, findings suggest there is a lack of consistency in the level of service provided and Veterans are not always clear on what the role of a case manager includes. Some of the perceived inconsistency experienced is likely attributed to the mental and physical state of the individual at the onset of case management and this is an important consideration in program or case plan development. Indeed, many Veterans begin their case management experience at a time of severe physical pain, mental instability, with trepidation and uncertainty for their future. With that in mind, it is not surprising that Veterans reported often times not recalling full details of discussions or decisions with their case manager at the early stages.

For the most part, Veterans are satisfied with the timeliness of case management assignment, however findings show that there is a need for increased and more complete communication on the full range of benefits and services available to Veterans, including a better transition of information from the Canadian Armed Forces to VAC. Veterans are generally unaware of the full spectrum of benefits and services available to them and are unsure where such information is easily accessed. Further, many reportedly find out about VAC benefits through other Veterans or from civilian medical personnel rather than through their case manager.

While most Veterans have been involved in their case plan development, findings suggest the process currently lacks structure and formality. Indeed, results reveal that no formal case plan is documented for Veterans' ease of reference, and regular plan follow-up and review is often times lacking. Veterans consistently spoke of the rigor, structure and accountability required in military life and have clearly not experienced that same level of formality in the Case Management Service and Rehabilitation Program in transitioning to civilian life. This suggests that increased focus on a more structured or formal plan could help to align Veterans' expectations and understanding of the case plan process.

Veterans' experiences with case management vary notably and highlight a number of areas where improvement is needed. In particular, communication with case managers was often an area of frustration among Veterans. Most notably, Veterans expressed a need for printed reference material,



direct access to case managers via telephone or email, and better communication of service offerings overall. Further, Veterans want a more regimented schedule of case manager contact for greater certainty, as well as a good understanding of the steps and milestones involved in Case Management Services.

Veterans' experience in the Rehabilitation Program was generally positive, notably as their level of engagement and personal effort is often aligned with the perceived positive outcome of rehabilitation.

Veterans Experiences with Rehabilitation Program

Veterans were largely aware of VAC's Rehabilitation Services and Vocational Assistance Program, although program participation varied. Psychosocial and medical rehabilitation are most prevalent among those interviewed as part of this study, and for the most part, Veterans exert considerable effort in their rehabilitation programs with a goal of improving their health. Veterans typically felt that rehabilitation expectations were reasonable, often times effectively pushing them beyond their comfort zone. That said, a few believed the rehabilitation plans were either too aggressive or did not force accountability on the program participant, which clearly sets the stage for system abuse.

Veterans have enjoyed considerable positive outcomes as a result of their participation in the Rehabilitation Program, most notably an increased mobility, an increased ability to interact with others, greater independence, a more positive outlook on life, and a better understanding of their own limitations. In addition, the financial benefits of the programs were instrumental to most, reducing a significant financial burden placed on the Veteran and his / her family, providing greater financial security and relieving stress related to the same.

With few exceptions, Veterans believe that participating in VAC's Rehabilitation Program has resulted in a decrease in the mental and physical barriers they initially face. Those who indicated that barriers have not decreased, or will never decrease regardless of the level of rehabilitation they participate in, primarily attributed their comments to being permanently physically disabled, or coping with significant mental challenges that appear to them as being insurmountable.

Despite widespread use of some level of rehabilitation, Veterans face a number of barriers to completing VAC's Rehabilitation Programs. These primarily include distance to treatment, access to appointments, affordability and a lack of a coordinated plan.

While participation levels in the Rehabilitation Programs vary, Veterans recognize that some opportunity for abuse is apparent. Veterans are discouraged to think that some may abuse a system that is so needed by many. That said, there is some indication that adding greater levels of accountability which are more focused on increased communication and closely monitoring a Veteran's progress over time, could help to reduce such abuse.



Finally, when asked what would improve VAC's Rehabilitation Program, Veterans offered a wide range of suggestions, including most notably enhanced communications, proactive outreach to Veterans, and an increased clarity on the full range of benefits and services offered.

Based on their personal experience, Veterans identified a number of facilitators to their active participation in the Case Management Services. More specifically, regular communication, proactive support, accessibility, and personality attributes were considered paramount in a good working relationship between a Veteran and their case manager. Conversely, a case manager's poor personable skills, being non-responsive, poor knowledge of service offerings, and poor communications, as well as staff turnover and understaffing were considered as having a negative impact on service. Many of those facilitators and barriers were discussed in the last section, with recommendations provided for improvements.

For the most part, a desire for re-integrating civilian life and gaining a sense of 'normalcy' were considered the strongest motivator to participating in, and completing, the Rehabilitation Program. Further, a number of other factors were considered important facilitators to engage Veterans in the program, including flexible milestones that are aligned with each Veteran's situation, support from the case manager, assistance with coordinating health professionals involved, financial assistance, and a general sense of security or reassurance that support remains available even after program completion, should Veterans need it in the future.

Conversely, a number of factors were identified by Veterans as impeding participation in the Rehabilitation Program. Most notably, these included limited medical coverage, distance to travel to take part in the program, lack of a formalized rehabilitation plan or an assigned case manager, physical and mental isolation combined with unstable mental state, and wait period to access health care services.



Recommendations

Case Management

The following provides an analysis of key areas of service that relate to Veteran's perceived engagement, along with Corporate Research Associates' recommendations derived from the analysis of study findings.

1. Veterans Relationship with Case Managers

Given that the relationship between Veterans and case managers is paramount in Veterans' level of satisfaction and their level of engagement with Case Management Services, greater acknowledgement and understanding of the significance of the Veteran and case manager relationship is needed.

Overall, findings suggest that the relationship with the case manager and effective communication are paramount in determining how Veterans view their experience with Case Management Services, as well as being indicative of their level of engagement. Indeed, those who felt that their case manager cared and took the time to understand their personal situation, as well as those who were pleased with the level of contact provided, were generally satisfied with their experience. To a large extent, they also expressed a stronger desire to actively participate in their rehabilitation.

2. Case Management Services Structure

Given the importance of a structured process for Veterans, and perceived inconsistencies in service delivery, increased structure and rigor are warranted for VAC's Case Management Services.

While Veterans are generally complimentary of the current Case Management Services, findings suggest there is an opportunity for increased structure within the service, to better align with Veterans' expectations following military service. Implementing a more formal, structured process, with increased clarity in program / service offerings and processes, and a more rigorous communication and meeting schedule (including the involvement of family members/supports), would serve VAC and Veterans well. In addition, the case manager should provide the Veteran with a formal documented/written case plan that is reviewed as needed, such as when the Veteran experiences any change in their well-being status. More so, it will better align with the regimented approach that would be expected from someone in the military and offer Veterans a more comfortable transition to civilian life. In essence, a 'step-by-step' guide would provide Veterans better understanding of the service and provide reassurance on what to expect.



3. Case Manager Role - Characteristics, Knowledge and Skill Set

Given the importance of the case manager's ability to build rapport with Veterans in the level of perceived satisfaction with Case Management Services, VAC should consider implementing basic service standards that incorporate attributes to encourage relationship building.

If such standards are already in place, study findings suggest that they are not applied equally across the program, and there is merit in reviewing the standards or how they are applied. Standards should focus on areas of importance for Veterans, such as timeliness of communication, accessibility, responsiveness to Veterans' needs, and personal approach. In addition, VAC should ensure that all case managers have a clear understanding of what skills are needed to build or strengthen relationships (e.g., empathy, listening skills), and are provided access to training to improve in that regard.

4. Communication Between Case Managers and Veterans

A more formalized communication schedule with case managers should be established and communicated with Veterans.

The study revealed that communication between a Veteran and case managers is paramount in securing the active engagement of Veterans. Those who reported close communication with their case managers consistently expressed a higher degree of satisfaction with Case Management Services than those who did not. Given that the lack of consistent and regular communication was identified by Veterans as a key point of dissatisfaction, a flexible communication schedule should be determined with each Veteran, as part of their case plan.

In addition to establishing a structured communications schedule, consideration should be given to explore various means of contact with Veterans. For example, the study clearly showed that while the level of contact appears to impact Veterans' level of satisfaction with the Case Management Services, the type of contact is also a key consideration. As such, VAC should explore the possibility of offering Veterans multiple ways to accommodate in-person meetings (including the use of online video technology for those in rural or remote areas), as well as the use of emails and telephone conversations.

Findings also suggests that reliance on My VAC Account/ Mon dossier ACC is limited and that some Veterans lack comfort using this tool. Further exploration is warranted to understand the reasons why this tool appears to be underused. This could be done through further research to assess whether this is a problem of awareness, or one of usability.

5. Awareness of VAC's Services and Programs

Summary information of available programs and services should be made available to Veterans in print and online formats.



The study highlighted that Veterans generally lack a complete understanding of the various benefits and services available to them. Further, they are often frustrated by the fact that they sometimes find out about benefits and services well after their immediate need or through other Veteran contacts rather than through their VAC case manager.

Altogether this suggests that greater efforts are needed to ensure Veterans are well aware of the full suite of programs and services they are entitled to, or at least have reference materials outlining the scope of offerings. While online access to information is valued by some, findings underscore the need for a printed reference document that can be easily sourced and reviewed by Veterans and their families / supports. Having reference documentations does not, however, replace the need for case managers to counsel Veterans on the most suitable services and benefits for them, but provides Veterans an opportunity to review all that is available to them if they wish to do so.

6. Change in Case Manager Assignment

The case manager transition process should be formalized and clearly communicated to Veterans.

Findings suggests that consistency in service is a key attribute impacting satisfaction. A major point of frustration relates to the transition of case managers when required. Specifically, the process appears unplanned and unstructured to Veterans, leaving them with the impression that their case 'is not that important' and does not warrant attention when transitioning from one case manager to another. Formalizing the process may assure Veterans that VAC recognizes the importance of their situation. The transition process should be clearly communicated to Veterans, and case-specific information should be properly transferred to the new case manager.

Rehabilitation Program

Study findings show some variability in Veterans' experience with their engagement in the Rehabilitation Program, though less so than with Case Management Services. Most Veterans are focused on the positive outcomes expected from rehabilitation, and thus adjust their level of engagement in the Rehabilitation Program accordingly.

1. Awareness and Participation

Given there is confusion regarding the vocational rehabilitation program and SISIP, efforts to clarify how the vocational rehabilitation program differs from SISIP is warranted.

Results show that there is generally good awareness of the Rehabilitation Program, though participation varies based on individual needs. It should, however, be noted that there is a great deal of confusion regarding the vocational rehabilitation stream, which was commonly confused for the SISIP program. As such, there is merit in considering better explaining the different streams to Veterans and what each one entails.



In terms of experience, Veterans have enjoyed considerable positive outcomes as a result of their program participation, which in turn positively influenced their outlook on the Rehabilitation Program. The more personal benefit they see, the more engaged they appear in their rehabilitation.

2. Accountability

Greater accountability should be considered for VAC's Rehabilitation Programs, while remaining flexible to meet individual needs.

To ensure program completion aligns with a Veteran's needs, consideration should be given to the introduction of key accountability measures for the Rehabilitation Programs. This should include confirmation/reminder of appointment attendance, provision of accompaniment services, as well as ongoing follow-up with Veterans on their progress through their case plan. Having a clearly articulated process with defined expectations or outcomes for the Veterans (rather than a provision of benefits without any required accountability), may help to minimize any abuse that may exist, while ensuring a more heightened focus on Veterans' health progression. At the same time, Veterans underscored the importance of the various health professionals and VAC case managers to remain flexible and accepting of Veterans' limitations in progressing through rehabilitation, especially when it involves dealing with psychological issues. With this in mind, consideration should be given to discuss milestones or measures with each Veteran, and incorporate those most relevant to each individual in their case plan, with an understanding that the case plan objectives, milestones, and progress measures might change over time based on how the Veteran progresses.



Appendix A:
Recommendations for Survey Items
on Future Iterations of the VAC
National Survey

Recommendations for Survey Items on Future Iterations of the VAC National Survey

Study results highlight a number of considerations for future surveys. In particular, findings suggest survey questions should include closed-ended question design (versus broad, open-ended questions). In addition, there is merit in including measurement of key indicators that assess performance of factors that could impact a Veteran's successful program outcome, such as whether or not a Veteran:

- has a full understanding of available benefits / services;
- received a printed copy of their case plan (including a schedule for its review);
- received a schedule of meetings / contact with their case manager;
- has a case manager assigned to them;
- has had in-person contact with their case manager; and

Consideration should also be given to evaluate Veterans' perceptions of key case manager attributes (empathy, responsive, caring, understanding, etc.).



Appendix B:
Veteran Participants'
Recommendations for the
Rehabilitation Services and Vocational
Assistance Program

Veteran Participants' Recommendations for the Rehabilitation Services and Vocational Assistance Program

Enhanced communication with Veterans: Veterans identified a variety of ways in which communication could be improved with Veterans. These included:

- More timely response to queries
- Direct / better access to a case manager
- Email access to a case manager More simplistic written communication
- Monthly or quarterly newsletters
- Streamlined documentation; more pointed questions; closed-ended versus 'how has this impacted your life'
- Assistance when filling out forms (some do not have mental capacity to do so)
- More communication between VAC and the military
- Share information on what resources are available in the community
- Improved communications between provinces and VAC (especially related to mental health services)

Better communication of eligible benefits and services: Veterans expressed a need for a greater understanding of what benefits and services are available from VAC, and they would like to have this information at discharge. A complete, but simplistic description of available benefits is needed. Suggestions included:

- Clearly outline what benefits are available
- Ensure information is immediate at discharge
- Write communications at a lower grade level (given challenging mental states)
- Don't send people online (difficult to navigate)
- Better communication of VAC benefits prior to discharge (i.e. while still in-service)
- Web page of all treatments / benefits available and examples (but make it a secondary information source for those who are web savvy)

Improved case manager relations: Having increased contact with case managers was considered essential, and this contact is desired in multiple ways, with rigor?:

- Proactive versus reactive contact with Veterans
- If case manager has not heard from Veteran, initiate an in-person visit (important especially if in isolation)
- Focus on rural outreach
- Clearly outline a schedule of contacts
- Remind case managers of the Veterans' Charter
- Build a connection with clients (reach out regularly to Veterans)
- Hire more staff / reduce turnover



- Enhanced training specific to dealing with Veterans for case managers
- Better outreach to Veterans and their families
- More one-on-one with case managers
- Include Veterans and their supports in meetings with case managers.
- Advise when case manager changes

Increased Accountability: Veterans would like to have a clear understanding of the Rehabilitation program process, requirements for Veterans and how they will be held accountable:

- Educate Veterans of expectations / requirements / process
- Be more accountable
- Clearly outline 'rules of the game' (there was a perception that currently, there are rules that have to be followed, but those rules or processes are hidden or known only by VAC)

Benefit Payments: Veterans would like better coverage for specific benefits and a quicker payment of benefits given that many Veterans face significant financial hardship and are dependent on financial benefits that are often slow to arrive:

- More timely distribution of benefits:
- Enhanced transportation services
- Ensure that coverage for physio reflects market conditions

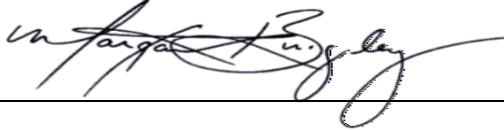


Appendix C:
Political Neutrality Statement

Political Neutrality Certification

I hereby certify as a Representative of Corporate Research Associates Inc. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the ***Directive on the Management of Communications***. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

Signed _____



Margaret Brigley, President & COO | Corporate Research Associates

Date: April 24, 2019



Appendix D: Recruitment Screener

NAME: _____ **Community:** _____

TEL. # (H): _____ **ALT TEL/ #:** _____

Telephone Interviews:

English: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

French: 27 28 29 30 31 32

Interviews:

<DATE RANGE>

Refer to interviewing schedule

Specification Summary	
<ul style="list-style-type: none"> • Between 25-32 interviews in total: 20-26 English interviews and 5-6 French interviews <ul style="list-style-type: none"> ○ Up to 32 interviews with two audiences: <ul style="list-style-type: none"> ▪ Current or past participants of Rehabilitation Program: Min 10 interviews ▪ Current or past recipients of Case Management Services: Min 10 interviews 	<ul style="list-style-type: none"> • Client-provided sample of VAC clients who participated in the VAC National Survey in 2017 • Mix of age and gender, where possible • Interview length: 1 hour • Incentive: \$75

Introduction

May I speak with ___? Hello, my name is ___ and I am with Corporate Research Associates, a market research company. I am calling today on behalf of the Government of Canada, specifically Veterans Affairs Canada, or VAC.

Would you prefer that I continue in English or in French? Préférez-vous continuer en français ou en anglais? **[IF FRENCH, CONTINUE IN FRENCH OR ARRANGE CALL BACK WITH FRENCH INTERVIEWER: Nous vous rappellerons pour mener cette entrevue de recherche en français. Merci. Au revoir.]**

You participated in the VAC National Survey in 2017 and you indicated at that time that you would like to be contacted for further VAC-related research. We are now conducting a series of telephone interviews with VAC clients and are looking for people to take part. The purpose is to obtain feedback from VAC clients regarding the **Case Management Services and the Rehabilitation Services and Vocational Assistance Program** based on your own experiences of participating in these. The research findings will be used by VAC to improve service delivery and program management.

The interview will last one hour and will be conducted within the next two weeks. Those who take part will receive \$75 in appreciation for their time. Are you available and interested in participating in this study? **IF YES, CONTINUE – IF NO, THANK & TERMINATE**



To explore various aspects of the VAC programs and services under review, we are looking to include a diversity of people in the study. May I ask you a few questions to see if you are the type of participant we are looking for? This should take about 4 or 5 minutes. The information you provide will remain completely anonymous and confidential and you are free to opt out at any time. The information collected will be used for research purposes only and handled according the Privacy Act of Canada. Also, please note that your participation in this research will not affect your relationship with VAC or your eligibility to or current receipt of benefits.

IF STUDY NEEDS TO BE VALIDATED: You can contact [Dr. Lisa Garland Baird] from Veterans Affairs Canada at [902-370-4981] or [Lisa.garlandbaird@canada.ca] or call the VAC National Contact Centre Network (NCCN) at 1-866-522-2122 to verify the validity of the study. **SCHEDULE A CALL BACK BEFORE ENDING THE CALL**

THANK & TERMINATE WHERE REQUIRED IN THE SCREENER: Unfortunately, we will not be able to include you in this study. We already have enough participants who have a similar profile to yours. Thank you for your time today.

To begin:

1. Are you currently involved in any of the following VAC programs?

	<u>Yes</u>	<u>No</u>
a) Rehabilitation Services and Vocational Assistance Program (<u>not</u> SISIP)	1	2
.....	8	
b) Case Management Services	1	2
.....	8	

INTERVIEWER INSTRUCTIONS – DEFINE EACH PROGRAM IF NEEDED:

Rehabilitation Services and Vocational Assistance Program: The purpose of the rehabilitation program is to ensure that Veterans improve their health to the fullest extent possible and adjust to life at home, in their community or at work. It includes medical rehabilitation, psycho-social rehabilitation, and vocational rehabilitation of a person.

Case Management Services: Case Management Services are provided by VAC to assist Veterans and their family to reach appropriate goals towards independence and well-being. VAC Case Management services enable clients with complex needs, and their families, to achieve mutually agreed upon goals through a collaborative, organized and dynamic process, coordinated by the VAC Case Manager.

2. **[ASK IF YES AT Q1A OR Q1B]** How long have you been involved in the **[READ]**?

- a) Rehabilitation Services and Vocational Assistance Program: _____ (months / years)
- b) Case Management Services: _____ (months / years)

3. Did you participate in any of the following VAC programs in the past?

Yes No Unsure



a) **[DO NOT MENTION IF “YES” AT Q1A]**

Rehabilitation Services and Vocational Assistance Program 1 2 8

b) **[DO NOT MENTION IF “YES” AT Q1B]**

Case Management Services 1 2 8

IF “NO” OR “UNSURE” AT BOTH Q1A AND Q1B AND BOTH Q3A AND Q3B (HAVE NEVER PARTICIPATED TO EITHER PROGRAMS), THANK & TERMINATE

FOR OTHERS, CONSIDER QUOTAS BY PROGRAM AS SPECIFIED IN THE SUMMARY

4. When did you finish or stop receiving services from the **[READ]**?

a) **[ASK IF “YES” AT Q3A]** Rehabilitation Services and Vocational Assistance Program: -----

b) **[ASK IF “YES” AT Q3B]** Case Management Services: _____

5. **[ASK IF “YES” TO REHABILITATION PROGRAM IN EITHER Q1A OR Q3A]** What streams of the VAC Rehabilitation Services and Vocational Assistance Program do you currently take part in or have you experienced in the past? Would it be **[READ]**? **MULTIPLE RESPONSES ALLOWED**

	<u>Current</u>	<u>Past</u>	<u>Unsure</u>
a) Vocational	1	2	8
b) Medical.....	1	2	8
c) Psycho-social	1	2	8

6. Which of the following age categories includes your own age? Please stop me when I reach your age group. Are you:

Under 18.....	1	Thank and Terminate } Aim for a mix if possible
18 to 29	2	
30 to 39	3	
40 to 49	4	
50 to 59	5	
60 to 69	6	
70 to 79	7	
80 to 89	8	
90 and over	9	
[VOLUNTEERED] Refused	97	

7. **[ASK IF YES TO REHABILITATION PROGRAM IN EITHER Q1A OR Q3A]** How would you rate the VAC Rehabilitation Services and Vocational Assistance Program based on your overall experience? Are you generally **[READ]**?

Completely satisfied	1	} Aim for a mix if possible
Somewhat satisfied	2	
Somewhat dissatisfied	3	
Completely dissatisfied.....	4	

8. **[ASK IF YES TO CASE MANAGEMENT SERVICES IN EITHER Q1B OR Q3B]** How would you rate the VAC Case Management Services based on your overall experience? Are you generally **[READ]**?



- Completely satisfied1
 - Somewhat satisfied2
 - Somewhat dissatisfied3
 - Completely dissatisfied.....4
- } **Aim for a mix if possible**

INVITATION

I would like to invite you to take part in a telephone interview. The interview will be conducted at a time that best suits your schedule in the next two weeks. The interview will last one hour and you will be offered \$75 in appreciation for your time. Note that the information you share as part of this research will not affect your relationship with VAC or your eligibility to or current receipt of benefits. The research findings will be used by VAC for the only purpose of improving service delivery and program management. VAC will not share information related to this study with other organizations.

9. Are you interested in taking part?

- Yes1
- No2 **Thank and Terminate**

10. In which language would you like to conduct the interview, English or French?

- English.....1
- French2 **SCHEDULE ONLY WITH FRENCH MODERATOR**

11. The interview discussion will be audio recorded for research purposes only. The recordings will be used by researchers at Corporate Research Associates and at VAC to assist with the analysis of research findings. To protect your identity, the moderator who will conduct the interview will use a pseudonym to identify you during the discussion rather than using your real name. Please also be assured your comments and responses are anonymous as part of the final reports.

Knowing this, are you comfortable with the discussion being audio recorded?

- Yes1
- No2 **MARK ACCORDINGLY ON RECRUITING FILE**

12. And are you comfortable with the recordings being shared with VAC?

- Yes1
- No2 **MARK ACCORDINGLY ON RECRUITING FILE**

INTERVIEWER INSTRUCTIONS: Respondents can also decide if they consent to recording and/or sharing the recording with VAC on the day of the interview.
ADDITIONAL INFORMATION ON THE SAFEGUARDING OF PERSONAL DATA – PROVIDE AS NEEDED:
Personal data will be anonymized and destroyed in accordance with government security policy following completion of the Report with VAC guidance and approval.

Note that the study report, once finalized, will be made available to the public in 6 months after completion, through Library and Archives Canada. As mentioned earlier, your name will not be included in this report.



Interviews will be conducted from <DATE>. What time and date would be most convenient?

_____ **CHECK SCHEDULE/RECORD TIME / DATE**

As mentioned, we will be pleased to provide everyone who participates with **\$75**, in the form of a cheque. Please note it takes approximately 2-3 weeks following your interview to receive an incentive by cheque. Could I have the mailing address where you would like the cheque mailed after your interview?

Mailing address: _____

City: _____

Province: _____ Postal Code: _____

And please confirm the spelling of your name: _____

READ TO ALL

We are conducting interviews with a limited number of individuals, so the success of the study will be affected by no shows. Once you've decided to take part please make every effort to do so. If you are unable to take part in the study, please call _____ (collect) at _____ as soon as possible so a replacement may be found.

Thank you for your interest in our study. We look forward to hearing your thoughts and opinions!

ATTENTION RECRUITERS

1. Recruit **25-32** interviews (SEE QUOTAS)
2. Do not put names on profile sheet unless you have a firm commitment.

Confirming with participants

1. Confirm attendance with each participant at the **beginning of the day** prior to the day of the interview
2. Verify date and time



Appendix E: Interview Protocol

Veterans Affairs Canada Client Survey

Interview Protocol FINAL

Participant Profile:

Pseudonym: _____

Case Management Services []

Rehabilitation Program []

Province: _____

Date/Time of Interview: _____

Project Objectives: (not to be shared with participants)

- ✓ *Explore clients' perceived experiences with their engagement in the Rehabilitation Program and/or Case Management Services;*
- ✓ *Identify the facilitators and barriers to clients' participation in the Rehabilitation Program and/or Case Management Services;*
- ✓ *Identify the facilitators and barriers to clients' completion of the Rehabilitation Program and/or Case Management Services;*
- ✓ *Make recommendations for survey items on future iterations of the VAC National Survey; and*
- ✓ *Make recommendations for future research to support the development, management, and improvement of programs and services for Veterans and their families.*

Introduction:

5 minutes

- *Thank you for taking the time to help us with our study. Our discussion should take about one hour.*
- *The purpose is to obtain feedback from VAC clients regarding the Case Management Services and the Rehabilitation Services and Vocational Assistance Program based on your own experiences of participating in these. The research findings will be used by VAC to improve service delivery and program management.*
- *The information you provide today will remain completely anonymous and confidential and you are free to opt out at any time. The information collected will be used for research purposes only and handled according the Privacy Act of Canada. Also, please note that your participation in this research will not affect your relationship with VAC or your eligibility to or current receipt of benefits.*
- *With your permission, our interview discussion today will be audio recorded for research purposes only. The recordings will be used by researchers at Corporate Research Associates and at VAC to assist with the analysis of research findings. To protect your identity, the moderator who will conduct the interview will use a pseudonym to identify you during the discussion rather than using your real name. Please also be assured your comments and responses are anonymous as part of the final reports.*
- *Are you ok with our conversation being recorded? At the end of the discussion, I will ask for your permission to share the recordings with VAC so you can take that decision based on the information you will share during our discussion.*
- *Any questions before we begin?*



Case Management Services**25 minutes**

I would like to begin by talking about your experience with the Case Management Services. As you may know, a case manager helps clients set goals and find the services they need to overcome challenges in their life. Some examples include: a plan to achieve goals, referrals to services needed, and ongoing support in difficult situations.

- Do you currently or did you in the past have a VAC case manager who works/worked with you to obtain services?

IF YES, ASK THE FOLLOWING QUESTIONS:

- Were you assigned a case manager in a reasonable amount of time?
 - How long did you have to wait to have a case manager assigned to you?
 - **IF UNREASONABLE TIME:** What would have been a more reasonable amount of time? Why do you feel this amount of time would be more reasonable?
- In general, how effective was your working relationship with your case manager?
 - What, if anything, worked well?
 - And what proved problematic, if anything?
- Were you involved in the development of your case plan? Why/Why not?
 - If so, how were you involved?
- Were you given the opportunity to involve your family and other supporters in the development of your case plan?
 - If so, how involved were they? What role did they play?
 - How could this have been improved?
- How satisfied are you with your case plan?
- Were the goals in your case plan reflective of your needs? If no, why not?
 - Were your goals relevant to helping you? Why/why not?
 - What could have been done to ensure that these goals are more reflective of your priorities?
- To what extent do you feel that you had regular contact with your case manager to discuss your progress?
 - How often were you in contact with your case manager?
 - How do you feel about this level of contact?
 - **IF TOO MUCH/NOT ENOUGH:** What would be a better level of contact?
 - How do you feel about the timeliness of response to your call from your case manager?



- **IF NOT SATISFIED:** How could this be improved?
- To what extent do you feel that working with your case manager has helped you stay better informed on how to access VAC programs and benefits that you need? Why do you say that?
- Has your case manager told you about services and supports in your community that helped you?

Rehabilitation Services and Vocational Assistance Program [ASK ONLY IF USED] 30 minutes

Now let's discuss the VAC Rehabilitation Services and Vocational Assistance Program more specifically. The VAC Rehabilitation Services and Vocational Assistance program provides services such as medical and psycho-social rehabilitation to aid in Veteran's re-establishment in life after service. So for this part of the discussion I will ask you to think of the VAC Rehabilitation program and NOT SISIP programs.

- Were you aware of the VAC Rehabilitation Services and Vocational Assistance Program?
- **IF SO:** What stream are you currently or have you in the past participated in, if any: medical rehabilitation; psychosocial rehabilitation; or vocational rehabilitation?
- Did you complete your participation in any of the streams or are you in currently using these services?
 - **IF COMPLETED:** When was your participation completed?
 - **IF IN PROGRESS:** When did you begin the program?
- Do you feel that the level of participation that was expected of you was reasonable? Why/why not?
- How much effort do you feel you had to put in to follow your rehabilitation plan?
- To what extent to you feel that your participation in the program has helped improve your quality of life?
 - **IF IMPROVED:** What has improved? How has it improved?
 - How else, if at all, has your participation in the program been beneficial to you?
- Since participating in Rehabilitation Services and Vocational Assistance Program do you feel that barriers you faced have decreased? *In this context, barriers refer to a temporary or permanent physical or mental health problem that limits or prevents reasonable performance of your role in the workplace, home or community.*
 - **IF NO:** Why do you feel barriers you face have not decreased? Have any barriers worsened since you started the Rehabilitation program? Which ones? What areas of your life was affected: home, work, community? Why has the situation deteriorated?
 - **IF YES:** What improved? In what area of your life – home, work, community? And how have things improved?



- To what extent has the Rehabilitation and Vocational Assistance program helped you return to work or to your daily activities?
 - Are there any barriers to completing the program?
 - **PROBE IF NOT MENTIONED:** Some people say that there are some Veterans who try to extend their participation in the case management or rehabilitation programs as long as possible for fear of losing benefits. What do you think of that situation? What could be done to minimize this situation?
- How has your participation to the Rehabilitation Services and Vocational Assistance program impacted your family or supporters who have assisted with your progress?
 - How has it benefited them if at all?
- Based on your experience, how satisfied are you with the Rehabilitation Services and Vocational Assistance program?
- What recommendations do you have, if any, to improve the Rehabilitation Services and Vocational Assistance Program, and ensure that it helps Veterans improve at home, in the community and at work?

Closing

That's all my questions. Thank you for your time today. As mentioned earlier, we would like to share the recording from this interview with Veterans Affairs Canada, for research purposes only. Are you comfortable with us sharing the recording with VAC? **IF NO, ASSURE PARTICIPANTS THAT RECORDINGS WILL NOT BE PROVIDED TO VAC**

On behalf of Veterans Affairs Canada and Corporate Research Associates, thank you for your participation.



Appendix F: Background Documents

The following notes were provided by Veterans Affairs Canada to inform the development of the discussion guide.

Case Management

The results from the case management section of the VAC National Survey 2017 indicated that only 53% of clients agreed or strongly agreed that the client was given the opportunity to involve their family in developing their case plans

- The role and involvement of family members/social supports appears to be valued by VAC clients. Examining the reasons why clients reported that they were not given the opportunity to include their family members/social supports in case planning is important as VAC has led initiatives to encourage the engagement of families in case planning.

Results from the VAC National Survey as well as reports from the Veterans Ombudsman Office indicated that many clients are not satisfied with the amount of time they spend with their Case Manager. Additionally, comments in the VAC National Survey indicated that some clients want to engage and be engaged by their Case Manager more often. Exploring this aspect of the client's experiences with Case Management may indicate a gap that needs to be addressed by CM services.

Rehabilitation and Vocational Assistance

The VAC National Survey indicated that the clients were very critical of Rehabilitation Services and Vocational Assistance. Between 20% and 29% of clients did not feel it improved their situation (especially their roles at work and in their community). Considering that the purpose of the Rehab Program and Vocational Assistance is to improve the overall health and well-being of Veterans and their families, this finding clearly indicates a significant problem with the program/services.

- The VAC National Survey did not clearly delineate the differences between the Rehabilitation Program and the Vocational Rehabilitation Program which is provided by a third party. Clarifying the differences between the Rehabilitation Program and the Vocational Rehabilitation Program for clients participating in the qualitative study is significantly important as may help to capture their experiences with VAC and with the third-party provider separately.

The expectations of VAC and the expectations of the clients in Rehab are arguably not aligned. In discussion with the Rehab program managers, they believe that the clients in Rehab may not fully understand that the purpose and goal of the Rehab program is for them to improve their health to the point that they can disengage from the program. Additionally, results from the VAC National Survey indicated that nearly 30% of clients did not think they engaged in enough discussions with their Case Manager on their progress and achievements. There were also some comments in the survey which indicated that clients were unsure/uncertain about their goals for the Rehab Program.



Rehab program managers speculate that the financial and health care benefits that many clients receive during that Rehabilitation Program may result in some clients remaining longer in the program than necessary. The benefits are arguably an incentive to remain in Rehab because once the clients finish the program, they lose these benefits. The loss of these benefits may mean added health care expenses and significant losses in the client's overall income following program completion. Concern with the role and significance of financial and health care benefits for clients in Rehabilitation was flagged as an important issue to explore during the consultations with the Rehab program manager and Audit and Evaluation at VAC.

Rehab program managers also speculated that there may be notable differences in how certain groups of clients move through and finish the rehab program. The program managers commented that the clients with more predominant mental health conditions may have a tendency to remain in the Rehab Program longer than other clients with predominantly physical health problems. The impact of certain health conditions on a clients' experience in the program is an important issue to consider in the design of the qualitative research project according to the Program Managers.

