



National Association
of Federal Retirees

Association nationale
des retraités fédéraux

Veterans **SUMMIT**



April 2018 **Summit Report**



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EXECUTIVE SUMMARY

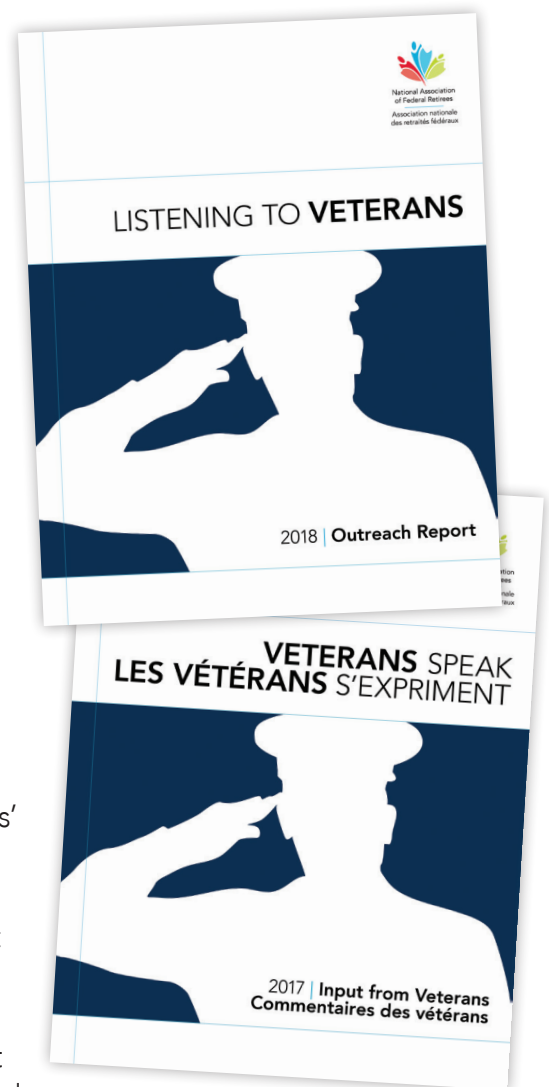
The April 2018 Veterans summit represented an opportunity to bridge gaps between agencies to ensure the veterans and their families receive the support that they need without gaps or duplication that wastes precious resources.

Six major themes were identified in the *Veterans Speak* and *Listening to Veterans* reports that were the result of town hall and web-based outreach in fall 2017. At the summit on April 9, 2018, working groups generated solution opportunities to the theme issues, which were then presented and discussed in a plenary session. They also discussed barriers and enablers to those solutions.

As part of these discussions, individuals from the Department of Defence and Veterans Affairs Canada reported on initiatives that were already underway to address veteran service gaps that they had previously identified. While the departments continue to work to serve veterans and their families better, veterans that participated in the fall outreach initiative disclosed that they are largely unaware of changes that have taken place or that are “in the works”, which indicates a communications gap between the various groups that serve veterans.

Information flow and communications, both organization to organization and organization to veteran, were identified as overarching concerns during the summit. As seen in the two veterans’ reports, there is a gap in knowledge between what departments are already working on and what veterans and families are aware of, and a level of distrust in how some veterans perceive their treatment by the various government departments. There is an opportunity to overcome this communication barrier by engaging other organizations in information flow to veterans and their families about service improvements that have been made and are being developed.

Other gaps identified in *Veterans Speak* and *Listening to Veterans* that remain to be addressed, are: honouring the experience; transfer of medical care and records; difficulties with the release and Veterans Affairs Canada (VAC) processes; and inadequate family support. It should be noted that while these problems are shared by both Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) veterans, the summit discussions gravitated more towards the CAF veteran experience. RCMP veteran stakeholders were present and contributed to the discussions but did not indicate issues unique to RCMP veterans that required separate discussion.



With the need to engage different organizations more collaboratively in mind, the following solution opportunity areas emerged from the summit:

- **Integration:** a holistic approach to serving veterans and their families across different organizations
- **ID Card:** a simple photo identification card
- **Simplification:**
 - Simplified and shared terminology between government departments, veterans and civilian providers
 - Standardized processes for CAF and VAC with customized help based on the veteran's need
 - Ongoing (gradual) support and information
 - Programs based on veterans needs, without political motivation
- **Measure Results:** clear standards, measurable results and accountability
- **Communications Information:**
 - Extended access to Second Career Assistance Network (SCAN) to as early in the release process as possible after release and for families
 - Information for veterans electronically and in person
- **"Honour the Veteran":** a positive campaign about veterans for veterans and the public

The needs of veterans and their families can be complex, and some issues require the participation of more than one department or organization to resolve. An example of this is medical care. For CAF personnel, medical care changes from coverage provided by the CAF to civilian care (if available) after release. Veterans Affairs Canada needs documentation from both military and civilian medical care sources to assess disability eligibility. The simplification theme applies not only to the systems that the veterans go through with CAF and VAC but also applies to how the different civilian organizations and government departments need to work together to contribute to the overall system of care.

All the opportunities that were discussed at the summit can contribute to a more positive experience for veterans of the future. What remains to be addressed is how to respond to the needs of the veterans of the past, the ones who shared their experiences in the *Veterans Speak* document. This involves a retrospective look rather than a forward look. Acknowledging what we learned from these veterans and sharing improvements that all organizations can make can help change their experience from one of challenge and difficulty to one of support and opportunity.

The summit participants did not get into deep details on all the ideas that were raised. This report captures all the discussions, even though some of the ideas lack context because they were not pursued further at the time. We felt that it was important to present all the ideas, so the contributions of the participants are fully captured and are available for further consideration.

BACKGROUND

On April 9, 2018, in Ottawa, the National Association of Federal Retirees hosted the Veterans Summit, an opportunity for government departments to collaborate with non-government organizations (NGOs) that serve veterans. During the summit, we presented our reports, *Listening to Veterans* and *Veterans Speak*, which outline our findings from the 12 town halls that we held across Canada during the fall of 2017 as part of our Veterans Outreach Initiative.

Federal Retirees' members include close to 60,000 veterans of the Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP). In representing their expectations and needs, we are eager to understand how government and non-government agencies can work together to best serve the needs of veterans and their families. While we are now more certain than ever that we have a long way to go to fully address those needs, we couldn't be more pleased with the conversations that took place over the course of this day-long summit.

We hosted 63 participants including veteran attendees and representatives from government and non-governmental organizations. Senior staff attended from departments of: National Defence, Veterans Affairs, Public Safety and Emergency Preparedness, Public Service Procurement, and the Veterans and Canadian Forces Ombudsman's offices. Staff from different political parties also participated. We had a mix of NGOs and independent individuals to reflect a variety of military, RCMP, family support and medical providers.

There was support for the ideas and working together, and so a follow up session has been planned for November 29, 2018. In the interim, staff from the National Association of Federal Retirees has continued to meet with various stakeholder groups to support the work that has already begun to improve the help that veterans and their families receive, and to help identify opportunities for organizations to work together toward improved outcomes.



Federal Retirees' members include close to 60,000 veterans of the Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP).

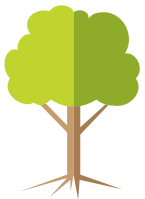
APPROACH

Process

There were six themes from the *Veterans Speak* report:

- Honour the experience and build relationships going forward
- Medical care and records
- Release process
- Veterans Affairs processes
- Family support
- Information flow

The morning consisted of six facilitated working groups that were a mix of government, veteran, and NGO participants. Each group started with an assigned theme to discuss what solutions could look like and how organizations could work together to achieve the solutions. Each group then had the option of choosing a second theme from the list for the second part of the morning, or continuing work on their assigned theme. Three of the groups wished to explore their assigned topic more deeply and continued with their original theme. VAC processes, family support and honour the experience were the three topics covered for the whole morning.



Discussions were framed by a tree model where the trunk was the theme or current state for veterans and their families. The leaves were the ideal state that would see veterans and families receiving the help that they need in the way and time that they need it. The roots are the supports that will help the various organizations achieve the ideal state of providing veterans and their families the necessary assistance.

The results of the morning discussions were put together for an afternoon panel discussion of what each group came up with. The panel consisted of a speaker from each group who talked about the ideas and solutions they developed for their theme(s). Fellow panelists and audience participants were able to ask questions and offer further suggestions following each theme's presentation.

The themes cover complex issues that address the serious needs of veterans and their families. The group and panel discussions were positive and supportive, and some good ideas emerged that will need more work to bring into reality. The dedication of the participants to serving veterans and their families was very clear and the National Association of Federal Retirees looks forward to continuing to work with the various agencies to build on the momentum started with the summit. As we all work together for a better experience for veterans in the future, we should not forget the veterans who have already experienced challenges in transition and life after uniform. We also need to work together to find ways to acknowledge prior veterans' experiences so that they too feel supported.

MORNING WORKING GROUP SUMMARIES

Themes

The morning session was split into two sections to allow the opportunity for each group to discuss more than one topic, if they chose to do so. For topics that were discussed by more than one group, the results from each group were coordinated for discussion at the afternoon panel session and are likewise put together in this report.

It is also worth noting that many aspects within each theme are related to the other themes. As individual groups discussed their themes, conversation frequently went to other themes due to related impacts. Where the notes from that group cover another topic, the comments are grouped by topic and it is noted which theme it relates to.

Groups started by discussing what the ideal situation would look like for veterans and their families, and then discussed concepts on how to get there from where we are today. It should be noted that the comments that follow represent the ideas that the groups developed. Not all the ideas were supported either by other groups or are necessarily supported by the National Association of Federal Retirees.

Information Flow

NOW

- “Brown envelope syndrome” – many veterans just can’t deal with VAC paperwork or receiving information from VAC, leads to lack of knowledge and frustration (from Veterans Affairs Processes discussion group)
- MyVAC is seen as hard to use for some, and/or for specific cases/services (from Veterans Affairs Processes)
- Communication is changing, and younger veterans don’t connect in the same way (from Veterans Affairs Processes)
- SCAN seminars valuable, and getting better
 - Access is varied, RCMP does not have

THE IDEAL STATE

- **Seamless organization flow**
 - Single Access point for VAC/CAF for information for CAF members/veterans
 - Clear and effective channels – timely basis, up to date and accurate, communication and the staff to support it

Information Flow *(continued)*

- Full integration, better understanding of process, collaboration across systems
- Support continues through service until death, from agencies, stakeholders, advocacy groups who understand processes and can provide accurate referrals
- No wrong door, one-stop shop
- **Online access**
 - SCAN seminars updated by both VAC and DND
 - Chat online – tactical
 - Transition centers – have benefits navigator on the web and in-person help if needed to navigate
- **Live support**
 - VAC national outreach team
 - RCMP transition team
 - Transition centres
- **Veteran/family experience**
 - Reduced anxiety around process: better and transparent communication/information flow
 - Receive all eligible benefits and understand/know them
 - Financial support and benefits program
 - Family needs are met, awareness of supports available
 - Seamless transition

HOW TO GET THERE

- **Integrate and clarify information/eligibility, develop clear roles and responsibilities for delivering information**
- **Create a one-stop shop including personal or web service, and recognize family roles and needs when designing information flow**
- **Continue summits and advisory groups for information sharing**
- **Break down silos**
 - Integrated, coordinated communications across organizations
 - Interdepartmental collaboration and working groups, information sharing, avoiding duplication, need an umbrella to oversee the system
 - Interdepartmental “getting to know one another”
 - Information dissemination channels
 - Clarity on project leader, who ties all information together
 - More evidence-based information

Information Flow *(continued)*

- Support continues through service until death, from agencies, stakeholders, advocacy groups
- Stakeholder summits, as organized by the department
 - Does not fill gap of one-stop shop
 - Advisory groups need to be refreshed
 - Need a mechanism for accountability, progress tracking¹

Information access

- MyVAC 2.0 as central info portal – “expansion”
- Transition manual (in print – like the AUS/NZ/UK model)
- Online portal for education, information on employment etc.
- Personal contact points, navigators to assist release of complex cases: transition advisors, guided support concept is important, tailored to what individuals need
- Reduce misinformation
- Cut red-tape, simplify eligibility
- One-stop shop
 - All audiences can get relevant information
 - Input by multiple organizations, links to all information and benefits available (government or stakeholder)
 - Includes general orientation, where to get started
 - Simple language and navigation
 - Needs to address challenges with online-only service (provide phone number and in-person options)
- SCAN seminars
 - More frequent, less information at once, possibly workshop format
 - Online element would be helpful
 - Encourage family participation
 - Available post-release and offsite, there is too much to do during release process

Staff support/processes

- Military Family Resource Centres (MFRCs) have checklists, journals
- Recruitment leadership courses, information models, interdepartmental training modules
- Internal flow of information is lacking, people within VAC/CAF need to be more informed about internal information/programs and feed it down

¹ Participants did not get into whether this is a change to the ombudsman system, *i.e.* more authority to make change or something else.

Information Flow *(continued)*

- **Plan for a healthy member transition**

- “What is a successful transition?”, “When does transition end?”

- **Other**

- Need to do myth busting amongst veterans and the community, “Honour the Veteran” campaign
- Uniformity of support (VAC, RCMP, CAF)
- ID card

Medical Care/Records**IDEAL STATE**

- **Seamless records**

- Shared (electronic?) medical records at time of release with seamless transfer of documents between institutions and departments
- Veterans receive their complete medical documents prior to release
- Issue is the process itself – go to the archives, department does

- **Seamless medical care**

- Continuity of care after service without duplication of processes for prescriptions, mental and physical health care
- Standardized descriptions/diagnosis of injuries
- No release prior to there being a care plan in place
- Family doctor identified prior to release

- **Simplified access to resources**

- Veterans releasing due to injury or illness have family resource centre access
- Simpler and fewer forms
- Confidentiality is in place
- Active follow-up to check-in, communicate by community care workers

HOW TO GET THERE

- **Mandatory² MyVAC account**

- **Integrated/shared work space for medical files and records**

² Having mandatory MyVAC account was not supported by other groups who want services based on client need.

Information Flow *(continued)*

- **Simplify**
 - Harmonizing formularies and medical condition descriptions
- **Standardizing release process**
 - Streamlined
 - Ensure it is appropriate to the individual
 - Prioritize family doctor allocation for those with complex care needs³
- **Seamless care**
 - Have veterans' hospitals across country
 - Priority family doctor allocation to veterans who are complex medical cases
 - Veteran-focused doctors in each region
 - Doctors take on family members/caregivers as well
 - Training for GPs treating injured veterans
 - Have a Surgeon General for CAF
 - Simplify/align medical descriptions and formularies - involve the professional and/or training associations for health care providers, including but not limited to physicians, pharmacists, etc.
 - No release prior to having a care plan in place
 - DND & VAC amalgamate/integrate (doesn't mean side by side)
 - DND & VAC coordinate efforts with the provinces
 - NGOs advocate with provinces to coordinate veteran care
 - Hospitalized caregivers identify vulnerable veteran family members, ensure appropriate supports are put in place
- **Seamless records**
 - Joint/integrated access to military medical files/records, "shared workspace"
 - Crack the privacy problem: balance veteran privacy needs and inter-agency need to access veteran information to provide appropriate, timely care (may be achieved with a type of waiver)
 - Legislative component of privacy – everyone involved in privacy
 - My VAC Account – mandatory⁴ and done on enrollment with CAF
- **The public**
 - Charitable number to direct donations to veterans' organizations (similar to GCWCC campaign, funds going to accredited organizations)

³ Prioritized physician access was not supported by other groups

⁴ Having mandatory MyVAC account was not supported by other groups who want services based on client need.

Information Flow *(continued)*

- “Honour the Veteran” campaign
 - One standard regardless of years of service
 - Increased, “real” priority hiring
 - More volunteer opportunities that are useful/specific to veterans
- Public image campaign (to push back on the “broken” negative imagery of veterans)

Release Process**THE IDEAL STATE**

- **Process is customized based on veterans’ needs (faster for some, slower for others)**
 - Positive experience, free of uncertainty/anxiety
 - Differentiation between release (administrative) and transition (supportive)
- **Release/transition helps veteran find new purpose**
 - Veteran is excited to join civilian life
 - Veteran feels connected to community
 - Veteran feels respected and confident in their future
- **Veteran has full understanding of process and benefits with appropriate financial support and advice**
 - Veteran is aware of and consents to release
 - Department (VAC) is confident that veteran is fully informed
 - Duty to support veterans is recognized

HOW TO GET THERE**Pre-release:**

- Create a staff officer level/program expressly for release
- Create a “release bootcamp” for transition to civilian life

During Release:

- Establish a centre/one-stop shop for post-release support for veterans and families, with connections to “accredited” services, with integration
- Provide ID card or smartcard as an access point for services

Post Release:

- “Thank you for your service”/“Honour the Veteran” campaign

Release Process *(continued)*

- **Identify needs early, prior to release (dependent on desire to discuss)**
 - Mandatory transition interview
 - Provide a meeting with a financial advisor
 - Release bootcamp (like what happens on joining)
 - Plan of care in place for veterans and families in crisis
- **SCAN seminars**
 - Effective, re-vamped SCAN seminars
 - Dedicated unit to deal with release
- **Improving the process**
 - Simplified documentation
 - Seamless transition, with legislated response times, shorter time frames
 - Case manager training equivalent across the board, address gaps in knowledge
 - In-person support
 - Military Family Resource Centres (MFRCs) need more resources to deal with demand
 - One-stop shop for support
- **Increase visibility of NGOs – the work they do and services they provide**
 - Information available at release, departments connect to NGOs and actively push the connection
 - Accredited national NGOs, accountable organizations to deliver care, services and supports
 - 24/7 availability for quick response, crisis care
 - With staff trained to deliver
 - Opportunities for fundraising, through United Way or GCWCC; Poppy funds raised, unclear recipients
 - Connections and advisory groups need to increase engagement and transparency, not used to put issues in the “parking lot”

Veterans Affairs Processes**THE IDEAL STATE**

Services and programs would be coordinated and integrated across departments and agencies for a seamless experience for veterans and their families.

- **CF & RCMP/VAC integration**
- **Single point of service/integrated, ID card or smart card**

Veterans Affairs Processes *(continued)*

■ Continuum of care and program support

- Integrated VRAB and Career Medical Review Board
- Work/school integration, achievable education plan; training is prioritized
- Veterans continue to have meaning post-release/retirement, this is considered pre-retirement with connections to programs. Includes support program for spouses and families pre-release
- Transition is based on rehab-type process – small issues and small goals one at a time

■ Simplified integrated programs and services

- VAC is now using 7 determinants of health, shifting language
- Care and program support are built on a continuum
- Veterans and families understand VAC programs and what currently exists
- VAC provides decisions faster
 - Decision-making delegated to lowest possible level – authority to decide
 - Standardize caseworker support. Efficient work – recognition of issues, consistency
 - Working for the veteran rather than “for” VAC
 - Prioritization based on person’s needs rather than programs to persons that qualify
 - Decisions based on evidence-based presumptions (rather than long proof processes) for ailments/issues common to veterans (hearing, knees, PTSD)
- Ongoing communication on status of applications

■ Mental health is supported

- Need safe spaces to decompress
- Family resource centre supports veterans and families pre- and post-release
- Support is available to help families, and for veterans to recognize the challenges for the family

HOW TO GET THERE

■ Integration and ease of service delivery

- Coordinated and simplified services
- ID card (same throughout career)
- One place, “every door is the right door”
- Communication and outreach
- Clear measurements for success and accountabilities

■ Whole veteran services

- Focus the service delivery model on the veteran (starting prior to release)

Veterans Affairs Processes *(continued)*

- Increasing engagement
 - Knowledge of services
 - Feedback and tool improvement
 - Person-centered
- Build and track transferable skills (and address challenges) throughout career
 - General vs. injured/special
- Sensitization and awareness for caseworkers
- Clear measurements for success
- **Improve communication of services available and outreach to access the services**
 - Improve communication and outreach
 - Use social media
 - Education and information while serving
 - Regular/annual sessions
 - MyVAC account

Family Support

THE IDEAL STATE

- **Family support recognized as special**
 - Family support is considered essential, currently it is often considered an “elemental component” and not treated as something special.
 - Expanded support for caregivers and increased awareness of need for support, (not just for severe physical cases)
 - Family members are included and involved in existing programs and processes, especially during transition
 - Employment programs in place for releasing spouses and vets
 - There is access to support in remote areas for families
 - Changes in family dynamics are recognized
- **Improved communication to ensure veterans and their families are aware of supports**
 - Increased awareness and involvement at the provincial, territorial, and municipal levels
 - Open lines of communications
 - Increased awareness of services available, MyVAC

Family Support *(continued)***HOW TO GET THERE**

- **Through simplicity and collaboration/integration between departments and agencies**
- **Use principles and value-based approach to serve veterans and their families**
 - Fairness
 - Acknowledgement
 - Responsiveness
 - Measurable

Three key opportunities

- **Communication (government, institutions, families)**
- **Education (public on what families face and families on what resources are available)**
- **Collate (lots of resources exist, which could be more organized and accessible; bite-size and consolidated)**
 - Keep in mind that not all veterans or families are able to access electronic resources
 - Caseworkers need to be in place for families
 - Communications should be in plain language, fewer acronyms, etc.
 - Apply core principles for communications with the overarching core principle of “simplicity”
 - Fairness (adequately meets the needs, reasonable and appropriate, common sense, public standard)
 - Acknowledgement (families have the same access and rights as veterans and recognize that veterans’ needs directly impact their family)
 - Responsiveness (timely, collaborative and effective)
 - Measurable (results-based)
 - Unique (recipient-based)
 - Integrated
 - Consistent
 - Equality
 - Collaborative
- **Families/spouses (from Veterans Affairs Processes discussion group)**
 - Communication
 - Social media strategy (like Bell Let’s Talk)
 - Information and support pre-deployment, pre-release, during release
 - Online education and support groups (facilitated/video)
 - Family transition report
 - Communication and outreach
 - Clear measurements for success

Honour the Experience – Relationships Going Forward

THE IDEAL STATE

- **Veteran experiences are treated as unique/personal**
- **There is national awareness of need to heal/“Honour the Veteran”**
- **An ID card is available for Veterans**
 - Recognition of service
 - Sense of community
- **Services and pensions are timely and seamless**

HOW TO GET THERE

- **Universal veterans and family programs for CAF and RCMP, including reserves**
- **Focus on individual needs**
 - Transition interview for veteran and family
 - Universal transition care plus individual support
- **Recognition/“Honour the Veteran”**
 - National “recognition” process, acknowledging their experience, “I’m a Vet” campaign
 - ID cards for veterans and families
- **Information**
 - MyVAC for families
 - Online SCAN seminars
- **Consistent service**
 - Recognition for reserves
 - Pension payment targets
 - Simplify process
- **Role of others**
 - Common ground on veterans’ advocacy by different organizations
 - Engage community in re-integrating veterans

PANEL HIGHLIGHTS

In the afternoon, a spokesperson from each theme group presented the key points from the morning sessions. The panel and plenary discussed the ideas that emerged; the following are the highlights of the discussion. In keeping with the discussion format from the morning, the panelists started by describing the ideal state, then presented ideas their group developed to help get there.

Medical Care/Records

The three ideal state points were:

- Seamless records
- Seamless medical care
- Simplified access to resources

Panel ideas on how to get there:

- Mandatory MyVAC account
- Shared work space for medical files and records
- Harmonizing formularies and medical condition descriptions
- Standardizing/simplifying release process
 - Streamline
 - Ensure appropriate to the individual
 - Prioritize family doctor allocation for those with complex care needs

The discussion focused around the integrity and completeness of the information as well as privacy protection. Related to this was the need to harmonize terminology and information from the military medical system to the civilian one.

The MyVAC account was something most groups discussed; however, the idea of this being mandatory was supported by only one group and runs counter to comments by other groups in the plenary session that service for veterans and their families should be based on the needs of the client, not on the organization serving the client.

Information Flow

The four ideal state points were:

- Seamless organization flow
- Online access
- Live support
- Veteran/family experience (stress free)

Panel ideas on how to get there:

- Integrate and clarify information and eligibility
- Create a one-stop shop, including personal or web service
- Develop clear roles and responsibilities for delivering information
- Include families in information flow planning
- Continue summits and advisory groups for information sharing

The conversation on information flow covered the ongoing need for information by the veteran and the need to coordinate quality information. Providing SCAN information to veterans post-release was suggested.

Much of the discussion was focused on the information flow between agencies and defining the roles and responsibilities of each. Where there are numerous NGOs serving veterans, there is a need to ensure that veterans are receiving quality information and services by the NGOs and an accreditation system was suggested.

Concern was voiced for veterans with less than ten years of service and those who do not go overseas, as that they are likely not recognized nor do they have anything to show for their service.

Release Process

The nine ideal state points were:

Pre-release:

- Create a staff officer level/program expressly for release
- Create a “release bootcamp” for transition to civilian life

During Release:

- Establish a centre/one-stop shop for post-release support for veterans and families, with connections to “accredited” services, with integration
- Provide ID card or smartcard as an access point for government services

Post Release:

- “Thank you for your service”/“Honour the Veteran” campaign
- Identify needs early, prior to release (dependent on desire to discuss)
- SCAN seminars
- Improving the process
- Increase visibility of NGOs – the work they do and services they provide

Panel ideas on how to get there:

- Create a staff officer level/program expressly for release
- Create a “release bootcamp” for transition to civilian life
- Establish a centre/one-stop shop for post-release support for Veterans and families, with connections to “accredited” services
- ID card or smartcard as an access point for government services
- “Thank you for your service” image campaign

The main discussion following the panel presentation of ideas was about the need to improve public understanding about veterans. This would help veterans’ self-image and healing as an acknowledgement of service. For the public, negative images of veterans should be countered to change what is imagined about veterans. This would support hiring of veterans and reduce fear that some of the public has towards veterans and people who have worn uniforms.

Veterans Affairs Processes**The six ideal state points were:**

Services and programs would be coordinated and integrated across departments and agencies for a seamless experience for veterans and their families.

- CF & RCMP/VAC integration
- Single point of service/integrated, ID card or smart card
- Continuum of care and program support
- Simplified VAC programs and services.
- Mental health is supported

Panel ideas on how to get there:

- The service delivery model needs to be focused on the veteran (prior to release)
- Integration and ease of service delivery
- Improved communication of services available and outreach to access the services

It was noted that many veterans have difficulty with the paperwork involved in release and with accessing veterans' services. A participant explained "brown envelope syndrome"; that some veterans who have had a series of negative experiences with VAC develop an aversion to receiving correspondence from VAC. To help reduce this reaction, communications from VAC need to be family-friendly and written in simple language. It was suggested that there should be free and accessible services to help veterans complete paperwork. Documents need to be simplified.

There was conversation on veteran support networks. While it was suggested that online groups are helpful for support when veterans don't have family support, it was also suggested that veterans shouldn't have to go outside of VAC to get the support that is needed. There was concern about the amount of inaccurate information veterans receive through their informal networks.

A big help to veterans would be to find purpose in retirement, whether this is through work, volunteering or something else. For volunteering, there needs to be an awareness of potential triggers for the individual veteran (for example, medics as volunteers in a hospital can be triggering).

Family Support**The two ideal state points were:**

- Recognition that family support is special
- Improved communication for veterans and their families so they could be aware of supports

Panel ideas on how to get there:

- Simplicity and collaboration between departments and services
- Use principles and value-based approach to the delivery of services
 - Fairness
 - Acknowledgement
 - Responsiveness
 - Measurable

The dialogue was about providing more holistic care that includes family support. Having services based on a statement of values around providing care at all times for veterans and their families would be helpful. This was in response to the current *Veteran Bill of Rights*, as there was misgiving on how

much it is being applied by the departments serving veterans and families. It was noted that statements of values can be “smoke and mirrors” unless people at all levels were accountable to follow them.

The need for a more comprehensive approach was stressed, as the current approach of doing one benefit at a time, one family at a time is insufficient.

Honour the Experience – Relationships Going Forward

The four ideal state points were:

- Veteran experiences are treated as unique/personal
- There is national recognition of need to heal/“Honour the Veteran”
- An ID card is available for veterans
- Services and pensions are timely and seamless

Panel ideas on how to get there:

- ID card for veterans
- National recognition of need to heal
- Universal veterans and family programs for CAF and RCMP, including reserves
- National education

The conversation covered short and long-term approaches to changing the story of veterans who have already been in/through the system. The usefulness of an ID card was identified as very important. This is something potentially low cost, but high impact in recognizing the service the veterans have given our country.

Over the longer term, there needs to be national recognition of veterans’ need to heal. A mission or values statement expressing respect and compassion in all services would support this. Veterans who have shared negative experiences need to hear that they have been listened to and that their difficulties are acknowledged. They also need to hear that something is being done to change how veterans are treated in the future.

The disparity of programs for different kinds of veterans was discussed and it was identified that there needs to be universal veterans and family programs for CAF and RCMP, including reserves.

The final area of discussion on this theme was around national education. Since the public may not have connections to veterans in their family or social circles, it can be hard for them to understand and support veterans. For example, some Canadians have experienced fearful or adversarial situations with military and police, which can negatively impact how they relate to veterans.

IN-DEPTH DISCUSSIONS

The second part of the afternoon was a more in-depth discussion of two areas that the summit participants collectively wanted to focus on: an ID card and the one-stop shop concept.

ID Card Discussion

While an ID card for veterans does not address the deeper systemic concerns from the *Veterans Speak* report, it would be a high impact source of recognition for veterans that should be low cost.

Veterans used to receive a card on discharge from the military. The CFOne card enables serving and veteran members to access discounts available to military but does not show that someone is a veteran, and is not recognized outside Canada.

There was debate on whether the card should be some sort of smart card or discount card and the consensus was that a simple ID card that recognized military service is needed. This should not require a large expense and should be part of the transition process.

It was asked how such a photo ID could be coordinated over time, and accounting for factors such as updating pictures. Suggestions were for this to be done through military bases or link it to passport photos, which are updated every 5-10 years. Doing this through federal politicians' offices was also suggested, as not all veterans live near military bases anymore.

As VAC only communicates with their client veterans, it was suggested that communication about the card could also be done through the Pension Centre. A link to verify reported service would be needed. NGOs could support communication of the new card.

One-Stop Shop Discussion

Participants identified the need to ensure services and access to them are simple, clear and integrated; many mentioned having a "one-stop shop". This was a recurring idea throughout several of the different theme discussions, so it was not surprising that this is where the group chose to finish their in-depth dialogue.

The key questions the group examined were:

- What would this look like?
- Would it be related to *MyVAC*?
- Who would direct it?
- Where do the resources come from?

It was noted that this is something that the CAF transition team is working on and there are already resources in place through VAC such as web portals, phone numbers and offices. Other suggestions included expanded Military Family Resource Centres (MFRCs) or some sort of travelling VAC unit or bus.

It was stressed that there needs to be a human contact option for veterans and their families. While kiosks and similar self-serve options can help in some areas for efficiency, the existing processes are too complicated for many veterans to navigate without a guide. The need for access to an ongoing caseworker was highlighted. The lack of caseworkers or frequent changes of caseworkers makes going through the process very difficult for many veterans.

As structures are put in place for veterans, it was stated that the families need to be considered so that they have access to assistance as well. It was pointed out that the family can often report or identify problems that the veteran is dealing with but which he or she may not report or recognize.

Another aspect of the one-stop shop is the continuum of health care. The concept that “every door is the right door” is different than a one-stop shop – no matter where you go, you can be sent to the right place. Things like electronic handshakes can help to move people to the right services.

While a one-stop shop may make it easier for a veteran to go through the transition and veterans program processes, participants made it clear that veterans should not be released until a full plan of care is ready and complete – this is critical.

Two final points were made that no matter what processes are put in place, there needs to be a focus on outcomes; and we need to know what we are measuring in terms of success/failure. Changes need to be measured and followed to determine what differences have been made. We also need to understand why people know about programs/benefits and may be eligible to participate in them, but do not.

PUTTING IT ALL TOGETHER

Although the summit was structured around six themes from the *Veterans Speak* report, as the different groups presented their results in the first afternoon session, six recurring concepts emerged through the plenary discussion. These were:

- Integration/coordination of information and services – frequently called the “one-stop shop”
- The need for an ID card to improve/enhance veteran recognition and sense of community and support integrated service delivery opportunity.
- Simplification of processes
- Improved communication
- Honouring the veteran
- Measure results

Integration and Coordination

Integration, coordination, and one-stop shop were raised across the six discussion themes the summit participants started with. Breaking down the silos between organizations will help make the process more seamless for veterans and their families.

Coordinating the flow of *medical records* between CAF, civilian health care providers and VAC is needed to enable appropriate medical care and support programs. For the care to be seamless, the flow of medical files also needs to be seamless.

Coordinating the *release process* with post-service medical and veteran program support is necessary. **Having a single centre where veterans and families can access all the information that they need, integrating with VAC processes and including connections to accredited services from the NGO community are potential solutions.**

The *release process* needs to be a **holistic approach that addresses specific medical and financial needs but also social and psychological needs. To achieve this holistic approach, information flow needs to be linked between agencies** so that each provider has what they need to serve the veteran or family. While CAF and VAC, as two government departments, work together to a degree, there is a need to coordinate information and services more with others such as the medical community and NGOs that provide critical services to veterans that the government agencies do not, such as homeless outreach and therapy animals. **Ongoing work in forums such as the summit would support this integrated approach.**

ID Card

Initial discussion on the ID card responded to veteran input indicating that this would be a positive source of recognition of their service ("**Honour the Veteran**")⁵.

As noted in the integration discussions, the summit participants raised the possibility of using an ID card for other purposes such as accessing veteran case **information or medical records**. This could facilitate a smoother transition between the **release process and VAC processes**; however, this would require a more complex "smarter card" and there were reservations about making this too complex and expensive an option.

Given the significance that veterans attach to the idea of having an ID card, it was agreed that a simple photo ID card should be fairly easy and inexpensive to produce and would help rebuild the relationship between government departments and many veterans.

Simplify

Medical care for CAF veterans is a complex issue because personnel are cared for by a military medical system, and then drop into the civilian medical system. Complexity arises when the two systems use different terminology and when the civilian system is largely unaware of medical conditions linked to service-related realities. **If National Defence medical staff could provide standard disease descriptions it would help, as would training for civilian health care practitioners on service-related medical issues.**

Veterans identified that they found the **release process** too complex and received too much information all at once. **Assigning a staff person to deal with release was one solution. The release process should start earlier so that it is a more gradual program with a "release boot camp" for transition to civilian life.** This would make it easier for veterans and their families to understand what is happening and enable their involvement in planning. An integrated single centre would also simplify the process for veterans to be able to get many of their needs met in one place.

Both veterans and their families identified that they found **Veterans Affairs processes** complex. As part of the "**Honour the Veteran**" discussions it was suggested that there be **initial standardized processes to simplify access where possible but to also have customizable procedures to address individual veteran and family needs.**

The use of acronyms is very common in government departments and medicine. It was identified that **simple terminology needs to be used for information and communication with veterans and their families** who often are unfamiliar with the language of the service provider.

The summit participants frequently noted the complexity of VAC programs, which have evolved over the years with successive governments. **It was identified that the programs should be based on veteran need, and should not be politically based or motivated.**

⁵ Since the summit occurred, CAF and VAC have announced reinstatement of a veteran service card. This is positive and acknowledges that veterans have given to Canada. We are pleased that what was heard at the summit helped reinforce the need for the card. The National Association of Federal Retirees has also recognized veteran service by introducing membership cards that acknowledge that the member is a veteran.

Measure Results

A recurring theme from the discussions on release process, VAC processes and family support was the need to **set clear standards and measure results**. This ties to the “Honour the Veteran” theme in providing transparency about the processes and a commitment to improving them on an ongoing basis.

Communications Information

As the groups discussed the themes individually and then together in plenary, an overarching problem about communication was identified. Comments ranged from department staff not having the information they needed such as available programs, to difficulties with communications between organizations about what veteran projects each is working on. Participants noted concerns about incorrect information that veterans receive either through their informal networks or from formal channels.

While much of this may be related to the complexity/need to simplify topic with too many programs changing too often, this also has to do with information overload for veterans through CAF release and VAC processes.

The SCAN seminars were considered a useful communication tool to address the information needs of veterans, and participants suggested **expanding access to SCAN as early in the release process as possible and for a period after release**. This extension of ongoing access would help address the information overload issue that was frequently identified during the summit. **It was also suggested that this be offered to families**, both to help them with the transition and to make it easier for them to support the veteran through the process.

All the discussion sessions raised the **need to have information for veterans both electronically and in person**. While electronic can be helpful as it is available 24 hours a day, the complexity of much of the information and the health difficulties that some veterans face makes human assistance a necessity.

“Honour the Veteran”

The need to recognize veterans was its own topic and was also raised at the **communications, medical care, release processes and family support sessions**. All these discussion groups identified **the need for a positive campaign about veterans for veterans and the public; this is in addition to traditional commemorative efforts already being done**. The summit participants reported that many veterans feel a loss of dignity and lack of appreciation for their sacrifices. Celebrating what they have contributed is a step towards rebuilding the relationship with them. It was also felt that the public would benefit from learning about veterans to combat the image of “broken” veterans and address the distrust some members of the public have of people in uniform.

SUMMARY

The April 2018 Veterans Summit was an opportunity for different agencies to work in a supportive and solutions-focused setting to find ways to ensure that veterans and their families receive the support they need. This was a meeting of people who care deeply about veterans and who need and want to work together to resolve the support gaps that veterans have identified.

Participants from National Defence and Veterans Affairs reported on projects already underway to address many of the veteran service gaps identified in *Veterans Speak*. Participants from other organizations indicated that they were largely unaware that these initiatives were underway. So, while most of the summit discussion related to improving services to veterans and their families, **there is an opportunity to build better communications between organizations.**

The key solution areas that emerged from the summit were:

Integrate:

- Coordinate the flow of *medical records* between CAF, civilian health care providers and VAC
- Coordinate the *release process through a single centre*, integrating with VAC where veterans and families can get all the information that they need, including connections to *accredited services from the NGO community*
- A *holistic release* approach that addresses specific medical and financial needs but also social and psychological needs
- *Information flow linked* between agencies, with ongoing work in forums such as the summit to support this integrated approach

ID card:

- A simple photo ID card

Simplify:

- *Medical care* and have National Defence medical provide standard disease descriptions and training for civilian health care practitioners on service-related medical issues
- *Release process*:
 - Assign a staff person to deal with release
 - Start much earlier and create a more gradual program with a “release boot camp” for transition to civilian life

- Initial standardized veterans' affairs processes to simplify where possible and also have customized processes to address individual veteran and family needs
- Use simple terminology for *information and communication* with veterans and their families
- Programs based on veteran need not politically based

Measure Results:

- Set clear standards and measure results

Communications Information:

- Extend access to SCAN to as early in the release process as possible as well as after release
- Offer SCAN to families
- Have information for veterans electronically and in person

"Honour the Veteran":

- A positive campaign about veterans for veterans and the public

The summit was productive in highlighting areas that individual organizations can focus on to improve the support that veterans and their families receive. While much of this work continues to be internal to specific departments like CAF or VAC in areas like simplifying the processes and information, coordination of how all the different organizations, both government and NGO, serve veterans before during and after the transition out of uniform is also essential.

Part of that integration process needs a positive campaign about veterans to help move the public to support and receive them. Veterans face a loss when they leave their career. This is especially difficult for veterans who have been medically released and did not voluntarily choose to leave. These veterans have to face their medical issues as well as grieve the career that was taken away. An "Honour the Veteran" campaign or a celebration of what veterans have accomplished will help support veterans and their families to move forward.

Veterans who shared negative experiences in Veterans Speak need the opportunity to experience a new story. If not, negative narratives and views will persist in future outreach initiatives. Recognition and acknowledgment of lived experiences, real or perceived, will help veterans and families find a degree of closure. This could also be an opportunity for CAF and VAC to affirm that the departments are listening to and acting on the legitimate and constructive feedback veterans have shared.