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SUPPORT TO MILITARY FAMILIES IN TRANSITION: A REVIEW

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OFFICE OF THE VETERANS OMBUDSMAN

360 Albert Street, Suite 1560
Ottawa, Ontario K1R 7X7

Calls within Canada (Toll-free): 1-877-330-4343
Calls from outside Canada (Collect): 1-902-626-2919

Email: info@ombudsman-veterans.gc.ca

Facebook: [Canada's Veterans Ombudsman](#)

Twitter: [@VetsOmbudsman](#)

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Message from the Ombudsman

I am pleased to publish *Support to Military Families in Transition: A Review* which was prepared in consultation with the Department of National Defence/Canadian Forces (DND/CF) Ombudsman.

A successful transition from military to civilian life is essential to the long-term independence, financial security, health and social integration of the transitioning member and their family. This transition process affects the entire family. Their ability to cope with the complexities of the process as well as the availability of adequate support and services are often a determinant of a successful transition. This is particularly true when the transitioning member is ill or injured. Adequate, accessible support to families is important to their long-term success.

This review examines the role of families and the challenges they face during transition. It identifies existing sources of support and analyzes information gathered from recent reports, policies, and interviews with key Canadian Armed Forces (CAF) and Veterans Affairs Canada (VAC) stakeholders. Lastly, it reviews the challenges and recommendations presented in recent reports and provides an overview of the actions taken.

I hope that this review will serve as a useful source of information both for transitioning members and their families and for Government to understand the gaps and current challenges faced by families in transition.



Introduction

Approximately 1,000 Regular Force members of the CAF are medically released annually because they no longer meet Universality of Service.¹ However, most medically-released CAF members do not suffer from a debilitating illness or injury. In the four-year period from 2011 to 2014, of the approximately 4,000 Regular Force members who were medically released, only 15 percent were deemed to be complex cases and required an Integrated Transition Plan.^{2,3} Furthermore, the Joint VAC/DND 2013 *Life After Service Survey* found that 25 percent of respondents, who were Veterans with Regular Force Service, reported a very or moderately difficult transition to civilian life.⁴

On June 17, 2014, the DND/CF Ombudsman and the Veterans Ombudsman announced the launch of a joint project to focus on the transition from military to civilian life for medically-releasing CAF members. As part of that project, this review looks at how families are affected by that transition, particularly in cases where the transitioning member has an illness or injury.

The purpose of this review is threefold:

1. to review the role and the challenges faced by families in transition;
2. to identify existing supports available; and
3. to review recent reports addressing the issue of families in transition and the action taken related to the recommendations from those reports as of January 1, 2016.

The review included a scan of current CAF and VAC policies related to families of medically-releasing CAF members and interviews with key stakeholders.⁵ It also included a review of the recommendations and government responses to the following reports, which identified challenges faced by families in transition from military to civilian life:

- ❖ *Improving the New Veterans Charter: The Report*, Office of the Veterans Ombudsman (OVO), June 2013.⁶

¹ DND (May 15, 2014), Backgrounder: *Medical Releases: Universality of Service and Support to Our ill and Injured*. Source: <http://news.gc.ca/web/article-en.do?nid=848259>

² Wayne Quinn, Joint Personnel Support Unit (JPSU) Operations Officer, Meeting November 20, 2014

³ An Integrated Transition Plan, according to VAC, is a process that is administered by the Integrated Personnel Support Centres when a CAF member has a recommendation of a Permanent Medical category and confirmation of complex transition needs. Source: <http://www.forces.gc.ca/en/news/article.page?doc=canadian-armed-forces-transition-program/hkz4ci8i>

⁴ VAC (April 2014). *Life after Service Studies Secondary Analysis – Post-Military Adjustment to Civilian Life: Potential Risk and Protective Factors*.

⁵ Interviews were held with Wayne Quinn, JPSU Operations Officer – Colonel Russell Mann, Director Quality of Life, and Ray McInnis, Director Service Bureau, The Royal Canadian Legion.

⁶ Office of the Veterans Ombudsman (June 2013). *Improving the New Veterans Charter: The Report*. Source: <http://www.ombudsman-veterans.gc.ca/eng/reports/reports-reviews/improving-new-veterans-charter>



- ❖ *On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium*, DND/CF Ombudsman Special Report, November 2013.⁷
- ❖ *Caring for Canada's Ill and Injured Military Personnel*, House of Commons Standing Committee on National Defence, June 2014.⁸
- ❖ *The New Veterans Charter: Moving Forward*, House of Commons Standing Committee on Veterans Affairs (ACVA), June 2014.⁹

⁷ National Defence/Canadian Forces Ombudsman Special Report (November 2013). *On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium*. Source: <http://www.ombudsman.forces.gc.ca/en/ombudsman-reports-stats-investigations-military-families/military-families-index.page>

⁸ House of Commons Standing Committee on National Defence (June 2014). *Caring for Canada's Ill and Injured Military Personnel*. Source: <http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=6475808&Language=E&Mode=1&Parl=41&Ses=2>

⁹ House of Commons Standing Committee on Veterans Affairs (June 2014). *The New Veterans Charter: Moving Forward*. Source: <http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=6635229>



Role of Families during Transition

A successful transition from military service to civilian life is a key element in creating positive long-term outcomes for independence, financial security, health and social integration for military families.

When an ill or injured CAF member is notified that he or she will be medically released, the individual begins preparing to transition to a new life in the civilian world. If their illness or injury is of such severity that they are no longer able to work, the transition challenge is even greater. The success of the transition in either case often depends on how well the family can cope with and support the transitioning member. The transition from military to civilian life is not done in isolation – the entire family unit is affected.

Families play a particularly important role when the transitioning member suffers from an operational stress injury (OSI).¹⁰ Often, members of the immediate family are the first to notice personality changes and uncharacteristic behaviours in their loved ones.¹¹ Spouses, partners and parents can expend considerable effort supporting the transitioning member and maintaining family cohesion. As well, frequently it is a spouse, parent or other family member who assumes the role of caregiver¹² to an ill or injured transitioning member.

Living with a CAF member or Veteran who suffers from a debilitating OSI such as post-traumatic stress disorder (PTSD) can put significant stress on the family. Due to stigma, families often face this stress alone. In some cases, the CAF member or Veteran either isolates himself or herself from the family while trying to deal with his or her condition or the individual may be unwilling or unable to seek medical care. These situations can lead to a disruptive home environment and to a variety of problems such as relationship stress or break-up, spousal health problems, social isolation and child behavioural problems.¹³

¹⁰ An OSI, according to VAC Mental Health Definitions, is any persistent psychological difficulty resulting from operational duties performed while serving in the CAF or as a member of the RCMP. The term is used to describe a broad range of problems which include diagnosed medical conditions such as anxiety disorders, depression, and post-traumatic stress disorder as well as other conditions that may be less severe, but still interfere with daily functioning. Source: <http://www.veterans.gc.ca/eng/about-us/policy/document/1104#anchor45305>

¹¹ DND/CF Ombudsman Special Report (November 2013). *On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium*, pg. 48.

¹² A caregiver is an individual who provides ongoing care and assistance, without pay, for family members and friends in need of support due to physical, cognitive, or mental health conditions. The term is sometimes qualified with family caregiver, informal caregiver, or unpaid caregiver to differentiate from providers and other health care professionals who provide care. Canadian Hospice Palliative Care Association *Fact Sheet: The Role of Family and Informal Caregivers*. Source: http://www.chpca.net/media/153773/caregiver_day_-_fact_sheet.pdf

¹³ DND/CF Ombudsman Special Report (November 2013). *On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium*, pg. 68.



Existing Support Available to Families during Transition

In a 2013 DND/CF Ombudsman Report¹⁴, it was noted that families of serving members receive substantially more support today than at any other point in history. Similarly, VAC provides more support to families of Veterans since the New Veterans Charter (NVC)¹⁵ came into effect in 2006 than it did previously. A summary of the programs and services available from the CAF and VAC to families during transition can be found in [Annex A](#).

The CAF provide a number of services to families. Some are general in nature, such as the Military Families Fund and Military Family Resource Centres (MFRCs), while others are specifically related to supporting families of ill and injured members. For example, *Instruction 5100-07 Member Focused Family Care* is a policy that offers families a number of medical services linked to the treatment and care of a CAF member who suffers from an OSI. Information and counselling services are also available through the Family Information Line and the Canadian Forces Member Assistance Program.

VAC provides similar programs to those offered by the CAF. The VAC Assistance Service is a voluntary and confidential short-term 24/7 counselling service to help all Veterans and their families as well as primary caregivers who have personal concerns that affect their well-being. The service is available free of charge. OSI Clinics provide assessments and counselling to family members, but only to the extent required for the Veteran to achieve the established treatment outcomes. VAC also has provisions to reimburse travel costs for family members, under certain circumstances, and for respite care for caregivers.

Both the CAF and VAC have programs to inform transitioning members and their families about the benefits and services available to them, namely Second Career Assistance Network seminars and VAC transition interviews. Family members are encouraged to attend these sessions.

¹⁴ Ibid. Pg. 25.

¹⁵ *Canadian Forces Members and Veterans Re-establishment and Compensation Act* (S.C. 2005, c. 21) <http://laws-lois.justice.gc.ca/eng/acts/C-16.8/>



Summary of Reports Reviewed

The four reports examined as part of this review identified the challenges experienced by families and made 17 recommendations¹⁶ for improvement. The issues, recommendations and any departmental action taken are provided in [Annex B](#).

The reports note that the transition of a medically-releasing member is a family affair. If the individual has difficulty making the transition, it affects the family; conversely, if the family faces challenges during the transition, it can affect the success of the transitioning member.

Despite the support services currently available, the reports note that families still face a number of challenges related to their transition from military to civilian life, including:

- ❖ Caregiver support provided to an ill or injured transitioning member is frequently assumed by a spouse, parent or other relative. Caregivers may be ill-prepared and ill-equipped to take on the care of a loved one who suffers from complex medical conditions.¹⁷
- ❖ Living with a transitioning member who suffers from an OSI can put significant stress on the family. Due to stigma, families often face these stressful situations alone.¹⁸
- ❖ A family that moves to a different location after the medical release of a CAF member, especially one who suffers from a severe illness or injury, can face challenges because of lack of community services, their unfamiliarity with the community services available to them, the loss of continuity of the family's primary and specialist medical care and the loss of spousal employment.¹⁹
- ❖ Families who live in CAF Residential Housing Units, and who must move out after the medical release of a CAF member, may find it particularly difficult to adapt to life in a new civilian community.²⁰
- ❖ Spouses may be unaware of the various services and programs available to help their transition.²¹

¹⁶ Some of the recommendations address more than one area of concern.

¹⁷ DND/CF Ombudsman Special Report (November 2013). *On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium*, pg. 48.

¹⁸ Ibid. Pg. 41.

¹⁹ House of Commons Standing committee on National Defence report (June 2014). *Caring for Canada's Ill and Injured Military Personnel*, pg. 48.

²⁰ Defence Research and Development Canada Study (May 2012). *Impact of Military Life on Families and Single Canadian Forces Members*, pg. 28. Source: <https://www.cfmws.com/en/AboutUs/MFS/FamilyResearch/Documents/DGPRAM/Quality%20of%20Life/TM%202012-008%20Impact%20of%20Military%20Life%20on%20Families%20and%20Single%20CF.pdf>

²¹ DND/CF Ombudsman Special Report (September 2012). *Fortitude under Fatigue: Assessing the Delivery of Care for Operations Stress Injuries that Canadian Forces Members Need and Deserve*. Source: <http://www.ombudsman.forces.gc.ca/en/ombudsman-reports-stats-investigations-fortitude/index.page>



- ❖ As a result of military service, military families may be challenged in achieving both short-term and long-term financial well-being.²²
- ❖ The transition process for reservists is not as well-structured, coordinated and consistent as the process for Regular Force personnel. Providing information and assistance to reservists and their families is often difficult because of location, the part-time nature of the employment and decentralized personnel administration.²³

A review of these reports indicates that there is a measure of consistency in the shortcomings regarding support to families. The 17 recommendations fall into three broad categories: Communication and Awareness; Support and Services; and Financial Benefits.

Communication and Awareness

The first shortcoming identified is insufficient outreach and inconsistent communication to families in transition. Families need to be made aware of available programs, of how to access help and of how to identify support for mental health issues. In the absence of good communication, important programs and services, such as respite care, may go unnoticed.

CAF members and Veterans have said they would appreciate having an open line of communication between the CAF, VAC and their families because it is important for families to know that their efforts are being tracked and that they are being kept informed of the community events and support services available. Regular communication and engagement help families know that they are not alone.²⁴ Complicated policies and documents make it difficult for families to understand what supports are available to them and how to use such supports.²⁵

Several of the reports identified challenges and made recommendations related to communications and awareness. The general issues are related to the dissemination of information to CAF members and their families, the collection of information on the challenges facing families and whether their needs are being met. Some of these challenges are:

- ❖ Insufficient direct and proactive communication, outreach and follow-up with families from both CAF and VAC to explain available support programs, to determine if their needs are being met and to identify families in crisis who need intervention.²⁶

²² DND/CF Ombudsman Special Report (November 2013). *On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium*, pg. 69.

²³ DND/CF Ombudsman Special Report (April 2008). *Reserved Care: An Investigation into the Treatment of Injured Reservists*, pg. 55. Source: http://www.ombudsman.forces.gc.ca/assets/OMBUDSMAN_Internet/docs/en/reserved-care.pdf

²⁴ DND/CF Ombudsman (September 2012). *Special Report Fortitude Under Fatigue: Assessing the Delivery of Care for Operational Stress Injuries that Canadian Forces members Need and Deserve*, pg. 26.

²⁵ DND/CF Ombudsman Special Report (November 2013). *On the Homefront: Assessing the Well-being of Canada's Military Families in the New Millennium*. pg. 77

²⁶ OVO (June 2013). *Improving the New Veterans Charter: The Report*.



- ❖ Insufficient outreach and communication from VAC about support available to families. For example, the availability of respite care through the Veterans Independence Program (VIP) is not well known by families.²⁷
- ❖ In addition, VAC does not know how many disabled transitioning Veterans are supported by an informal caregiver, the extent of the care provided, the health of the caregiver and whether help is needed.²⁸

Support and Services

The second shortcoming identified is related to the care and support available to families. The burden on family members of ill and injured transitioning members is high and they do not receive the same level of support as the Veterans themselves. In particular, reports have noted a lack of counselling for families in their own right, and a lack of continuity of healthcare services as members and their families transition to civilian life. This lack of support impedes both the Veteran and the family's transition to civilian life.

Some of the challenges outlined in the reports related to the current services and support provided to the families of transitioning members include:

- ❖ Insufficient counselling, education and support to help the family cope with and care for a transitioning member who suffers from a mental health problem(s).²⁹
- ❖ Insufficient assistance to families to help them find a family doctor, specialist care, childcare and other community supports, especially for the families who will or have relocated to a new community following the medical release of the CAF member.³⁰
- ❖ Inadequate follow-up with families of seriously ill or injured Veterans to confirm whether their needs are being met.³¹

Financial Benefits

The third shortcoming identified by the reports is the inadequacy of financial benefits provided to families of transitioning members. It can be difficult for non-serving CAF spouses to find, sustain and advance a career while their spouse is serving. This can potentially put additional financial strain on the family when there is a decrease in income post-release.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid. Pg. 44.

³⁰ House of Commons Standing Committee on National Defence (June 2014). *Caring for Canada's Ill and Injured Military Personnel*, pg. 61.

³¹ OVO (June 2013). *Improving the New Veterans Charter: The Report*, pg. 44 and ACVA (June 2014). *The New Veterans Charter: Moving Forward*, pg. 20.



The specific challenges related to financial benefits provided for the families of transitioning members include:

- ❖ No compensation is provided to the caregiver of an ill or injured transitioning member, other than CAF programs for members who suffer a catastrophic impairment resulting specifically from operations in Afghanistan.³²
- ❖ Veterans who are medically released with less than 10 years of service, and their families, do not have access to the Treasury Board Pensioner Dental Service Plan.³³
- ❖ A spouse who accompanies a Veteran for rehabilitation-related medical/psycho-social treatment is reimbursed less for travel costs by VAC than the reimbursement provided to a spouse of a serving member by the CAF.³⁴
- ❖ Financial benefits under the NVC do not provide adequate lifelong financial support to Veterans and their families.³⁵

³² DND (May 15, 2014). Fact sheet - *Caring For Our Own: Compensation and Benefits Available to Ill and Injured Canadian Armed Forces Members*. Source: <http://news.gc.ca/web/article-en.do?nid=848299>

³³ OVO (June 2013). *Improving the New Veterans Charter: The Report*, pg. 44.

³⁴ Ibid.

³⁵ Ibid.



Reports, Recommendations, and Action Taken

Since the release of the reports previously mentioned, several initiatives have been undertaken to address the challenges and gaps identified for the families of transitioning members. [Annex B](#) provides an overview of the issues, recommendations and action taken.

In response to the *Mental Health Services for Veterans* chapter of the Office of the Auditor General's Fall 2014 Audit, the following measures related to family support were announced in VAC's *Mental Health Services for Veterans Action Plan*³⁶:

- ❖ **Mental Health First Aid Program:** A Veteran-specific program offering mental health literacy training where Veterans and their families receive information on mental health conditions, learn the signs and symptoms of common mental health disorders, practice crisis first aid for mental health conditions, learn where and how to get help, and learn how and what type of help has shown to be effective.
- ❖ **Military Family Resource Centres (MFRC) Pilot:** A four-year pilot to study the benefits of continued military community support for medically-released Veterans and their families for a period of two years after release. The pilots are taking place in Victoria, Edmonton, Shilo, North Bay, Trenton, Valcartier and Halifax.
- ❖ **New OSI Clinic/Satellite Clinics:** A new clinic in Halifax, additional satellite clinics in Victoria, Kelowna, Pembroke, Brockville, Montreal, Chicoutimi and St. John's and expanding the facility in the Greater Toronto Area to improve mental health care services for Veterans and their families.
- ❖ **Additional Operational Stress Injury Social Support (OSISS) Peer Support Coordinators:** An additional 15 Peer Support Coordinators to ensure Veterans and their families have the care and support required when needed.

The following new benefits were announced in the spring of 2015 by the Minister of Veterans Affairs:

- ❖ **Retirement Income Security Benefit (RISB):** A monthly taxable benefit that provides life-long financial stability to eligible Veterans beginning at age 65. The RISB tops up an eligible Veteran's total annual income to at least 70 percent of what he or she received in financial benefits from VAC before age 65, recognizing that Veterans who are totally and permanently incapacitated may have a reduced capacity to plan sufficiently for a post-age 65 income and may have become reliant on monthly financial benefits. The RISB is also available to Veterans eligible for Service Income Security Insurance Plan – Long Term Disability (SISIP-LTD) benefits, who are totally disabled and have entitlement for a Disability Award or Disability Pension. Survivors may also be eligible for the RISB in certain cases.³⁷

³⁶ VAC (2014). *Mental Health Services for Veterans Action Plan*. Source: <http://www.veterans.gc.ca/eng/services/health/mental-health/other-services/action-plan/oag>

³⁷ VAC (2015). *Retirement Income Security Benefit*. Source <http://www.veterans.gc.ca/eng/services/financial/retirement-income-security-benefit>



- ❖ **Family Caregiver Relief Benefit (FCRB):** An annual tax-free grant of \$7,238 which could be used by the caregiver for relief options, such as covering the cost of having a professional caregiver come into the home or covering the cost of another family member or friend travelling to the Veteran's home.³⁸

³⁸ VAC (2015). *Family Caregiver Relief Benefit*. Source: <http://www.veterans.gc.ca/eng/services/health/family-caregiver-relief-benefit>



Conclusion

While progress has been made in the last few years to support military families, challenges remain for the families of medically-releasing CAF members and Veterans transitioning to civilian life. Specifically:

- ❖ There is a lack of direct and proactive communication with families to explain available programs and services.
- ❖ There is a lack of outreach and follow-up with families to determine if their needs are being met and to identify those in crisis who may be in need of intervention.
- ❖ Beyond the increase in the number of VAC assistance services sessions, current initiatives do not provide treatment benefits specifically for family members in their own right.
- ❖ There is no wage compensation for caregivers who give up their employment to care for their spouse.
- ❖ There is no access for Veterans and their families to the Treasury Board Pensioner Dental Service Plan for those who do not otherwise have access as part of their terms of service.

In July 2015, the CAF and VAC launched the Veterans 20/20 Project to close the seam between the two departments and to reduce the barriers to a successful transition. Veterans 20/20 has three key objectives: seamless transition, Veteran-centric focus and service excellence.

I will continue to closely monitor ongoing progress in order to ensure that the recently announced initiatives are meeting their intent and that challenges facing families are being addressed. A successful transition from military to civilian life is essential to the long-term independence, financial security, health, and social integration of transitioning members and their families.



Annex A: Existing Support Available to Families during Transition³⁹

Programs and Services Provided by the Canadian Armed Forces

Veteran Family Journal⁴⁰ provides a summary of available support for transitioning ill and injured CAF members and their families.

Personnel Support Programs (PSP)⁴¹ are integrated within the military community, and comprise flexible, diversified, cost-effective and responsive programs and services for CAF members, Veterans, and their families. These include messes, CAF newspapers, golf courses, yacht clubs, curling clubs, cottages and campgrounds, and recreation programs and clubs. Transitioning CAF members can visit <http://www.cfcommunitygateway.com> to learn about PSP programs and services in their local communities.

Service Income Security Insurance Plan Long Term Disability (SISIP LTD) and Vocational Rehabilitation transition interview and support are accessible to all CAF members. Applicants are provided with professional case-management support, an initial telephone transition interview, and then a face-to-face meeting with their assigned vocational rehabilitation counsellor. Members are encouraged to bring their spouses so they have the opportunity to understand the future financial impact of the transition on the family. Focus is placed on developing a plan that will provide the member with the tools to support the family, engage in the community and successfully transition from the CAF with the opportunity for a long-term career.

³⁹ As of January 2016.

⁴⁰ Family Force, Veteran Family Journal, Source : <https://www.familyforce.ca/sites/VeteranFamilyProgram/EN/Documents/Veteran%20Family%20Journal%205%20Nov%202015%20E.pdf>

⁴¹ Canadian Forces Morale and Welfare Services. *Canadian Forces Community Gateway*. Source: <http://www.cfcommunitygateway.com/>

Programs and Services Provided by the Canadian Armed Forces

Service Income Security Insurance Plan (SISIP) Life Insurance for Released Members (IRM) allows all releasing CAF members and their spouses to transfer existing SISIP optional life insurance coverage to IRM without medical underwriting. Coverage can continue until age 75. Premiums can be deducted from pension benefits.

SISIP Life Insurance Coverage for Dependants provides insured current and former CAF members and their spouses automatic \$10,000 no-cost dependent life insurance coverage for dependent children up to age 25.

SISIP Financial provides tailored advice and financial products (insurance and investments) that enhance the financial health and security of serving members, Veterans and their families. A division of the Canadian Forces Morale & Welfare Services (CFMWS), SISIP Financial has 20 offices across Canada that provide financial services exclusively to current and former CAF members and their families.

Support Our Troops Program⁴² is an official program that provides financial support and assistance to the CAF community. This includes the Military Families Fund. It is funded through individual and corporate donations, proceeds from third-party events and “Yellow Ribbon” merchandise, and contributions by external organizations. Collectively, these funds are used to deliver individual and program support in the form of grants and loans to serving members, Veterans and their families.

⁴² Canadian Forces Morale and Welfare Services (2015). *Support Our Troops Program*. Source: <https://www.cfmws.com/en/SupportOurTroops/Pages/default.aspx>

Programs and Services Provided by the Canadian Armed Forces

Military Family Resource Centres (MFRCs)⁴³ are the backbone of the CAF's support to military families. The 32 centres provide families with information, services, counselling or referrals to local community services and programs. MFRCs deliver nationally-mandated services in accordance with the Military Family Services Program (MFSP), including introductory orientation; employment and education assistance; second language services; emergency, casual, respite, and casualty support childcare; deployment support; parent education and support; separation education and support; well-being assessment and referral; and, short-term intervention and crisis support. MFRCs also deliver community-specific services. VAC is currently funding a 4-year pilot project at 7 MFRC locations (Victoria, Edmonton, Shilo, North Bay, Trenton, Valcartier and Halifax) to study the benefits of MFRC support to medically-released Veterans and their families for a period of two years after their release. The study is focused on community integration in support of transition.

Defence Fitness (DFit.ca)⁴⁴ provides online fitness training plans and guidance to serving members. A new module of DFIT.ca, specifically for families, is an online resource featuring general fitness and a more total lifestyle approach to active living. Using their CFOne card number, Veterans and their families can access this new module, available at no cost until January 2017.

Instruction 5100-07 Member Focused Family Care⁴⁵ enables the military healthcare system to offer families a number of limited medical services linked to the treatment and care of CAF members who suffer from an OSI. These include psycho-education, marital counselling and family counselling. This medical support is dependent upon military members first seeking care for themselves.

⁴³ Family Force. *Military Family Resource Centres*. Source: <https://www.familyforce.ca/sites/shouldertoshoulder/EN/professionalsupport/Pages/MFRCs.aspx>

⁴⁴ Canadian Forces Morale and Welfare Services. *Defence Fitness*. Source: <http://dfit.ca/>

⁴⁵ Please contact the Family Information Line for more information. <http://www.familyforce.ca/sites/FIL/EN/Pages/default.aspx>

Programs and Services Provided by the Canadian Armed Forces

Family Liaison Officers (FLOs)⁴⁶ are social workers who belong to the MFRCs but operate within, and are responsive to, the Integrated Personnel Support Centres (IPSCs). The 32 FLOs at 28 locations across Canada provide families with responsive crisis counselling, community outreach and education, as well as consultation and coaching throughout the CAF member's transition process. They connect family members to a wide range of external community programs and resources.

Family Information Line (FIL)⁴⁷ provides confidential 24/7 information, referral and short-term counselling services by certified counsellors (social workers and psychologists). Counsellors also assist families to find support services in their community. Even though this is a CAF program, from April to September 2014, almost 10% of calls to the FIL were from families of Veterans.

Operational Stress Injury Social Support (OSISS)⁴⁸ program – a non-clinical peer support network for CAF members, Veterans and their families. It provides personal and group support, and conducts outreach, referral and advocacy activities on behalf of their peers. This is a joint program with VAC.

Canadian Forces Member Assistance Program (CFMAP)⁴⁹ is a voluntary, confidential and free 24/7 counselling service that provides short-term counselling services for those in need of assistance on a wide range of individual or family issues (maximum of eight sessions).

⁴⁶ Family Force. *Family Liaison Officers*. Source: <https://www.familyforce.ca/sites/shouldertoshoulder/EN/professionalsupport/Pages/FLO.aspx>

⁴⁷ Family Force. *Family Information Line*. Source: <http://www.familyforce.ca/sites/FIL/EN/Pages/default.aspx>

⁴⁸ OSISS (2001). *Peer Support – Leave None Behind*. Source: <https://www.osiss.ca/en/index.html>

⁴⁹ DND/CF (2015). *Member Assistance Program*. Source: <http://www.forces.gc.ca/en/caf-community-support-services-map/member-assistance-program.page>

Programs and Services Provided by the Canadian Armed Forces

Family Road to Mental Readiness (R2MR)⁵⁰ program provides families with guidance and skills to mitigate the stress of a deployment experience on the family. The goal of the R2MR program is to improve well-being and short-term performance, while mitigating any negative long-term mental health problems for the families. Training is delivered via three-hour briefings for both pre-deployment and post-deployment, and is conducted at the local MFRC or online.

You're Not Alone – Guide to Connecting Military Families to Mental Health and Social Wellness Programs⁵¹ provides information to help families manage the stresses inherent to the military family lifestyle.

FRIENDS, Rainbow, E=MC³, the Mind's the Matter, Youth with Parents who have Experienced Trauma (YPET) and Individual Success Through Empowering Peers (iSTEP)⁵² are programs designed specifically to help children cope with a parent who suffers from a mental health problem and to build resilience and self-esteem.

Operational Trauma and Stress Support Centres (OTSSCs)⁵³ provide psycho-education sessions for family members to the extent that they are required to support the CAF member.

Travel costs⁵⁴ (travel, accommodations and meals) are reimbursed for the primary next of kin to visit CAF members who are hospitalized or receiving treatment.

⁵⁰ DND/CF (2015). *Family Members*. <http://www.forces.gc.ca/en/caf-community-health-services-r2mr-family/index.page>

⁵¹ MFS (2014). *You're Not Alone – Connecting Military Families to Mental Health and Social Wellness Programs*. Source: https://www.familyforce.ca/sites/AllLocations/EN/Health%20and%20Wellness/Documents/MentalHealth_GuideENGweb.pdf

⁵² Ibid.

⁵³ DND/CAF (2015). *Operational Trauma and Stress Support Centres*. Source: <http://www.forces.gc.ca/en/caf-community-health-services-mental/index.page#otssc>

⁵⁴ DND/CAF (2014). *The Guide to Benefits, Programs, and Services for CAF Members and their Families*. Source: <http://www.forces.gc.ca/en/caf-community-benefits-ill-injured-deceased/guide.page>

Programs and Services Provided by the Canadian Armed Forces

CF Spousal Education Upgrade Benefit⁵⁵ reimburses an ill or injured member up to \$20,000 in expenses to improve employability of their spouse or common-law partner. Eligibility is restricted to CAF members who sustained a permanent catastrophic impairment on operations in Afghanistan and cannot benefit from participation in any federal tuition or vocational assistance program.

Attendant Care Benefit⁵⁶ reimburses an ill or injured member for payments up to \$100/day, for a maximum of 365 cumulative days, made to an attendant to look after the member on a full-time basis. The member must suffer from a permanent catastrophic impairment or temporary catastrophic or non-catastrophic impairment and be assessed as reasonably and necessarily needing attendant care. The impairment must have been sustained on operations in Afghanistan.

Caregiver Assistance Benefit⁵⁷ reimburses an ill or injured member (sustained in operations in Afghanistan) for payments made for childcare or other caregiver expenses. The member must suffer from a permanent catastrophic impairment or a temporary catastrophic or non-catastrophic impairment which is assessed as preventing the member from engaging in the caregiving activities which he or she engaged in prior to suffering the impairment. The benefit is payable for reasonable and necessary expenses for the care of a dependent child to a maximum of \$75/day.

Military Families Fund⁵⁸ assists military families who are faced with unforeseen and often immediate needs that have resulted due to conditions of service. Funds are received from individual donations, contributions from businesses, foundations and charitable organizations and through fundraising events.

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Canadian Forces Morale and Welfare Services (2015). *Military Families Fund*. Source: <https://www.cfmws.com/en/SupportOurTroops/OurFunds/MFF/Pages/default.aspx>

Programs and Services Provided by Veterans Affairs Canada

VAC Transition Interview⁵⁹ is a meeting between a releasing CAF member and a VAC Client Service Agent to gain a greater understanding of the member and family's potential transition needs, provide information on VAC programs, benefits and services, and determine the support or intervention required from VAC and other community support systems. Families and/or other support persons are encouraged to participate in the releasing CAF member's transition interview.

Vocational assistance⁶⁰ may be provided to a spouse or partner if a Veteran is totally and permanently incapacitated and cannot benefit from vocational rehabilitation. Vocational assistance includes employability assessments, career counselling, training, and job-search and job-finding assistance with the goal of helping a spouse find appropriate employment in order to restore earnings capacity to a reasonable extent given education, skills and experience. In certain situations, spouses may be eligible for medical, psycho-social and vocational rehabilitation services if their needs present barriers to the success of a vocational assistance plan.

Travel costs⁶¹ - When the Veteran client is critically ill and his or her attending physician is of the opinion that a visit by the spouse or common-law partner, another family member or another person designated by the client would be beneficial to the health of the client, the spouse or common-law partner, other family member or other person is eligible to be reimbursed the cost of transportation within Canada incurred to visit the client. Reimbursement of travel expenses can be provided for site visits by the spouse or common-law partner, to permit joint participation in the Veteran's appointments at an OSI Outpatient Treatment Clinic in support of the Veteran's care plan.

⁵⁹ VAC (2015). *Transition Interview*. Source: <http://www.veterans.gc.ca/eng/services/transition/interview>

⁶⁰ VAC (2015). *Rehabilitation Services and Vocational Assistance*. Source: <http://www.veterans.gc.ca/eng/services/transition/rehabilitation>

⁶¹ VAC (2014). *Health-related Travel – Escorts*. Source: <http://www.veterans.gc.ca/eng/about-us/policy/document/1272#anchor35317>

Programs and Services Provided by Veterans Affairs Canada

Retirement Income Security Benefit (RISB)⁶² is a monthly taxable benefit that provides life-long financial stability to eligible Veterans beginning at age 65. The RISB tops up an eligible Veteran's total annual income to at least 70% of what he or she received in financial benefits from VAC before age 65, recognizing that Veterans who are totally and permanently incapacitated may have a reduced capacity to plan sufficiently for a post-age 65 income and may have become reliant on monthly financial benefits. The RISB is also available to Veterans eligible for SISIP LTD benefits, who are totally disabled and have entitlement for a Disability Award or Disability Pension. Survivors may also be eligible for the RISB in certain cases.

Respite care⁶³ may be provided to give a temporary period of rest or relief to the informal primary caregiver. VAC supplements provincial respite care programs through a combination of health care benefits, VIP services and long-term care.

Veterans Independence Program (VIP)⁶⁴ - When the need exists, services such as housekeeping, grounds maintenance, personal care, nutrition, ambulatory health care, transportation, and home adaptations may be provided. Additionally, if the Veteran client was in receipt of housekeeping and/or grounds maintenance services upon admission to a health care facility, these services may then be available to the informal primary caregiver.

VAC Assistance Service⁶⁵ - This confidential, short-term counselling service is offered by mental health professionals for all Veterans and their families as well as primary caregivers who have personal concerns such as: problems at work or at home; personal or emotional difficulties; family or marital problems; or anything that affects one's well-being. The service is available 24 hours a day, 365 days a year by calling 1-800-268-7708, and is offered free of charge. Since December 1, 2014, the number of counselling sessions has been increased from 8 to a maximum of 20 sessions, per issue, when needed. Bereavement services have also been added through the VAC Assistance Service. The bereavement services include assessment, counselling (short, medium and long-term) and case management, and assist families, Veterans of the CAF and the RCMP, and caregivers who are affected by a service-related death. Bereavement services can be accessed on request through the VAC Assistance Service toll-free line.

⁶² VAC (2015). *Retirement Income Security Benefit*. Source: <http://www.veterans.gc.ca/eng/services/financial/retirement-income-security-benefit>

⁶³ VAC (2014). *Respite Care*. Source: <http://www.veterans.gc.ca/eng/about-us/policy/document/1200>

⁶⁴ VAC (2014). *Veterans Independence Program*. Source: <http://www.veterans.gc.ca/eng/services/health/veterans-independence-program>

⁶⁵ VAC (2014). *The VAC Assistance Service*. Source: <http://www.veterans.gc.ca/eng/contact/vac-assistance-service>

Programs and Services Provided by Veterans Affairs Canada

Operational Stress Injury Social Support (OSISS)⁶⁶ program – a non-clinical peer support network for CAF members, Veterans and their families, provides personal and group support, and conducts outreach, referral and advocacy activities on behalf of their peers. Joint program with the CAF.

Operational Stress Injury (OSI) Clinic⁶⁷ support includes couple and family assessments, counselling for partners, and family therapy. Mental health services may be provided to family members to the extent that they are required to achieve the treatment outcomes that have been established for the Veteran client. The need to include family members in a Veteran's treatment plan must be established by the Veteran's treating health professional, or be identified in the VAC Rehabilitation Plan. In addition, in order to successfully address the Veteran's case goals, the Case Manager may, with the Veteran's consent, coordinate marital counselling, individual mental health services for the spouse or common-law partner or child, or family counselling.

Public Service Health Care Plan (PSHCP)⁶⁸ provides access to group health insurance for eligible Veterans and certain survivors. Participation is voluntary and would be complementary to other medical coverage sources such as private insurance or VAC treatment benefit coverage. A monthly contribution is required depending on the chosen type and level of coverage selected.

Case Management Services⁶⁹ enable Veterans with complex needs, and their families, to achieve mutually agreed upon goals through a collaborative and organized process, coordinated by the VAC Case Manager.

⁶⁶ OSISS (2001). *Peer Support – Leave None Behind*. Source: <https://www.osiss.ca/en/index.html>

⁶⁷ VAC (2015). *Network of OSI Clinics*. Source: <http://www.veterans.gc.ca/eng/services/health/mental-health/understanding-mental-health/clinics>

⁶⁸ VAC (2015). *Group Health Insurance*. Source: <http://www.veterans.gc.ca/eng/services/health/group-health-insurance>

⁶⁹ VAC (2015). *Case Management*. Source: <http://www.veterans.gc.ca/eng/services/transition/case-management>

Programs and Services Provided by Veterans Affairs Canada

Military Family Resource Centres (MFRCs) provide medically-releasing families access at 7 locations as part of a pilot project. The pilot projects are taking place in Victoria, Edmonton, Shilo, North Bay, Trenton, Valcartier and Halifax. The support provided focuses on community integration in support of transition.

Family Caregiver Relief Benefit (FCRB)⁷⁰ provides Veterans with an annual tax-free grant of \$7,238, which could be used by the caregiver for relief options, such as covering the cost of having a professional caregiver come into the home or covering the cost for another family member or friend travelling to the Veteran's home.

Pastoral Outreach⁷¹ program provides Veterans and their families with spiritual support.

⁷⁰ VAC (2015). *Family Caregiver Relief Benefit*. Source: <http://www.veterans.gc.ca/eng/services/health/family-caregiver-relief-benefit>

⁷¹ VAC (2014). *Pastoral Outreach*. Source: <http://www.veterans.gc.ca/eng/services/health/pastoral-outreach>

Annex B: Reports’ Recommendations and Action Taken⁷²

Veterans Ombudsman – *Improving the New Veterans Charter: The Report (June 2013)*⁷³

The report contains 20 recommendations, five of which relate specifically to the support of military families during transition to civilian life.

| ISSUES | RECOMMENDATIONS | ACTION TAKEN |
|--|--|---|
| Insufficient counselling and education on how to cope with and help a Veteran with mental health problems. | Recommendation 1: Provide proper counselling, information, communications and outreach to families. | Enhancements to mental health support for Veterans and their families including the Mental Health First Aid Program, new OSI and Satellite Clinics and the expansion of the OSISS Peer Support Program. |
| Insufficient assistance to transition families to community support. | Recommendation 2: Extend access by families to MFRC programs after the medical release of the CAF member, in collaboration with the Minister of National Defence. | A 4-year MFRC Pilot Project to study the benefits of continued military community support for medically-released Veterans and their families for a period of 2 years after release. |
| Insufficient outreach and communication from VAC about support available to families. For example, the availability of respite care through VIP is not well known by families. | Recommendation 3: Harmonize CAF and VAC financial assistance provided to families. | No action has been taken. |
| Inadequate follow-up with | Recommendation 4: Develop a caregiver compensation program to compensate the spouse or family member who acts as the primary caregiver to a seriously disabled Veteran. | The FCRB provides Veterans with an annual tax-free grant of \$7,238 to allow the caregiver to take time off from caring for the Veteran who suffers from a severe and permanent impairment. |

⁷² As of January 2016.

⁷³ OVO (June 2013). *Improving the New Veterans Charter: The Report*.

Veterans Ombudsman – *Improving the New Veterans Charter: The Report (June 2013)*⁷³

The report contains 20 recommendations, five of which relate specifically to the support of military families during transition to civilian life.

| ISSUES | RECOMMENDATIONS | ACTION TAKEN |
|--|---|----------------------------------|
| <p>the families of seriously ill or injured Veterans to confirm whether their needs are being met.</p> <p>No access to the Treasury Board Pensioner Dental Service Plan for Veterans (and their families) who are medically released with less than 10 years of service.</p> <p>Reduced reimbursement of travel costs by VAC, compared to the reimbursement provided by the CAF, for a spouse who accompanies a Veteran for rehabilitation related medical/psycho-social treatment appointments.</p> | <p>Recommendation 5: Provide the same access to the Treasury Board Pensioner Dental Service Plan to Veterans and their families as that provided by VAC under the Public Service Health Care Plan.</p> | <p>No action has been taken.</p> |

DND/CF Ombudsman – *On the Homefront: Assessing the Well-Being of Canada’s Military Families in the New Millennium (November 2013)*⁷⁴

The report contains 18 recommendations, four of which relate specifically to the support of military families during transition to civilian life.

| ISSUES | RECOMMENDATIONS | ACTION TAKEN |
|--|---|--|
| <p>Geographic relocation, operational deployments and the relentless upheaval of military life are the major causes of disruption and strain for military families, triggering many of the challenges they face.</p> <p>It is very difficult for non-serving CAF spouses to find and sustain reasonable, gainful, continuous employment.</p> | <p><u>Recommendation 4:</u> Communicate more effectively with military families.</p> <p><u>Recommendation 11:</u> Promote more extensive and independent research of military family issues.</p> | <p>The Military Family Panel Process, introduced in October 2014, provides ongoing consultation directly with families to inform on policy, benefits and program administration.⁷⁵</p> <p>Military Family Services (MFS) produced a consolidated guide book of programs and services related to mental health for the member and family entitled <i>You’re Not Alone</i> and <i>A Family Guide to the Military Experience</i>.</p> <p>MFS is also modernizing communication mediums and messages to leverage the reach of social media.</p> <p>The Director MFS distributes relevant studies generated by the Director General Military Personnel Research and Analysis. Relevant research information can be found on their website.⁷⁶</p> |

⁷⁴ DND/CF Ombudsman (November 2013). *On the Homefront: Assessing the Well-Being of Canada’s Military Families in the New Millennium*.

⁷⁵ CANFORGEN 032/15 - http://vcds.mil.ca/vcds-exec/pubs/canforgen/2015/032-15_e.asp (only available via the Defence-Wide Area Network)

⁷⁶ MFS. Source: <https://www.cfmws.com/en/AboutUs/MFS/FamilyResearch/Pages/default.aspx> and MFS. Other Research. Source: <https://www.cfmws.com/en/AboutUs/MFS/FamilyResearch/Pages/Other-research.aspx>

DND/CF Ombudsman – *On the Homefront: Assessing the Well-Being of Canada’s Military Families in the New Millennium (November 2013)*⁷⁴

The report contains 18 recommendations, four of which relate specifically to the support of military families during transition to civilian life.

| | | |
|---|--|---|
| <p>Accessing health care and maintaining a reasonable level of continuity during mandatory moves remains a persistent challenge for military families.</p> | | <p>MFS has partnered with some US academics, the Canadian Institute for Military and Veterans Health Research, and the Director General Military Personnel Research and Analysis with the key area of focus being on community health and capacity building. Knowledge gained will be integrated into the MFSP Parameters for Practice.</p> |
| <p>Military families are challenged in providing a healthy environment in which to raise their children.</p> <p>Military families are challenged in achieving both short-term and long-term financial well-being.</p> | <p>Recommendation 14: Develop a national employment strategy to assist spouses/partners achieve fulfilling, long-standing careers or continuous employment.</p> | <p>In partnership with Canada Company, MFS is piloting a national employer network for military spouses called <i>METS</i> spouse.</p> <p>MFS resourced the Trenton MFRC to facilitate an ongoing online entrepreneurship training program for military family members.</p> <p>MFS contracted Telfer School of Business to facilitate four regional entrepreneurship two-day training sessions for military families.</p> <p>A bilingual Employment Coordinator Toolkit was distributed to all centres to be used as a reference guide.</p> <p>MFS partnered with Canada Company and the Canadian Education and Research Institution for Counselling to produce a manual for career practitioners on the transitioning Veteran and military spouse to be distributed nationwide.</p> <p>MFS worked with Accenture Canada to provide online training for military family members surrounding virtual employment and online networking.</p> |

DND/CF Ombudsman – *On the Homefront: Assessing the Well-Being of Canada’s Military Families in the New Millennium (November 2013)*⁷⁴

The report contains 18 recommendations, four of which relate specifically to the support of military families during transition to civilian life.

Recommendation 15: Assist military families to obtain better access to healthcare.

Health care information and updates are available through the FamilyForce.ca website⁷⁷

Through its third-party services contractor, VAC is ensuring that key rehabilitation professionals, including physiotherapists and occupational therapists, are available to Veterans. VAC and DND are exploring opportunities to ensure that Veterans have better access to family physicians.⁷⁸

All provinces and two territories have agreed in principle to waive the 90-day wait period for military families to receive their health insurance when moving to a new province.

Continuous engagement with associations within the medical community and programs such as *Op Family Doc* (in the National Capital Region) help families find doctors and educate the medical community about military health issues.

Two pilot projects exploring innovative models of mental health service delivery are underway.

⁷⁷ MFS. *Health Care*. Source: <https://www.familyforce.ca/sites/AllLocations/EN/healthcare/Pages/default.aspx>

⁷⁸ VAC-CAF Veterans 20/20 Management Team Joint Initiatives

DND/CF Ombudsman – *On the Homefront: Assessing the Well-Being of Canada’s Military Families in the New Millennium (November 2013)*⁷⁴

The report contains 18 recommendations, four of which relate specifically to the support of military families during transition to civilian life.

The *Caring for the Caregiver* program is in development to assist family members caring for military members and Veterans suffering from an OSI.

In May 2015, MFS and the Canadian Mental Health Association partnered to raise awareness of the military lifestyle and to facilitate access to community mental health resources for military families.

House of Commons Standing Committee on Veterans Affairs – *The New Veterans Charter: Moving Forward (June 2014)*⁷⁹

The report contains 14 recommendations, five of which relate specifically to the support of military families during transition to civilian life.

| ISSUES | RECOMMENDATIONS | ACTION TAKEN |
|--|---|--|
| <p>Family support was one of the six pillars identified by the New Veterans Charter Advisory Group, yet few measures have been implemented in support of this commitment.</p> <p>Veterans’ family members have difficulty obtaining services for themselves.</p> <p>Financial benefits under the NVC are not adjusted to reflect the Veteran’s family situation.</p> <p>If a Veteran is not in a rehabilitation program, VAC cannot provide services to family members, even if they</p> | <p>Recommendation 2: That the <i>Veterans Bill of Rights</i> be included in the New Veterans Charter and in the <i>Pension Act</i>, and that a modified version of section 2 of the <i>Pension Act</i> be incorporated into the New Veterans Charter, and read as follows: The provisions of this Act shall be liberally construed and interpreted to the end that the recognized solemn obligation of the people and Government of Canada to provide compensation to those members of the forces who have been disabled or have died as a result of military service, and to their dependants, may be fulfilled.</p> <p>Recommendation 3: That the most seriously disabled Veterans receive financial benefits for life, of which an appropriate portion should be transferable to their spouse in the event of death, that VAC consider the use of a probable earnings approach in determining the amount of the benefits, and include better access to the three grades of the permanent</p> | <p>Included in Bill C-59 as amendment to <i>Canadian Forces Members and Veterans Re-establishment and Compensation Act</i> Section 2.</p> <p>Effective July 1, 2015, the RISB is a monthly taxable benefit that provides life-long financial stability to eligible Veterans beginning at age 65. In the event of a Veteran’s death, survivors may be eligible to receive the RISB if the deceased Veteran met, or would have met had they applied, the eligibility requirements for the RISB at the time of their death.</p> <p>The eligibility criteria were clarified to provide better access</p> |

⁷⁹ ACVA (June 2014). *The New Veterans Charter: Moving Forward*.

House of Commons Standing Committee on Veterans Affairs – *The New Veterans Charter: Moving Forward (June 2014)*⁷⁹

The report contains 14 recommendations, five of which relate specifically to the support of military families during transition to civilian life.

| ISSUES | RECOMMENDATIONS | ACTION TAKEN |
|--|---|---|
| require such services to better support the Veteran. | impairment allowance, for which eligibility criteria must be clarified. | to the Permanent Impairment Allowance. ⁸⁰ |
| | Recommendation 5: That all Veterans with service-related disabilities, and their families, be entitled to the same benefits and support as part of their rehabilitation program, whether they are former members of the Reserve Force or of the Regular Force. | The <i>Canadian Forces Members and Veterans Re-establishment and Compensation Regulations</i> were amended effective April 2015, to ensure that the Earnings Loss Benefit (ELB) calculation is the same for Regular Force and Reserve Force Veterans, raising the minimum rate for Reserve Force Veterans to \$42,426 per year. SISIP LTD benefits are not yet aligned to the changes made to the ELB. In order to receive the same benefits as Regular Force members, reservists must apply to two organizations: to SISIP to receive the basic long-term disability, and then to VAC for the top-up. |
| | Recommendation 6: That the CAF work with VAC to make MFRCs available to Veterans and their families in order to support them in their transition to civilian life. | A four-year MFRC Pilot Project to study the benefits of continued military community support for medically-released Veterans and their families for a period of two years after release. |

⁸⁰ VAC. *Permanent Impairment Allowance*. Source: <http://www.veterans.gc.ca/eng/services/transition/rehabilitation/permanent-impairment-allowance>

House of Commons Standing Committee on Veterans Affairs – *The New Veterans Charter: Moving Forward (June 2014)*⁷⁹

The report contains 14 recommendations, five of which relate specifically to the support of military families during transition to civilian life.

| ISSUES | RECOMMENDATIONS | ACTION TAKEN |
|--------|--|--|
| | <p>Recommendation 7: That independent access to VAC’s psychosocial and vocational rehabilitation services be given to spouses or common-law partners of Veterans with a service-related disability; that access to psychological counseling be also given to parents and children of Veterans with a service-related permanent disability, and that financial support be provided to family members of seriously-disabled Veterans acting as “primary caregivers” as defined under section 16 (3) of the <i>Veterans Health Care Regulations</i>.</p> | <p>Enhancements to mental health support for Veterans and their families including the Mental Health First Aid Program, new OSI and Satellite Clinics, expansion of the OSISS program, enhancement of the VAC Assistance Service to a maximum of 20 counselling sessions, and the addition of bereavement services.</p> <p>The new FCRB will provide Veterans with an annual tax-free grant of \$7,238 to allow the caregiver to take time off from caring for the Veteran who suffers from a severe and permanent impairment.</p> |

House of Commons Standing Committee on National Defence – *Caring for Canada’s Ill and Injured Military Personnel (June 2014)*⁸¹

The report contains 32 recommendations, three of which relate specifically to the support of military families during transition to civilian life.

| ISSUES | RECOMMENDATIONS | ACTION TAKEN |
|---|--|---|
| Military families can encounter difficulties accessing mental health care services in civilian society. Constant relocations due to frequent postings to different military bases across the country require family members to find a new family physician in a new province or territory every few years. | Recommendation 3: The Committee recommends that the Government of Canada enhance education provided to military families for mental health issues prior to deployment of a CAF member through the Road to Mental Readiness program. | The R2MR program for families was initiated. There have also been recent enhancements to mental health support for Veterans and their families including the Mental Health First Aid Program, new OSI and Satellite Clinics and the expansion of the OSISS Peer Support program. |
| | Recommendation 18: The Committee recommends that the Government of Canada improve coordination between the CAF and provincial community health services to better meet the needs of military families. | There are local initiatives; however, there is not a national program to provide consistent access to primary care physicians. |
| | Recommendation 26: The Committee recommends that the Government of Canada, through the MFRCs, maintain support for the spouses of permanently ill or injured members through education and employment support. | A 4-year MFRC Pilot Project to study the benefits of continued military community support for medically-released Veterans and their families for a period of 2 years after release. |

⁸¹ House of Commons Standing Committee on National Defence (2014). *Caring for Canada’s Ill and Injured Military Personnel*. Source: <http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=6475808&Language=E&Mode=1&Parl=41&Ses=2>