

**Notes for Remarks by**

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**to the**

**House of Commons Standing Committee**

**on**

**Veterans Affairs**

**(ACVA)**

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Chair, Committee Members

Thank you for inviting me to appear before you as you begin your study of service delivery at Veterans Affairs Canada.

Delivering high quality services on a timely basis to Veterans and their families is a key component of Veterans Affairs Canada's responsibility. For you to take up the study of service delivery at the beginning of your mandate speaks to the importance that you place on it. You now have the opportunity before you to not only influence today's service-delivery model and standard for Canada's ill and injured Veterans and their families, but also to shape those of tomorrow. But to get it right, I encourage you to set your sights also on the 'big picture' outcomes and interrelationships of other support elements in VAC's arsenal.

You may ask why I am emphasizing outcomes once again. Just two weeks ago I spoke to the Senate Subcommittee on Veterans Affairs about the importance of keeping a laser-like focus on outcomes. The reason is: understanding the outcome we are trying to achieve should be the starting point rather than the ending point. If you use that approach, you will find the root causes of problems and be better able to solve them.

So, let's turn to the question of why are some Veterans and their families still struggling? Simply put, benefits are too complex not only for Veterans but also for VAC staff. After decades of layering regulations and policies one on top of the other, with no apparent regard for how such overlapping would affect Veterans, a system has been created that is difficult to administer on the best of days. Everyone involved in Veterans' issues recognizes these problems, but they still remain. They need to be solved as quickly as possible because every day they cause frustration to ill and injured Veterans and their families. To right the situation and give Veterans the services that they deserve, it is time to start focusing on outcomes for Veterans and not outcomes for programs.

Veterans' programs today typically measure program outcomes only. They do not measure the effect a particular program has on Veterans. For example, giving a Veteran a monthly \$500 benefit accomplishes what in terms of creating a better outcome for that Veteran? It is true that they will have a little more money, but did it make a real difference to their lives?

When looking at outcomes for our current programs, we need to ask the hard questions, such as:

- What does it mean to provide financial stability?
- What does it mean to meet the basic needs of Veterans?
- What does it mean to improve Veterans' wellness?
- How do we measure success with those outcomes?
- What does the service experience feel like to the Veteran?

We struggle to answer those questions. If we cannot answer them, how do we know we have got it right? How far do we still need to go?

Let me take this a step further. Did you know that there is no benchmark defined for a fair level of financial compensation to Veterans for either income replacement or pain and suffering? There are benchmarks for individual programs, but we don't understand the overall outcomes we are trying to achieve with these benchmarks. At the Office of the Veterans Ombudsman, we look at these programs and services through the lens of fairness measured by *accessibility*, *sufficiency* and *adequacy*. If we do not have an agreed upon comparison point, how can we measure whether our efforts are being effective?

So, what is the value added of applying an outcomes focus to Veterans' service delivery? Let me give you an example of how we could shape tomorrow. What if the desired outcome was a Veteran-centric, one-stop-shop approach to VAC service delivery? This could mean that at the beginning of the release process, VAC would conduct a file review and adjudicate any and all benefits for which the Veteran would be entitled. The Veteran would then be presented with the results without having to apply for a single benefit. The key question is: If this were done, in a timely manner, would it better prepare the Veteran for transition, reduce workload at Veterans Affairs Canada and increase trust in the system? I believe it would. I also believe that VAC should be proactive, so Veterans don't have to be experts in navigating this complex system.

What about Veterans with mental health conditions who complain about how they are continually traumatized by having to retell their stories again and again to justify why they should receive benefits? With a Veteran-centric one-stop-shop model, Veterans would only have to tell their story once, and to a health care professional. As well, we know that service contributes to certain conditions, so why do we put the Veteran through the hassle of proving a service relationship when common sense says there is one. For example, would it be unreasonable to assume that a soldier working around large calibre guns may have diminished hearing, that an Air Force Search and Rescue Technician with hundreds of parachute jumps may have injured knees, or that a submariner working in cramped quarters may have back problems?

There are some who are going to balk at these ideas because this is not the way we do business today. But, I say to you that the way we do business today is not working as well as it should. If it were, we would not have as many frustrated ill and injured Veterans as we do. So, let's go beyond today's ideas, look at the outcomes – the end results that we want to achieve – and figure out the steps needed to achieve that optimal result for Veterans and their families. It only makes sense that intervening early with a one-stop-shop approach would likely result in better outcomes for Veterans.

From a national security perspective, such an approach would better support recruitment and retention than the current stream of Veterans' bad news stories. From a VAC service-delivery perspective, front loading the benefits could eliminate the bureaucracy of determining eligibility at the point of need. From a Veteran's perspective, needs would be met in an effective and timely manner.

So, if I had a magic wand, what would I do to transform the current state of affairs? I would start with a clean sheet of paper and I would list all of the outcomes that we need to achieve for Veterans and their families, such as:

- Financial security for life,
- Best possible health care,
- Fair compensation for pain and suffering,
- A successful transition to civilian life, and
- Timely Veteran-centric service delivery with timely decisions.

Then, I would design the benefits and administrative processes to achieve those outcomes because without a clear understanding of Veteran outcomes, tinkering with existing benefits is a recipe for complexity and disappointment.

Now let me take a moment to share with you our analysis of the current status of the ACVA recommendations. (You can refer to the distributed page.) The major substantive recommendations have yet to be implemented. As my Office has reported previously, increasing the Earnings Loss Benefit, better Permanent Impairment Allowance grade determination and compensation for family caregivers need to be addressed because the implementation of these recommendations will significantly improve outcomes for Veterans and their families.

In conclusion, as you travel across the country, please take the time to meet and listen to Veterans and their families, as well as to VAC front line workers, and see their challenges through their eyes. If you combine that experience with evidence-based analysis and an unyielding focus on outcomes, you may be able to accomplish what others tried but could not achieve in the almost 100 years since the *Pension Act* came into existence. If you do, as a Veteran with over 50 years of service to Canada, I will be at the front of the line to congratulate you. In the meantime, my team and I stand ready to help you achieve your goals.

Thank you.