ACKNOWLEDGEMENTS

The Evaluation team gratefully acknowledges the cooperation and assistance received from Transition Coordinators, Veterans Affairs Canada management and field office staff, and personnel at Canadian Force bases in Edmonton and Gagetown, who contributed to this Evaluation.
“You earn the respect and trust of military members, it is not given just because of your position.”

Susan Dayton, BSW, MA
Transition Coordinator, CFB Esquimalt

“Most servicemen want the ‘single point of contact’, not a myriad of ‘experts’ from various departments.”

Don Ethell, President
The Canadian Association of Veterans in United Nations Peacekeeping

“You need to be at the Base to know what is going on at the Base.”

- from a Transition Coordinator interview
TABLE OF CONTENTS

1.0 EXECUTIVE SUMMARY ................................................................. i

2.0 SUMMARY OF RECOMMENDATIONS ............................................ ii

3.0 INTRODUCTION
3.1 Background ..................................................................................... 1
3.2 Purpose of the Evaluation ............................................................... 2
3.3 Evaluation Mandate ......................................................................... 2
3.4 Study Methodology ........................................................................... 2
3.5 Report Structure ............................................................................. 3

4.0 PILOT SITE PROFILES & IDENTIFICATION OF EVALUATION ISSUES
4.1 Individual Site Profiles ................................................................. 4
4.2 Pilot Strengths, Weaknesses and Constraints ................................. 10
4.3 Identification of Evaluation Issues ................................................. 13

5.0 DISCUSSION OF THE EVALUATION ISSUES
5.1 Clarification of the TC Role ............................................................ 14
5.2 Governance, Organizational Structure and Accountability ............ 20
5.3 Client Satisfaction ........................................................................... 23
5.4 Workload and Resources ............................................................... 25
5.5 Skills and Attitudes ......................................................................... 28
5.6 Training and Orientation ............................................................... 30
5.7 Location, Visibility, and Marketing the Role ................................. 32
5.8 Best Practices .................................................................................. 36
5.9 CF Reserve Force ............................................................................ 37
5.10 Evolution of the TC Concept (Post-Pilot) ...................................... 38
5.11 Post-pilot Developments ............................................................... 40

6.0 DISTRIBUTION ............................................................................. 42

7.0 ANNEXES :
ANNEX A - Terms of Reference ................................................... A1
ANNEX B - Bibliography ................................................................. B1
ANNEX C - List of Interviewees ....................................................... C1
1.0 EXECUTIVE SUMMARY

Veterans Affairs Canada (VAC) sponsored a pilot project in fiscal year 2001-2002 that placed full-time Transition Coordinators (TC) on selected Canadian Forces (CF) bases. Although VAC is currently responding in a number of ways to the needs of CF members, it was expected that the presence of Transition Coordinators at Department of National Defence (DND) bases would supplement efforts to provide more coordinated service delivery to CF members and ease their transition to civilian life.

This study was conducted as a formative evaluation of the pilot sites, reporting on the effectiveness of the project during its first year of operation, and contributing to ongoing efforts towards continuous improvement. The evaluation examined activity at five pilot sites at Canadian Forces Bases - Esquimalt, Edmonton, Valcartier, Gagetown, Halifax, and two off-base sites in Ottawa and Mississauga.

Integration of full-time VAC staff into the military culture of the Department of National Defence was a bold initiative, which tested the strength of the partnership between the two departments. This cooperative spirit is designed to better serve the needs of CF members. The role of the TCs is evolutionary and in the initial stages of the pilot was somewhat ill-defined. What emerged, however, was a group of enthusiastic employees who are dedicated to the pilot objectives and committed to making a difference in the lives of those CF members who come to them looking for VAC services and information. The pilot provided VAC with a high level of VAC-CF visibility for a modest investment. The flexibility of a pilot environment allowed TCs the opportunity to test best practices and determine what additional support CF members might require from VAC.

Client satisfaction levels with TC services is high and base commanders support of the TC concept is strong. The evaluation concludes with a strong endorsement of the TC role and encourages its continuation and expansion to other CF bases throughout the country.
2.0 SUMMARY OF RECOMMENDATIONS

The following recommendations to improve the effectiveness and operational efficiency of the VAC Transition Coordinator Pilot Project are presented and discussed throughout the report.

Governance:

It is recommended that:

R1 The reporting relationship of the Transition Coordinator be revisited, redefined as required, and communicated.

R2 The Transition Coordination Committee fulfill an active oversight role in any post-pilot activities which may be conducted.

Client Satisfaction:

It is recommended that:

R3 A post-pilot client satisfaction measurement tool be developed and implemented.

Workload and Resources:

It is recommended that:

R4 Current and future TCs receive additional administrative resources to better meet work demands.

R5 A back-fill system be implemented for TCs during extended absences.

R6 The DND Case Manager workload reporting software be examined and adapted to meet the needs of TCs.

Skills and Attitudes:

It is recommended that:

R7 The skill mix, attitudes and attributes outlined in this report be considered when finalizing the work description for Transition Coordinators.
Training and Orientation:

It is recommended that:

R8 National training and awareness workshops be conducted on a regular basis. Ideally, these sessions would include the field managers of the TCs and also the DND Case Managers.

R9 Orientation of new TCs include a mandatory one week "twinning" with an experienced TC prior to assignment to a DND base.

R10 Supplementary follow-on training, self-identified by TCs, be provided on an individual basis.

Location, Visibility and Marketing the Role:

It is recommended that:

R11 TC’s have office locations which facilitate the TC becoming part of the larger “releasing team”.

R12 A more consistent strategy be developed to market the TC role and menu of services, drawing on expertise from the VAC Communications Division, and from lessons learned by the pilot group of TCs.

R13 TCs make greater use of DND media channels, such as base newspapers (including paid ads), posters on CANEX bulletin boards, and by Canadian Forces orders (CANFORGENS).
3.0 INTRODUCTION

3.1 Background

This evaluation was approved as part of the 2001-2002 Audit and Evaluation Plan for Veterans Affairs Canada (VAC). Improving and expanding services to Canadian Forces (CF) members is one of ten priorities identified in the VAC 2001-2006 Strategic Plan.

The Transition Coordinator Pilot Project is one of several VAC-DND initiatives in recent years that reflect a growing willingness of the two departments to cooperate more closely in meeting the transitional needs of sick or injured CF members, whether they be still-serving or in the process of releasing from the Forces.

New legislation effective October 27, 2000, gave CF members the opportunity to receive a VAC disability pension while still continuing military service. This extension of benefits served as the nucleus for VAC having an increased presence on DND bases. Also, prior to this, the department had begun to deploy staff to nearby CF bases on a part-time basis, most notably VAC pension officers. These actions met with positive comments, both from CF members and DND staff closely associated with the Quality of Life Initiative. Exploring the development of a transition coordinator’s role, at least on a pilot basis, was viewed as a way of addressing the need for providing additional support to CF members, to assist them in the transition to civilian life or to access VAC services and information.

During and prior to the TC concept emerging, the Department of National Defence was moving forward with a new case management system for sick and injured military personnel, known as the DND Case Managers Program. Nurses were trained as Case Managers and deployed to larger CF bases, where they began working closely with on-base health professionals, focussing exclusively on medically-releasing CF members. CF members releasing for other reasons, or staying in the military while hoping to receive a VAC disability pension, are exempt from the menu of DND Case Manager services. The TC, however, offers information and assistance regarding support services from VAC or the outside community to the full range of CF clientele, i.e., active, medically releasing, reservists and others. Therefore, the client reach or potential client population to be served by TCs is significantly larger than it is for DND Case Managers.

Launching the VAC Transition Coordinators Pilot was experimental both in its design and in its conduct. As a demonstration project, it was testing the concept that a full-time VAC presence on CF bases would fill “gaps” identified in research such as The Review of Care Needs (RVCN) Part III findings, and in reports such as Study of the Treatment of Service Members released from the Canadian Forces on Medical Grounds.
One of the initial research activities undertaken by VAC’s Review of Veterans Care Needs was a series of 12 focus groups conducted in March 1999. The groups comprised CF members selected at random from VAC's client database, as well as CF clients’ spouses or their representatives. Some participants in these focus groups suggested that “VAC should have a representative on the Base”.

In early April 2001, TC pilot sites were launched in Esquimalt, Edmonton, Valcartier and Gagetown. By early summer, three additional sites were added including Halifax, Ottawa and Mississauga, the later two operating from off-base locations. The Mississauga pilot is unique in that its focus is primarily directed to reservists.

3.2 Purpose of the Evaluation

The purpose of the evaluation is to evaluate the VAC Transition Coordinator Pilot Project in terms of its effectiveness and operating efficiency. The objectives of the evaluation are outlined in Annex A of this report. They include:

* identify pilot issues,
* compare “old” versus “new” service delivery mechanisms,
* document best practices and lessons learned from the pilot; and,
* prepare an evaluation report and briefings for senior management.

3.3 Evaluation Mandate

The Evaluation of the VAC Transition Coordinator Pilot Project was approved by the VAC Audit & Evaluation Committee at its September 27, 2001 meeting.

3.4 Study Methodology

This Evaluation was conducted in accordance with VAC standard practices and procedures for evaluation, following the general guidelines issued by the Treasury Board Secretariat. The Evaluation team comprised staff from VAC’s Audit and Evaluation Division.

The planning process for the Transition Coordinator Pilot included provision for an evaluation framework which served as the blueprint for this formative evaluation. Issues identified in the framework are the criteria used for evaluating the pilot.

Conduct of the evaluation included a comprehensive interview program encompassing

---

1 These internal VAC & DND reviews concluded that significant VAC/DND coordination shortfalls existed in addressing the care and well-being of service members and Veterans.

all Transition Coordinators; selected Canadian Forces base personnel; and VAC District, Regional, and Head Office staff. Interviews were carried out with management and staff of the VAC-CF Project Team. Members of the CF Advisory Council were also consulted. Annex C to this report presents a complete listing of interviewees.

The interview program was supplemented with a document and literature review, direct observation at two CF bases (Edmonton and Gagetown) and informal discussion groups and interviews with CF members at these two bases. Monthly statistical reports from the individual pilot sites were reviewed to determine workload measurement.

3.5 Report Structure

The report consists of three parts:

3.0 - Introduction - This section provides background information on the pilot project, and on the purpose and approach for the evaluation.

4.0 - Pilot Site Profiles and Identification of Evaluation Issues - The site profiles provide a description of the activities at each site. The evaluation issues serve as the assessment criteria for evaluating the pilot project.

5.0 - Discussion of the Evaluation Issues - This section presents a discussion and analysis of the evaluation issues, and includes a summary of concluding material with observations and recommendations which will contribute to the ongoing effectiveness of the TC pilot project.

A list of annexes is included.
4.0 PILOT SITE PROFILES & IDENTIFICATION OF EVALUATION ISSUES

4.1 Individual Site Profiles

The purpose of this section is to introduce the seven sites that participated in the TC pilot project. Individual profiles were prepared with the support and assistance of the TCs who completed site questionnaires. The profiles include a geographical description of the base, location of the TC’s office on base relative to other services, the key activities undertaken, client demand, and challenges being addressed. These profiles are presented by location, moving west to east.

CFB Esquimalt

As one of two Canadian naval bases, CFB Esquimalt is located on Vancouver Island, 10 km from Victoria, British Columbia’s capital city. The nearest VAC District Office is located in downtown Victoria, while the nearest VAC Regional Office is located 48 km away in the city of Vancouver.

The Base dates back to 1855 when buildings were erected and used as a dockyard by the British Royal Navy during the Crimean War. Further expansion to the “Dockyard” included a naval hospital, a magazine, a coaling station, recreation grounds, a naval cemetery and chapel. In 1905-06, Britain abandoned what it called the “Pacific Station”, withdrawing naval personnel and garrison troops. Canada inherited the Dockyard and reopened it in 1910 with the creation of the Royal Canadian Navy.

By the mid 1930's, the threat of another world war forced the Royal Canadian Navy to expand the Dockyard, adding a supply base and wartime training facilities. Further expansion of the base took place in the 1950's.

Although the base is predominantly staffed by naval personnel, members of all three forces (army, sea, air) serve at CFB Esquimalt. Naval personnel and ships from Esquimalt are currently serving in the Arabian Sea in support of Operation Apollo. The VAC Transition Coordinator takes part in information briefings before warships leave on deployment.

The Transition Coordinator’s office is located in “Naden”, which is the administrative section of the base. Within the “Naden” complex, the TC’s office is in the Base Orderly Room Building, located alongside the release section, the office of the Base Personnel Selection Officer (BPSO), the Service Personnel Holding List (SPHL) support center, the pay office, and relocation services. The base commander’s office is adjacent to this building. The fleet admiral's office is housed in Dockyard, the operational section of the base. The base hospital is approximately three city blocks away and is outside the gates of the naval base.

The TC office has natural light and is approximately 12x15 ft. in size. The TC has indicated that the configuration is not conducive to counselling as the furniture is fixed in position. There are two computers thus a large amount of equipment for a relatively
small office. The requirement for a locked cabinet means an additional filing cabinet is housed in the space. There is a photocopier and fax available on the same floor of the building.

**CFB/ASU Edmonton Garrison**

CFB/ASU Edmonton, or “Edmonton Garrison” as it is more commonly known, has its main land area located in Alberta’s Sturgeon County, just north of the city of Edmonton’s northern boundary, approximately 16 kilometres along Route 28 from downtown. Another part of the base, known as Griesbach Barracks, is within the city limits, as are two armouries and a Canadian Forces Recruiting Centre.

The city of Edmonton is home to a VAC District Office, while the Prairie Regional Office is 1,300 km away in Winnipeg.

CFB/ASU Edmonton’s population at any given time is comprised of approximately 4,500 military personnel and 500 civilians, along with some 7,500 family members. The base is home to the principal support formation for both the Army in Western Canada, and for Canadian Forces operating in the Yukon and Northwest Territories. The site was once a surplus air base. A two-year renewal process largely replaced the original 1950's infrastructure.

The headquarters of the Land Force Western Area (LFWA) is the command centre for all army formations, units, and activities from Thunder Bay, Ontario to Vancouver Island, spanning three time zones.

The army’s Immediate Reaction Force (Land), is based at the Garrison, as is Princess Patricia’s Canadian Light Infantry, elements of which are currently deployed to Afghanistan.

The Transition Coordinator for CFB/ASU Edmonton is centrally located on the second floor of the health clinic, in an office adjacent to the DND Case Manager. Along with the Base Surgeon’s office, pharmacy, and dental clinic, the same building houses social workers, the Operational Trauma and Stress Support Centre offices, and addiction services.

The work space available to the Transition Coordinator is considered to be adequate in size, and also bright and comfortable. The seating arrangement allows for a client to bring along another person if they wish. The replacement of an oversize desk with a smaller one has improved the layout and security of the office.

The Transition Coordinator at Edmonton Garrison reports to the Chief of Client Services at the Edmonton District Office.
**Mississauga/Brampton**

This is one of two pilot sites, the other being Ottawa, where the Transition Coordinator is not located on a military base.

The Transition Coordinator has a social work and vocational rehabilitation background. Prior to becoming a TC, she served traditional VAC clients for 13 years, primarily as an Area Counsellor, and acted as Chief of Client Services.

In addition to being an off-base site, this location is unique in several other ways. It was added to the pilot in recognition of the Ontario Region outreach work to CF clients (particularly those serving in the Reserves) being conducted by staff at VAC District Offices in southern Ontario. The Transition Coordinator was asked to focus on systematically bringing the VAC message to Reserve units. It was agreed that the TC would work out of the Mississauga District Office, but in terms of making presentations to Reserve Units, would operate throughout the areas served by a number of district offices. This sometimes means driving several hours to do one information briefing.

The Transition Coordinator serves as a first point of contact for still-serving CF clients within the Mississauga/Brampton District boundaries, both Regular and Reserve Force, with primary focus being those posted to CFB Borden. The TC works in conjunction with VAC District Offices in Hamilton, Windsor, and London to serve Reserve Force clients.

Another important TC duty is to brief district office staff about the role of the Transition Coordinator and the Reserves Outreach Program. The TC is available to provide transition services to CF clients upon request, and makes referrals to the appropriate area counsellors when ongoing issues need to be addressed. For all districts in Southern Ontario, the TC is a source of advice and guidance to VAC staff with respect to serving CF members. The TC has also led discussions in conjunction with showing the *Casualties of Peace* video at staff meetings in Mississauga, London, St. Clair/Sunnybrook, Scarborough, and Windsor.

The TC has established the practice of meeting with CF members at the time they are visiting a VAC District Office for a Pension Medical Exam (PME). At this time the TC can discuss other VAC services and ensure that correct client information is showing on the CSDN.

Unlike TCs situated on bases, clients are not likely to drop in to see the TC as there are no specific office hours at any one location. This puts the onus on the TC to make initial contacts. Satellite Office visits have been established at CFB Borden once a week, as of January 2002. Similarly, in partnership with the London District Office, a Satellite Office will be held once per month at Wolseley Barracks. This office will be jointly staffed by the TC and the Pension Officer from the London DO.

The TC has met with the DND Case Manager at CFB Borden and they confer frequently. She has met with the CFB Borden Release Office staff and established a
workstation in that location to be used on the Satellite Office days. Although there is a
good working relationship with district office staff, the TC said that one of the challenges
is the sense of “always working in somebody else’s territory”.

The original intention was to have the TC report to the Chief of Client Services at
Mississauga/Brampton District office. This was later changed to reporting directly to the
Mississauga/Brampton District Director.

Ottawa

The Transition Coordinator for the Ottawa area is not located on a military base.
Instead, the TC works from DND offices located in the Capital Square Building, at the
corner of Kent and Bank Streets in downtown Ottawa. The TC office is co-located with
offices utilized by DND’s Personnel Development Centre. Receptionist services are
jointly shared. The TC sees both medically and voluntarily releasing CF members.
These clients, who live throughout the Ottawa/Hull area, tend not to live on bases, and
are active in their community. Since they may reside in either Ontario or Quebec, the
TC must be aware of provincial programs and laws from the two jurisdictions.

Potential clients are afforded “more listening time” than they might otherwise receive at
a district office. Relations with the DND Case Manager are good. The CM’s office is
located some distance away at the National Defence Medical Centre (NDMC), but they
work together by telephone and have presented joint briefings. The TC had initially
hoped to also have office space at the National Defence Medical Centre (NDMC), but
this has not materialized. If the TC was located at NDMC, there would be more visibility
and therefore a greater likelihood of “drop-in” clients. On an as-needed basis, the TC
can arrange to borrow the CM’s office when interviewing clients at NDMC.

At the current location, the TC tends to see clients when they are already in the final
stages of releasing. Efforts by the TC to get added to the DND release checklist (the
administrative steps a person releasing must take before the release is considered
final) have to date been unsuccessful.

Most client interviews are to discuss the possibility of applying for a VAC disability
pension. If the client wishes to go ahead with an application, the TC will make a report
of the interview and send it with the application to the pension officer at the appropriate
district office (usually Ottawa, Montreal, or Gatineau). A pension officer from the
Ottawa District Office comes to the personnel unit two days a week\(^3\), so the TC tries,
when possible, to schedule information briefings to military units on those days so the
pension officer can receive any new clients and have the TC call them back later.

The TC often refers CF clients to the Ottawa-based DND/VAC Centre for the Support of
Injured and Retired Members and Their Families, with good results.

\( ^3 \) The visits predate the arrival of the TC. A separate office is provided for the Pension Officer.
In situations where the VAC programs fail to meet the needs of CF clients, the TC keeps Head Office Charlottetown informed, in the interests of policy development. Having developed a good knowledge of how DND/CF operates, the TC is a resource to district office colleagues when they require advice on CF cases they are handling.

**ASU Valcartier**

ASU Valcartier is one of Canada’s largest army bases, with a military population approaching 6,000 and about 1,000 civilian employees. The base is situated 25 kilometres north of the Quebec City District Office, about four kilometres past the community of Val-Bélair.

“Valcartier Camp” has a history going back to 1914 and the start of World War I. The largest military training camp in Canada at the time, it was hurriedly built to accommodate the influx of volunteers. Within two weeks plumbing had been installed, electricity was available, and drainage had been dug. Barely a few weeks later, Canada joined the war, and 32,000 men arrived at Valcartier Camp for training.

ASU Valcartier is the headquarters of the celebrated French-Canadian regiment, the Royal 22e Régiment, which consists of three battalions, the second of which is based at the equally renowned Quebec Citadel. The ASU’s neighbour, the Defence Research Establishment Valcartier, has gained a world-wide reputation for the quality of its research, notably in laser applications. In addition to the headquarters of the 35th Reserve Brigade, the 55th Medical Company, and the HMCS Montcalm, the Naval Reserve Headquarters for all of Canada is also located in Quebec City.

The ASU Valcartier Base Personnel Selection Officer, in cooperation with internal and external partners, has developed a complete transition support protocol for all Regular and Reserve Force members released for medical or other reasons. The Transition Coordinator plays a key role in promoting the convergence of all the military, paramilitary and civilian partners in the preparation of a multi disciplinary support plan adapted to the needs of the released member that provides a continuum of care and services before, during and after release.

The Quebec City District Officer has maintained very close and effective relations with Valcartier officials for the past two decades, and its many initiatives have made it a departmental pioneer. In addition to the aforementioned protocol, these initiatives include the organization of Open Houses; joint training activities with Forces members and the Military Family Resource Centre; presentations to all Regular and Reserve forces members before and after their deployment; access to the services of an on-site Pension Officer during retirement planning courses; detailed training for staff on military realities, post-traumatic stress disorder and the management of aggressive clients; and staff observation of Canadian Forces field training.

---

4 Area Support Unit
There have been two transition coordinators over the course of the pilot project. The current coordinator, who has a background in counselling, took over the position in the late fall of 2001, replacing the initial coordinator who had decided to return to nursing, his original profession.

The TC’s office is co-located with that of the Base Personnel Selection Officer, his main partner, about one kilometre from the base hospital.

**CFB/ASU Gagetown**

CFB/ASU Gagetown’s name can be a little confusing to new arrivals to New Brunswick. The impressive cluster of base buildings and main gate closely border the Town of Oromocto, while the Village of Gagetown is actually further down the Saint John River towards the port city of Saint John, along the central boundary of the Base’s vast forested combat training area. Camp Gagetown, as most local people call it, takes up most of the 1,100 square kilometres of uninhabited real estate between Saint John and Oromocto. The capital city, Fredericton, lies 15 km to the northwest.

The nearest VAC District Office is located in Saint John, a little over an hour’s drive south from the base headquarters.

CFB/ASU Gagetown was constructed in 1953 as a result of Canada’s effort to increase the peacetime army to more than divisional size. The site was chosen as it was near an eastern Canadian all-weather port, was large, the ground was suitable for all types of training, the climate was temperate, and there would be little disturbance caused to the civilian population.

The first large-scale exercise at CFB/ASU Gagetown was held in the summer of 1954 with the 3rd Canadian Infantry Brigade undergoing six weeks of training. It wasn’t until 1969 that this Brigade was disbanded and the formation of the Combat Training Center, which included the Combat Arms School, took place. Today, CFB/ASU Gagetown is one of the largest employers in New Brunswick with 500 civilian and over 3,000 military personnel.

CFB/ASU Gagetown’s speciality is training in small arms, grenade, mortar, rocket launcher, anti-tank, field firing, and artillery. It also includes air defence ranges as well as tracked and wheeled vehicle driving areas. Helicopters are a frequent sight at the Base’s heliport.

CFB/ASU Gagetown is also home to the Atlantic Region Army Cadet Camp, called Camp Argonaut. Camp Argonaut employs 350 people and trains 1,200 cadets yearly in a virtually self-contained seasonal camp.

The combined population of Base Gagetown and the town of Oromocto totals close to 10,000. Oromocto and the Base are unique in that the civilian and military communities are integrated in most aspects of life. Leisure and recreational facilities are found both in the Town and on the Base.
Since inception, the TC office has been in a quiet wing of the Base hospital, immediately adjacent to the office used by the DND Case Manager. Both offices are cramped in terms of space, and lack dedicated waiting areas and optimal seating arrangements. The Base Commander is aware of the tight quarters and intends to explore other location possibilities on the base.

**CFB Halifax**

CFB Halifax is located on the east coast of Nova Scotia in the Halifax Regional Municipality. Many of the Base’s properties border the Halifax waterfront. VAC’s Halifax District Office is within easy walking distance from the main gate of Stadacona, the naval administrative establishment where the Transition Coordinator is located. The Regional Office, located across the harbour in Dartmouth, can be reached by crossing the Angus L. MacDonald bridge which is very near the north gate of Stadacona.

The origins of CFB Halifax as a dockyard and military defence centre go back to the founding of Halifax itself in 1759. In 1907, the Dominion Government took control of the buildings and land. Major expansion and rebuilding took place in the Second World War era. In 1996, Maritime Forces Atlantic Headquarters and CFB Halifax were combined as MARLANT HALIFAX, thereby creating the largest military base in Canada. CFB Halifax now serves approximately 7,300 military and 2,600 civilian members. The units supported by the Base inject $520 million annually into the local community.

The mission of CFB Halifax is “to provide construction engineering, general and specific mandated safety, environmental management, logistics, harbour support and emergency response services to MARLANT and assigned lodger units, through efficient employment of the funding provided.”

The Transition Coordinator at CFB Halifax started somewhat later than the other TCs in the Pilot.

The office location is within the Release Centre on the second floor of the Stadacona Headquarters Building. In the same building are offices for the Base Commander, the Base Personnel Selection Officer (BPSO), and chaplains.

An adjacent building houses the Base hospital with its Operational Trauma and Stress Support Centre (OTSSC), and offices for social work, addiction counselling, and medical records. The DND Case Managers are also located in this building.

The TC’s office is large enough to accommodate a meeting table to facilitate discussions with clients.

### 4.2 Pilot Strengths, Weaknesses and Constraints

Examination of the site profiles reveals a number of key elements that are essential to the success of the TC pilot. This section identifies what the evaluation found were the
strengths, weaknesses, and constraints of the pilot project.

Pilot Strengths

Because of the innovative nature of the pilot, there was opportunity to try a number of creative approaches to CF service delivery. A forum for discussion of these alternative service approaches was the bi-weekly TC teleconferences. This vehicle should continue, particularly as a means of sharing best practices among TCs, district directors, field TC supervisors, and VAC-CF Project management.

Experimentation is a key element of a successful pilot, and the VAC Transition Coordinator Pilot is no exception. The pilot demonstration can serve as a method of evaluating varying configurations and structures to see which are the most effective. One particular model presently being experimented with is the so-called “Winnipeg Model”, where a team approach is being applied. At CFB Winnipeg, an Area Counsellor, Client Service Agent and a Pension Officer are offering a team menu of services to CF clients, and this model deserves further study.

Another strength was the pilot site selection which allowed for experimentation with different client sub-groups (army/navy/reservists), and on-base and off-base office locations. This is critical to overall success because pre-pilot decisions surrounding these issues would otherwise be premature.

Other pilot strengths identified by the evaluation include:

- high VAC-CF visibility for modest investment;
- builds trust and goodwill with CF clients;
- introduced an intermediary (advocate) for CF clients to resolve issues that appeared "stuck" in the bureaucracy; and
- reinforces earlier efforts by individual VAC District Offices and by other VAC-CF initiatives (crisis line, DND/VAC Centre) to build bridges to the CF community.

Pilot Weaknesses

The evaluation identified a number of process and event weaknesses which hampered the pilot project and became sources of frustration for the TCs to varying degrees during the pilot. Nevertheless, it is recognized that a pilot by definition serves to “test-drive” various theories and practices, not all of which prove to be suitable for longstanding application.

A mid-pilot change of management occurred at a pivotal time in the pilot’s history, leading to uncertainty and loss of momentum. Also, the pilot concept did not allow for back-filling for TCs when they were temporarily away from the office, i.e., vacation, sick leave or training absences.
At some sites, additional advance work by VAC District Office management would have enhanced TC orientation and integration at the DND bases. To the extent that this preliminary work was done, the TCs had a much smoother transition into their new role. The evaluation questioned the wisdom of running simultaneous pilots (streamlined pension adjudication at Esquimalt and Edmonton). The activities of streamlined pension adjudication clearly cut into the time that TCs could direct to other tasks. Though the pension streamlining pilot was a definite asset for the CF community, the TC workload demands were high enough without additional simultaneous pressures from another pilot.

**Pilot Constraints**

The evaluation also identified a number of constraints, either externally or internally imposed, which influenced the overall success of the pilot project. These constraints are listed below to provide management with additional information to facilitate decision-making.

Office space is limited at most CF bases. This will undoubtedly present challenges to evolving VAC presence in a team configuration.

The extent of the role of TCs and other VAC employees on base will be largely dependent upon salary and classification of those positions. During the pilot, salary inequities were difficult to avoid, but in the longer term must be addressed.

The "no back-up" configuration and multi-faceted role expectation means that TC workload at CF bases will build to where it exceeds the best efforts of even the most dedicated TC. The result is likely to be TC burnout/high turnover, and degraded service to clients. Having a TC report to a supervisor in another city reduces the opportunity for in-person interaction and coaching, and increases feelings of isolation. Depending on how resourcing of the TC role is managed in the longer term, converting a DO position to a TC position will likely meet with opposition as district office staff are left with more work and little perceived advantage.

During base visits, the evaluation team conducted a number of interesting and revealing interviews with base surgeons. During the course of these interviews it became apparent that one measurement of success for DND base surgeons is to return the healed soldier to the field, so military training is not wasted and skills are retained. The TC role, although not mutually exclusive, is largely concerned with the release process. The evaluation sees merit in conducting “awareness sessions” to educate all parties concerned with the connectivity of these divergent roles and expectations. The short life of the TC pilot compromises the reliability of the inferences that can be drawn. Predicting future outcomes is not an exact science at the best of times.
### Table 1
Strengths, Weaknesses and Constraints
Transition Coordinator Pilot Project

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
<th>Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>experimentation with alternative service approaches</td>
<td>mid-pilot change of management led to uncertainty &amp; loss of momentum</td>
<td>limited office space at most CF bases presents challenges to meeting clients and evolving a</td>
</tr>
<tr>
<td>high visibility for modest investment</td>
<td>no backfilling of TCs during absences</td>
<td>VAC “team configuration”</td>
</tr>
<tr>
<td>builds trust and good-will with CF clients</td>
<td>insufficient pre-pilot consultations at some CF bases which negatively affected TC orientation and integration</td>
<td>role of TC dependent upon salary and classification of position</td>
</tr>
<tr>
<td>TCs demonstrate independence and high energy to taskings</td>
<td>running simultaneous pilots at two CF bases</td>
<td>expanding TC workload will result in burnout/turnover unless additional resources assigned</td>
</tr>
<tr>
<td>various office locations tested</td>
<td></td>
<td>misunderstandings of role and expectations unless awareness sessions are conducted</td>
</tr>
<tr>
<td>introduces an intermediary (advocate) for CF clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>reinforces other VAC-CF initiatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>builds bridges to the CF community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*mid-pilot change of management led to uncertainty &amp; loss of momentum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*no backfilling of TCs during absences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*insufficient pre-pilot consultations at some CF bases which negatively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>affected TC orientation and integration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*running simultaneous pilots at two CF bases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Identification of Evaluation Issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The evaluation framework which preceded this formative evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>identified key evaluation issues which impact the efficiency and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>effectiveness of the pilot project. These issues serve as the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>assessment criteria for evaluating the overall success of the VAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition Coordinator Pilot Project.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The eleven major issues which will be discussed in the next part of this</td>
<td></td>
<td></td>
</tr>
<tr>
<td>report include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Clarification of the TC role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Governance, organizational structure and accountability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Client satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Workload and resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Skills and attitudes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Training and orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Location, visibility, and marketing the role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Best practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S CF Reserve Force</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Evolution of the TC concept (post-pilot)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Post-pilot Developments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5.0 DISCUSSION OF THE EVALUATION ISSUES
This portion of the report provides a discussion and analysis of evaluation issues identified in Part 4.0. Findings and conclusions of the evaluation team are included in the discussion of each issue along with recommendations which, if implemented, will contribute to the ongoing effectiveness of the TC pilot project.

5.1 Clarification of the TC Role

As the full-time VAC presence on specific CF bases, the Transition Coordinator provides information and undertakes other communication activities to inform CF members of the services and benefits available to them through the Veterans Affairs portfolio. The TC clientele includes all CF members on or reporting to the base.

As the on-base VAC service provider, with a bridging role, the TC also:

S liaises with the DND Case Manager regarding cases being referred including the acquisition of relevant medical and other documentation from the Case Manager;
S initiates the paperwork necessary for VAC’s services and benefits, and as required, involves the local district office to assist in the application process;
S serves as a broker in obtaining additional community or government services required by the CF client and family members;
S arranges for the handover of the case to a VAC Area Counsellor.

Attainment of expected results

In this section, each of the goals set forth for the VAC Transition Coordinator Pilot Project will be stated, followed by observations as to what extent the goal is being achieved.

GOAL: RAISE CF MEMBERS’ AWARENESS OF THE TRANSITIONAL COORDINATION SERVICES OFFERED BY VAC

Before TCs were in place, CF members awareness of VAC services was relatively low. Until recently, CF members could not receive a VAC disability pension while continuing to serve. Therefore, only those who were being released from the Forces had any reason to obtain information concerning VAC pensions and related services. They would generally contact the nearest VAC District Office, and might not do so until after their release date. Word of mouth information about VAC from military colleagues or traditional Veterans was anecdotal and there were numerous complaints about the slowness and difficulty in obtaining a disability pension. Some may have consulted a Royal Canadian Legion service officer and received more authoritative information and assistance in applying for benefits. Some received assistance directly from VAC District Office staff who had begun to make visits to CF bases, thereby opening the lines of communication and providing limited on-base service delivery.
With disability pensions now being approved for still-serving CF members, the potential client reach is expanding, and CF members are coming to realize that VAC is a department which offers potential benefits.

Having a TC located on DND bases means that VAC information is readily available at a convenient location, and there is a person available five days a week who can interpret the information and respond to questions.

The goal of increased awareness for VAC transitional services is being achieved because the TC is on-base, and depending on the level of effort being made, increasingly familiar to the base population. During interviews and site visits, TCs made it abundantly clear that many of their new client initial contacts were made through either casual encounters with CF personnel on the base, or as a result of planned briefings to military units. Both generate word of mouth “buzz” that brings in still more drop-ins or phone calls that lead to appointments being set up.

Although it is not possible to say with any degree of accuracy that the awareness level on one base or another has increased by a certain number of percentage points, it is the considered opinion of the evaluation team that TCs have achieved the goal of raising awareness of VAC transitional services, through their presence and through their ongoing efforts. On a scale of 1-10, the awareness of VAC at pilot sites has surely jumped from the low end of the scale to the higher end of the scale. And the longer a TC is in place, the greater the awareness that can be expected, given the cumulative power of “word of mouth” advertising.

GOAL: DEVELOP A NETWORK OF RESOURCES REQUIRED TO ADDRESS THE UNMET NEEDS OF CF MEMBERS AND THEIR FAMILIES

Transition Coordinators, by their own admission, have not been able to advance in this goal as much as they would have liked. They have, with minor exceptions, been diligent in developing a base-related network of resources, but along with other responsibilities, there is little time left over to network with community helping agencies. Finding out what resources exist at the community, service club, municipal, and provincial levels and establishing meaningful contact with them would be a full-time job onto itself. TCs have been well-schooled in the Client Centred Service Approach (CCSA) as part of their VAC working experience, and the principle of harnessing community resources to help clients is understood and accepted. The problem is that TCs can only split their time so many ways, and off-base networking, unless Client Service Agent (CSA) support is provided, is likely to continue to be secondary to the demands of direct client service and providing briefings to military groups.

GOAL: ESTABLISH A LINK WITH THE DND CASE MANAGER IN ORDER TO PROVIDE A SEAMLESS SERVICE IN THE HANDOVER OF CLIENTS FROM DND TO VAC

Where TCs are located on a Base (five out of seven sites), the relationship with the DND Case Manager has blossomed into one of true teamwork and cooperative effort. At some sites this has taken longer than at others, but the end results have been
salutary. The two positions (TC and CM) are a natural complement to each other. In cases where the CM is a military nurse, the TC can rely on getting some coaching in military procedures and protocols, thus enabling a faster move up the learning curve. The CM can rely on the TC to explain VAC’s way of doing business. Overall, this fosters a more seamless service in the handover of clients.

The evaluation team observed that the closest TC-CM relationships seemed to be correlated with the proximity of the respective offices, but in all cases the goal of seamlessness was being achieved.

**Goal:** Provide sufficient information so that informed decisions will be made regarding the transitional coordination measures to be included in the Memorandum to Cabinet

As expected, the Pilot has produced much information confirming the need for coordinated VAC and DND transition services. Because the pilot project’s managers took steps to ensure that an evaluation would take place, much thought was given to what information should be collected for analysis in the evaluation report.

**Overlap and Duplication**

The evaluation examined whether functions or activities performed by the pilot project duplicate or overlap with existing departmental programs within DND or VAC. A contributing factor in launching the pilot was the desire to close gaps in service delivery as identified through the Review of Veterans Care Needs Study (RVCN) and to better assist CF members in meeting identified needs.

There are a number of organizations and agencies that have been established within DND and VAC in response to specific needs to provide a support network for CF members. The VAC Continuum of Service Project Team is playing a leadership role in ensuring an integrated approach to these services.

Activities of the DND Case Manager and TC were reviewed to compare similarities of services. The DND Case Manager, who is either a military or civilian nurse, offers transitional services to CF members who are being released from the Forces for health or medical reasons. The Case Manager may assist them in preparing for a second career, and coordinates referrals through a myriad of military-sponsored professionals, some of which include padres, base social workers, psychiatrists, and psychologists.

The client reach differs for the CM and TC functions. The Case Manager deals with sick or injured CF members who will either be returning to their unit after treatment, or will be medically released.

---

5 Since this goal was drafted, an unforeseen funding alternative has removed the need to include proposed transition measures in a Memorandum to Cabinet at this time.
The TC deals mainly with three groups. The first group includes significant numbers of "voluntary" releases, where the member is leaving simply because he/she wants to try something different. The second "client group" is the CF member who is injured, and becomes eligible for a VAC disability pension, but who still wants to remain in the military, either in the same role or re-assigned to a less demanding task. The TC’s role is to explain the pension application process, assist with the application, and be available to respond to questions regarding the appeal process. The referral of the member to the TC may have come from the DND Case Manager or other military health professional, or the member may have "self-declared" and sought out the TC on their own.

The third group are those CF members who are simply looking for VAC information.

Table 2 depicts the workflow and cross referrals of the DND Case Manager and the Transition Coordinator by client groups. These three groupings are: medically releasing CF members, non-medically releasing CF members, and injured CF members not releasing.

**Table 2**

**Workflow and Cross Referrals of the Case Manager and the Transition Coordinator**

- **Type 1** - Medically-Releasing CF Members
  - CF CASE MANAGER
    - Base resources
    - The community
    - SISP
    - The Centre (Trans. Assist. Program)
    - RCL, CPP
    - VAC
  - Referral

- **Type 2** - Non-Medically-Releasing CF Members
  - VAC TRANSITION COORDINATOR
    - Obtains necessary medical docs. through CF Case Manager
    - Invokes local VAC DO/RO resources (Pension Medical Exams, treatment, VP, equipment)
    - Brokers resources from community and CGDs locally (e.g. CPP)
    - Coordinates CF resources for Type 2 & 3 clients through The Centre or CF Case Manager (e.g. Military Family Resource Center, SISP)
    - Invokes VAC resources at DO serving the final destination of Type 1 & 2 clients

- **Type 3** - Injured CF Members Not Releasing
  - VAC DISTRICT OFFICE
    - Area Counsellor, Pension Officer
    - Referral
Duplication of Effort

While there is no doubt that having TCs on bases will bring in additional clients to VAC because of the convenience factor, and therefore may increase the overall workload of VAC district offices, there is little evidence to suggest that duplication of effort with district office staff is a significant problem.

The majority of TCs still felt like part of the sponsoring district office and that they were supplying a form of specialized and enhanced Area Counsellor service. On a case by case basis, whatever work the TC accomplishes with the client at the base replaces work that would otherwise be done by the District Office. Obviously, if a client poses a question to the TC and then contacts the district office to ask the same question, duplication of effort would occur, but this would be the exception rather than the rule. TCs were more likely to indicate that the potential for duplication or overlap was higher between the TC role and that of the DND Case Manager, and even then the situation was constantly improving as working relationships matured.

Some TCs also mentioned that they were occasionally called upon by CF audiences to explain the difference between their role and the role of the VAC Pension Officer. TCs were comfortable doing this and did not see this situation as overlap or duplication of effort.

Conclusion

Review of the activities of the pilot indicates that it complements rather than duplicates existing services available through existing departmental programs or through the DND Case Manager.

Integration/Acceptance of TCs Within the DND Medical and Release “Team”

The purpose of this section is to examine the extent to which the TCs were able to integrate within the larger DND medical/release team and to identify obstacles which need to be overcome.

Becoming a member of a team in any new environment is undoubtedly challenging however, in the case of TCs their acceptance into the DND culture was an integral part of any success they would ultimately have. An acceptable level of integration necessitates a relatively high degree of consultation with key base personnel as soon as possible after the TC’s deployment to the base. DND management and key personnel need to be convinced that there is value added, and that any agreed-upon arrangements will be more than temporary. Integration also largely depends upon the level of preparation work done before the TC even arrives on the base to commence the pilot. Integration worked best at those pilot sites where the base commander had been informed early about the role of the TC, and where commitments were made by DND management to support the work of the TC. At sites where this had not occurred, integration issues continued to surface for
many months after the pilot’s launch and often was the source of frustration for those TCs affected.

The Base Personnel Selection Officer at Valcartier has drawn up a model\(^6\) that sets out the support process that should unfold from the time CF members seek assistance to the time they either return to their unit or are released. The roles of the DND Case Manager and the VAC TC are included in this Valcartier model. The evaluation team was given to believe that this model had been accepted at senior levels within DND and that it would serve as a template for other bases. However, during evaluation interviews it soon became apparent that there was little base-level understanding or acceptance of this model.

At bases, TCs involved in the pilot were placed in either the “medical” section or a “personnel” area of the base. Perspectives on transition and release were largely influenced by which location TCs found themselves. Those with offices located in the base hospital/health clinic quickly developed a rapport with the nearby health professionals, such as the Base Surgeon, the Case Manager, the social workers, and the OTSSC. Those TCs located in an office oriented to personnel matters tended to see things from that perspective. The evaluation found that TCs can “make it work” regardless of which location the base can provide for them. As “guests” on the base, they (and VAC) have limited say on location preferences. However, it can be said that when dealing with CF members, TCs must consciously make an effort to personally bridge whatever physical or perspective-based gaps that may exist between the health side and the release section.

Likely the greatest obstacle TCs need overcome, however, is how to proceed on a daily basis as a member of the “DND team” without crossing jurisdictional boundaries along the way. The TCs can usually count on the DND CM to help them in this regard, and the CM is one of their key tutors in learning the military culture. Showing enthusiasm and a willingness to fit in and contribute was mentioned by all TCs as a formula for winning acceptance.

To be optimally effective, TCs need to be closely linked to the overall DND release process, not just to the medical side. TCs need to fully understand the roles of all the players in the release process, and actively seek out and develop close working relationships that can generate referrals in either direction.

**TC Effort in Three Core Activities**

The evaluation examined three core activity areas in order to develop a rating of TC level of effort in three core activities. These core activities’ were identified by the TC Pilot Coordinator, and describe in some detail the responsibilities of a VAC Transition Coordinator. The activities are listed below:

---

\(^6\) LFQA Care of the Injured Model

\(^7\) Source: “Briefing Notes” dated October 23, 2000.
Evaluation of the VAC Transition Coordinator Pilot Project

Service Delivery:

- screening;
- conducting/arranging for a needs assessment (financial, family/support/counselling, vocational rehabilitation, spousal retraining/education, health care;
- providing information, referrals and targeted assistance (e.g. brokering financial assistance from The Centre’s Transition Assistance Program);
- developing an action plan;
- conducting follow-up;
- creating and maintaining a network of community resources
- “handing off” clients to the VAC District Office at the appropriate time in the client relationship; and,
- participating in the pilot evaluation.

Public Relations/Liaison:

- developing strategies for communicating VAC’s presence on the base;
- developing awareness of the services provided by the DND Case Manager, and ensuring a good working relationship with clear role definition between the VAC Transition Coordinator and the DND Case Manager;
- networking with the DND Case Manager and other key base personnel, e.g. the Military Family Resource Centre, to ensure they are fully aware of the services and benefits available through Veterans Affairs;
- making presentations to CF members and holding information sessions for CF members; and,
- maintaining liaison with Royal Canadian Legion Service Officers.

Regional “Centre of Expertise”:

- becoming a point of contact for Regional and District Office staff throughout the region who need guidance in dealing with CF clients or with DND.

Based on interviews with Transition Coordinators and other stakeholders, the evaluation team assessed the average level of effort that TCs committed to these three core pilot activities, using a scale of high, medium, and low. The evaluation clearly found that service delivery activities are being performed in a first class fashion, warranting a “high” rating. In the public relations/liaison category, the public relations aspect also rated “high”, while the liaison with community agencies merited a “medium”. The third category, Centre of Expertise activity, tended to be given a lesser priority, due mainly to the fact that TCs, using their best judgement, allocated most of their time and effort during the pilot to achieving success in service delivery and public relations. Centre of Expertise activity therefore can initially only be given a “low” rating.

5.2 Governance, Organizational Structure and Accountability

Policy

Transition Coordinators were assured during the initial pilot implementation that they would be given a fairly high degree of flexibility to conduct their work in a manner conducive to client service. The TC Pilot adopted a governance framework intended to ensure relevance to its principal clients and stakeholders, and to enable the achievement of its goals and objectives. Pilot projects, by their nature, inherently
encourage a certain amount of experimentation and testing to allow best practices to emerge. Additionally, the managers overseeing the pilot sought to recruit TCs who were extremely knowledgeable about VAC policies and could be relied upon to conduct their activities with a minimum of supervision. TCs understood that they could call the Project Coordinator at Head Office if they had policy questions. They could also seek the advice of their field supervisor, normally the District Director or the Chief of Client Services.

With the considerable operational autonomy afforded TCs, it is not surprising that each of them felt legitimized in allocating more time to certain elements of the TC role, depending on their own preferences and areas of specialization. While commendable within limits, such a high level of autonomy left the door open for some activities taking too much of the available time and also the possibility that activities being undertaken could be perceived as being outside the desirable role for the TC. Within the pilot, such situations could arise without detection, or if detected, without much likelihood of reaction from the field supervisor or the project coordinator. Beyond the pilot phase, this issue will need to be addressed.

**Resources and Leadership**

Only the TC at Esquimalt received significant clerical support, in the form of a temporary assistant. Other TCs were offered, or were able to negotiate, access to a shared receptionist service. Other TCs were basically on their own in terms of administrative support. The Esquimalt arrangement was oral and informal, and in fact, no written service agreement was found at any of the pilot sites.

If the TC concept is to be extended beyond the pilot, a strategic plan is required to address long-term funding and resourcing issues, including clerical support. Such a plan can guide the passing of control to field managers, and help evolve post-pilot functional direction. During the course of the evaluation, it became evident that the TC Pilot Coordinator had not visited the TC sites. Such a visitation would provide an opportunity to discuss progress to date, review outstanding issues, and discuss an action plan for post-pilot activities. Site visits by the TC Pilot Coordinator were subsequently organized and conducted in response to these concerns.

On the issue of leadership, a mid-pilot change of the TC Pilot Coordinator at the project management level introduced some uncertainty and loss of momentum just at a time when TCs most needed continuity and encouragement. Concern was expressed by one VAC District Director about the lack of communication from Head Office regarding the pilot and the progress being made. A need for more involvement by Head Office in the pilot was identified, for example, to facilitate the sharing of best practices.

Transition Coordinators also had to keep in mind the perspectives and expectations of two supervisors, one being the TC Pilot Coordinator at Head Office, and the other the designated field manager. Reporting relationships varied from site to site, depending on the TC’s classification and pay scale. TCs reported to either the District Director or
the Chief of Client Services, although in two cases, the TCs reported to the Associate Deputy RDG. In at least one instance, the TC initially reported to the District Director and later was asked to report to a regional manager. Beyond the pilot phase, a more consistent and direct reporting relationship will have to be established.

The Transition Coordination Committee, a management steering committee that included TC supervisors, was responsible for formulating how the pilot would run and advising on how it might be evaluated. The Committee was intended to allow for management involvement throughout the pilot period. However, the Committee has not maintained an active oversight role beyond the initial pilot implementation phase.

Conclusions and Recommendations

Shortcomings and inconsistencies in governance, resourcing, and reporting relationships identified during the pilot must be carefully considered if the TC concept is to be maintained and widened.

R1 It is recommended that the reporting relationship of the Transition Coordinator be revisited, redefined as required, and communicated.

Management Response:
Agree.

Management Action Plan:
At a BEC meeting in June 2002, it was agreed that transition services will be provided by a district office team of VAC staff, rather than by individual transition coordinators. As part of the Integrated Service Delivery Framework of which Client Service Teams are an integral part, the reporting relationship is that all team members, including those providing transition services, report to the Chief of Client Services, as the Client Service Team (CST) Manager.

R2 It is recommended that the Transition Coordination Committee fulfill an active oversight role in any post-pilot activities which may be conducted.

Management Response:
Agree.

Management Action Plan:
An expanded committee structure is fulfilling an active oversight role in post-pilot activities. A manager for the Transition Services Initiative has been appointed in Head Office, working as part of the CF Services Directorate. This position fulfills the spirit of the recommendation by chairing a Head Office working group. A Regional/District office working group has also been created. In November 2002, these two working groups were merged into one Transition Services Working group.

5.3 Client Satisfaction
Two of the four evaluation questions identified in the VAC TC Pilot Project evaluation framework deal with the subject of client satisfaction. They are:

S Is the service provided by the pilot project producing the expected results for mutual clients?
S To what extent are mutual clients satisfied with the way the pilot project transition offices are operating?

Client satisfaction is at the very essence of this pilot project. At pilot sites, if CF clients are finding that the new TC service offers little or no significant improvement over the status quo, then VAC could hardly be justified in continuing the expense of training and deploying full-time Transition Coordinators.

The evaluation examined satisfaction levels by means of a client discussion group at CFB Edmonton, by individual and confidential interviews with clients at CFB/ASU Gagetown, through feedback from representatives of the Royal Canadian Legion, and interviews with both VAC and DND staff whose functional responsibilities positioned them to receive both direct and indirect client feedback.

The CF clients who participated in the discussion group and confidential interviews clearly indicated high satisfaction levels with the services provided by TCs. This was true both in terms of the range of services available, and the manner in which those services were being delivered.

CF clients consistently expressed a preference for face-to-face, single point of contact, on-base service. The sense of value being added was also clear from interviews conducted with DND base commanders, DND medical/release staff (including Case Managers), and VAC field managers.

At the bases visited, a frequently heard comment from CF clients was that TCs give VAC "a human face". Clients also liked the feeling that the TC was acting as an advocate on their behalf, a sort of "guide" who could help them find their way through the VAC bureaucracy and IT systems, someone who could remove red tape and roadblocks and find ways of expediting access to benefits.

Clients, who had dealt by long-distance with VAC District Offices in the past, found the TC was more likely to give them informed answers to their questions, and expressed in terms they could understand. They also expressed the opinion that the TC had more time to listen to and fully comprehend their hopes and fears, within the military context. On-base presence also afforded TCs with current information regarding events happening at the base. As one TC stated, "It takes on a whole new meaning when you learn first-hand of a suicide and the impact that death has on the morale of the others”.

Maintaining confidentiality was not seen as a concern. All TCs were mindful of

---

8 This was reinforced by a written comment to the evaluation team from a member of the Canadian Forces Advisory Board (CFAC), who wrote: “Most CF members want a ‘single point of contact’, not a myriad of ‘experts’ from various departments.”
maintaining the trust and confidence of clients served. TCs conducted their discussions with CF clients in private, behind a closed office door. Hours of operation that mirror the normal daytime working hours of the base were deemed adequate by DND management and base personnel. There was no discernable demand for evening office hours.

Access to the TC was raised as an issue by a number of clients. Because the nature of the job demands that the TC sometimes be out of the office conducting briefings and presentations, the unattended office was symbolic of limited access. The scope of the services being offered requires a full-time presence. Otherwise, all client contact would have to be by scheduled appointment. The informality and voluntary nature of drop-in clients should be encouraged.

Transition Coordinators received high praise for returning client calls, as well as for their promptness in taking action on behalf of clients. CF members differentiated between VAC as an organization and the TC as an individual, perceiving the department as “very slow” and the TC as “very responsive.”

At both Gagetown and Edmonton, there were repeated comments expressing appreciation for VAC’s decision to have the TC located directly on the base. At Gagetown, two of the clients interviewed responded with the expression “10 out of 10” when asked to describe their level of satisfaction with the TC service. It should be noted that the evaluation team did not conduct evaluation site visits to Ottawa and Mississauga/Brampton, the two locations where the TC is not located on a CF base. Therefore there is no client satisfaction evidence available from these sites, and hence no comparative inferences can be drawn between on-base versus off-base client service.

The evaluation team identified several mechanisms for gathering more formal client feedback which would permit ongoing monitoring of client satisfaction:

S CF client comment cards could be completed and returned to Head Office on a voluntary basis after making contact with the TC;

S a list of frequently-asked questions and answers be prepared, with a business card attached, and left in a rack on the TC’s door (or with the reception service if one is available) so that unscheduled walk-in clients may avail themselves of this relevant VAC information; and

S periodically have the TC functional manager at Head Office randomly call a small sample of CF clients who have visited a TC to ask if they are satisfied with the TC service provided. ATIP questions surrounding the release and protection of client names and phone numbers would need to be addressed. This could be done by including a check-off box on the client comment cards indicating willingness to participate in follow-up calls from Head Office.

Conclusions and Recommendations
When the CF client feedback collected is considered as a whole, it supports an evaluation finding that on-base CF clients are very satisfied with the service being provided by TCs, and that they feel the "gap" that existed previously is now being filled. It can also be stated that the high calibre VAC personnel selected for the TC pilot positions, together with the extensive training they received during the pilot, were key factors in creating a positive work environment and fundamentally changed the way VAC approaches service delivery to CF clients, e.g., bringing the service to the client rather than asking the client to seek out a district office which might be physically and more importantly culturally remote from the military world in which they work and live.

R3 It is recommended that a post-pilot client satisfaction measurement tool be developed and implemented.

Management Response:
Agree.

Management Action Plan:
Ongoing monitoring of client satisfaction will be an integral part of post-pilot transition services. Work to identify any specific CF issues within this overall framework will be conducted in the coming months.

5.4 Workload and Resources

Sustainability

The Pilot concept is premised on the Transition Coordinator being the only full-time VAC employee on a base. Almost from the beginning of the pilot, this configuration was a stress-producer, in that TCs sometimes felt inadequate or guilty for not being able to fully meet their own perceptions of effectively performing a highly demanding role. They were expected to provide briefings away from the office which inevitably had the effect of increasing the demand for their services. With no back-up provisions, time away for vacation, sick leave, and training is problematic in that it impacts directly and immediately on client service availability and work backlogs. In confirmation of this, comments from clients indicated that they might not return to seek information or assistance from the TC if they tried once or twice and found nobody in the office.

The Transition Coordinators recruited for the pilot are high-energy, flexible, multi-taskers who were willing to accept the challenge of working in unfamiliar territory, in a somewhat ambiguous role with challenging goals, and in an atmosphere where success can hinge on winning acceptance within a base release/medical team that initially may see VAC as an intrusion rather than an ally.

The resourcefulness of TCs is often tested due to isolation from much of the daily support they would have enjoyed at a VAC District Office. Some TCs make do with marginal accommodations, with less than optimum layouts for conducting client interviews. Most encountered lengthy start-up delays related to the installation of communications and IT systems, and even now, software and systems are not reliable.
and not always compatible with those of DND. A source of particular difficulty is the Remote Access System (RAS) they must use to reach the VAC CSDN. The RAS can be “down” without warning and for extended periods, making it necessary to rely on paper records.

This is a workplace where a TC, being out of their DO element, must tread softly and yet be persuasive, using diplomacy and negotiation skills to open doors and gain access to base services that are not a given, but would, if granted, make them more effective. All of this requires greater than normal tact and stamina. It complicates the way work is accomplished and leaves less time for primary client service.

Unlike DND Case Managers, whose clients are limited to medically-releasing CF members, every CF member on the base is a potential client for the full range of VAC services. In addition, the potential client base is always shifting as a result of training rotations, transfers, or re-deployments. Workload can also be affected by the fact that at some bases the population is increasing. Another dimension impacting workload complexity is that at some bases there is a preference, if not an expectation, that service from VAC can be provided in either official language.

Conclusions and Recommendations

Transition Coordinators overcame the initial challenges of the pilot but now are caught in the vortex of their own success. More clients mean more case notes to write, more people to call back. This limits the amount of available time to do follow-ups. From interviews with TCs and from direct observation of TC’s work at two bases, it became clear to the evaluation team that TCs are frustrated about not being able to always keep up with the demand they have helped create. They tend to work beyond their regular hours and feel guilty when they take time off. It is a recipe for burnout.

The current situation is considered unsustainable over the longer term. To make it workable, either the scope of the TC’s function must be narrowed or there must be additional resources provided to the incumbents. High client satisfaction levels and DND’s acceptance of the TC concept make the first option largely unpalatable. The preferred option is to provide support and back-up assistance to TCs.

R4 It is recommended that current and future TCs receive additional administrative resources to better meet work demands.

Management Response:
Agree.

Management Action Plan:
Funds for administrative resources to support members of the CST providing Transition Services at Canadian Forces locations have been provided.

---

9 For example, sharing a reception service, having access to internal mail services.
It is recommended that a back-fill system be implemented for TCs during extended absences.

Management Response:
Agree.

Management Action Plan:
In the new ISDF Client Services Team structure, the issue of absences has been addressed, by virtue of being able to draw upon a team of up to 15 members to assist releasing CF members.

Statistics

As Transition Coordinators began to carry out their duties throughout the summer and early fall of 2001, they were encouraged to complete written reports each month and forward them to the Project Coordinator at Charlottetown Head Office. At first, these reports were mostly narrative in nature, describing how TCs were organizing their offices and mobilizing communication and IT resources. Some TCs included a tally of telephone calls, appointments, and walk-ins for the month.

The Transition Coordinator Pilot Evaluation Framework, and presentations by evaluators at TC orientation and training sessions, suggested the recording and reporting of monthly performance indicators that would be consistent across pilot sites. Some time was invested by the Pilot Coordinator and the evaluator responsible for the evaluation framework in the development of a Lotus 1-2-3 spreadsheet that would allow TCs to use their computer to capture monthly statistics on requests for services, number of referrals, briefing activities and other special events. The resulting Lotus file could then be sent to Head Office as an e-mail attachment. However, this standard form for reporting statistics did not “catch on” and was seldom used.

Another format that was considered was an e-mail monthly report developed and used by a Pension Officer at CFB/ASU Petawawa on a two-days-per-week basis for about three years. This format was combined with some of the elements covered by the Lotus spreadsheet, and became known as the “Monthly Statistics & Activities” report.

DND Case Managers use a relatively elaborate workload reporting system that is integrated with other DND software. Most CMs interviewed considered workload reporting efforts to be effective and useful.

Conclusions and Recommendation

Collecting monthly statistics/activity reports permits tracking and comparing the workload at different bases and offers the VAC-CF Project Manager and other interested individuals, such as the TC’s immediate supervisor, other TCs, and the Base Commander, with a sense of what is happening in terms of workload growth and level of activity.

It was difficult for the evaluation to assess the statistical reports generated to date.
Many were incomplete and most sites had not reported activity for the last three months of 2001. It can be stated with a medium level of assurance that the statistics show a gradual build-up of clientele over the course of the pilot (note: TCs did not all start work at the same time). There are few signs that the workload has plateaued, and there is no evidence that it is decreasing. Because the pilot is in an early phase, it is difficult to establish with any level of certainty what the real (sustained) take-up numbers will be for TC services. To capture statistics which are meaningful will require a concerted effort by management as well as committed interest from TCs. A modicum of reported information is necessary to help management identify trends, justify resources, and track performance.

The evaluation was favourably impressed by the workload reporting tools currently being utilized by the DND Case Managers and would suggest that these tools be examined by VAC.

**R6** It is recommended that the DND Case Manager workload reporting software be examined and adapted to meet the needs of TCs.

**Management Response:**
Agree.

**Management Action Plan:**
The issue of software support and sharing information on CF clients is being examined, with an initial focus on addressing ATIP concerns regarding privacy of information. As these issues are addressed, and VAC and DND jointly work on future roll-out of transition services, data capture and systems support (including reporting) are being addressed.

### 5.5 Skills and Attitudes

During the course of the evaluation, the study team examined whether the current skills of TCs are appropriate to meet the mandate they were asked to fulfill. Due to the unique nature of the TC position, the evaluation team determined that it can be adequately filled only by individuals who are self-starters who possess a self-confident “can-do” attitude, reflective of the Canadian Forces itself. CF clients benefit from having TCs who are mature and experienced VAC employees with knowledge of both department’s operations and programs, and are capable of dealing with individuals’ personal problems. Because of the multi-faceted components of the role, experience is a key ingredient in the TC skill mix.

Perhaps the greatest skill required of a TC is to be a consummate communicator, as comfortable and adept at standing in front of an audience of hundreds as counselling one client. The TC must exhibit flexibility in all dealings. Communication and marketing go hand in hand, for this is a role where making oneself known is as important as the services being offered. The TC must be resourceful and innovative. Often times, this may mean “thinking outside the box” when identifying solutions for clients or when dealing with DND personnel on CF bases. Since the TC works alone, the role does not have the traditional “supports” readily available to other VAC employees. Effective
networking both within and off the base is another important ingredient in the TC skill mix. As indicated earlier, the evaluation did not find that an effective network of community support agencies had been established, and contacts where identified, were being utilized sparingly.

Another important skill is time management. Judgement in setting priorities is key. It is assumed that a TC will have strong interviewing, listening, and counselling skills. The challenge is to juggle the work demands so that the most good is done for the highest number. For example, a TC might be well-skilled at providing emotional counselling, and enjoy doing it. However, if the amount of time spent counselling a few clients is excessive, given that other counselling resources are available on a CF base, then other parts of the TC role will suffer. The most effective TCs were those who were executing hand-offs as smoothly and quickly as possible. These TCs were referring clients to the local VAC District Office, or to a visiting Pension Officer, and were working to a greater extent with other base/community resources. The TC is on the base to coordinate CF members' transition, not to build dependency or substitute for health professionals.

“Fitting in” quickly is another important TC attribute. The TC has probably come from a district office environment where the way work was handled had become routine, and there was some sense of “team”. Now the TC is in a military setting, where all is new and perhaps a bit awkward at first, the rank system is confusing, and the CF members use terms that sound somewhat foreign. The most effective TC reacts to this by embracing the change, learning the terminology, and quickly reaching out to earn their place on a new “team”.

A TC must be knowledgeable, able to easily access VAC systems, and know who to call within the VAC structure, whether it is at the District, Regional, or Head Office level. The TC must always remain polite and respectful of confidential information; and a TC must produce meaningful results for the client in a timely manner.

Other desirable traits for a TC include being tactful, ambitious, not content with an “ordinary job”, comfortable with uncertainty and change, and anxious to further develop existing skills. They can work alone, with minimum supervision, yet be a valued team player. They constantly try out and evaluate new ways of doing things and then share what they have learned with colleagues. They are reliable and persistent, compassionate but always professional. They have the ability to quickly grasp another person’s point of view, and the capability to defuse tension with humour and understanding. They are determined to succeed, they inspire trust, and they understand the concept that to military personnel, they are the human face of Veterans Affairs Canada.

The evaluation sees merit in a bilingual TC capability, particularly at bases such as Valcartier and Gagetown where both official languages are commonly used.

Conclusions and Recommendations

The TCs are well-equipped with the appropriate skills and knowledge to meet the
requirements of the function and to meet client demand. The energy and initiative that TCs demonstrate is impressive. TCs are adjusting well overall, and are receiving favourable comments from DND work colleagues.

R7 It is recommended that the skill mix, attitudes and attributes outlined in this report be considered when finalizing the work description for Transition Coordinators.

Management Response:
Agree in principle.

Management Action Plan:
With the introduction of a team-based approach to delivering transition services, this recommendation is no longer directly applicable. To the extent, however, that providing “enhanced” transition service for releasing CF members is a priority, attention will be given to ensuring that Client Service Team members have many, if not most, of the attributes identified in this report.

5.6 Training and Orientation

This section deals with the training and orientation provided to the current TCs, and offers possible suggestions for the future. The importance of pertinent training cannot be underestimated. In order for the TCs to perform their roles effectively, they require appropriate training and orientation.

Formal training sessions/workshops were conducted in Charlottetown and Ottawa. Three of these sessions were organized prior to the pilot’s launch and placed emphasis on having the TCs personally meet the key program contacts who could be instrumental in assisting them in dealing with CF members. Presenters provided information on key subject areas including pensions adjudication, heath promotion, and Veterans Independence Program benefits. DND officials agreed to participate as workshop presenters in providing TCs with a good foundation and working knowledge of DND programs. This facilitated accurate and timely advice and assistance to CF clients. TCs also attended the first week of a two-week training session for DND Case Managers (CM) in Ottawa. This type of integrated CM-TC training should be encouraged.

Another training session was held for TCs introduced to the pilot in mid-summer, 2001. These TCs were given the opportunity to job-shadow with an established TC as part of on-the-job orientation, but this actually took place in only one instance.

The evaluation team attended two of TC training sessions. The curriculum for the sessions was carefully prepared and the events were well-organized to maximize use of the time available. The evaluation planned for the Pilot was presented to the TCs, including how TCs could contribute to the process.

The feedback on the training from TCs was positive, both in the manner in which the
sessions were conducted as well as the content of the workshops themselves. Most TCs indicated that the subject matter presented was pertinent and relevant to TC job tasks.

TCs continue to see the need for periodic face-to-face sessions/workshops to allow for sharing of ideas and experiences. Additional training in how to deal with difficult clients and more knowledge of the pension process were identified by TCs as learning needs. At this stage in the pilot, TCs are in a good position to self-identify specific training related to the function and these can be met by local short-term training sessions.

Beyond the training, the TCs were somewhat divided in their opinions on the strength of the site orientation at pilot start-up. Some TCs considered the orientation to be adequate while others considered themselves poorly equipped to begin new duties in new surroundings. For the latter group, issues of role definition and effective networking were impediments to successful transition to their new job duties. To be most effective, orientation of new TCs at DND bases should include a formal round of introductory meetings with the Base Commander, other key DND staff, and the RCL service officer. The District Director as sponsor could organize and participate in this orientation plan. It might also be appropriate to have some level of regional office involvement.

Conclusions and Recommendations

Positive feedback was received on the training offered TCs both pre and during the pilot. Training subjects were relevant and the integrated sessions with DND/VAC presenters were largely successful. TCs were able to operationalize their learning from these training and awareness sessions, therefore this “just in time” training ensured maximum return on the training investment. In future, training can be customized and tailored to individual TCs needs.

R8 It is recommended that national training and awareness workshops be conducted on a regular basis. Ideally, these sessions would include the field managers of the TCs and also the DND Case Managers.

Management Response:
Agree.

Management Action Plan:
A training and staff awareness strategy and plan are currently being developed. This is to involve not only staff actively dealing with CF members, but VAC policy and support staff. Education of DND staff (including DND Case Managers) is also continuing.

R9 It is recommended that orientation of new TCs include a mandatory one week "twinning" with an experienced TC prior to assignment to a DND base.
Management Response:
Agree.

Management Action Plan:
In the new team environment, this approach is embedded in the concept as multiple resources are available to assist new team members.

R10 It is recommended that supplementary follow-on training, self-identified by TCs, be provided on an individual basis.

Management Response:
Agree.

Management Action Plan:
A training and staff awareness strategy and plan are currently being developed. This is to involve all staff actively dealing with CF members, as well as VAC policy and support staff.

5.7 Location, Visibility, and Marketing the Role

Location and Configuration of TC Office

Five of the seven sites involved in the pilot are located on bases, two of which are in medical clinics and three are co-located in areas where releases are processed. The evaluation was asked to identify the preferred location for a TC office, including any constraints placed on current TCs as a result of the work space assigned.

During the documentation review, it became apparent that there are cultural aspects of the military which may cause some CF members to be reluctant to approach the DND medical system for assistance for fear of becoming ostracized from their unit and potentially putting careers at risk. Under this scenario, a TC office location near, but off the Base, perhaps at a Military Family Resource Centre (MFRC), or in a Royal Canadian Legion building, might be a logical trade-off, i.e., a greater measure of anonymity at an off-base location versus the convenience of on-base service.

However, two of the TCs located in DND medical clinics discounted the anonymity argument on the grounds that CF members routinely enter clinics for such services as dental appointments or physiotherapy, thus making a drop-in or scheduled visit to a TC less obvious. Comments from CF members interviewed support the view that attitudes towards seeking help for medical or mental conditions are changing in the military and that individuals coming into the Forces now are more likely to use available services than might have been the case in the past.

DND Case Managers, reflecting their background as nurses, are located in the Base medical building. There are synergistic and collegial benefits associated with having the TC located near the DND Case Manager, as the majority of clients using the services of the Case Manager are also likely to use the services of the TC. There are also obvious advantages to having the TC located in high traffic areas.
At CFB Halifax, the TC is in the same building as the personnel releasing unit, but the DND Case Manager, is just across a parking lot in the clinic. This close proximity configuration has proven to be quite workable. At CFB/ASU Gagetown, the TC and the DND Case Manager have side-by-side offices in the clinic; the Base Personnel Selection Officer is in another building about a kilometre away, and the people handling medical or non-medical releases are in yet another building. The Base Commander realizes that this is not an optimum arrangement. He is planning to bring all the players together to discuss possible co-location, so that everyone involved in the release process could be in the same building, or at least in close proximity.

At CFB Edmonton, the TC is located in the base clinic, next to the DND Case Manager’s office and adjacent to the dental clinic. The TC had initial doubts about this location, thinking it might be preferable to be co-located with the releasing unit. However, the TC now feels that the hospital has turned out to be the best possible location.

At CFB Esquimalt, the TC office is within the base’s personnel administration office. Health professionals, including the two DND Case Managers, are in the nearby base hospital. Office space within the hospital was not possible as space is at a premium and considered unsuitable. The VAC office is integrated into the Service Personnel Holding List (SPHL) Support Centre and all clients are referred to the TC. The release section has added a visit to the TC as a required action in the release process.  

Conclusions and Recommendations

The Pilot experimented with several different location configurations, driven more by circumstances than by design. The evaluation determined that a location in either the medical or the personnel administration (releasing) areas is workable. Ideally, the TC office would be within the same building as both the releasing staff and the health professionals, with close access to the DND Case Manager. However, the reality is that VAC must work within the parameters of what DND can afford to relinquish in terms of scarce office space. In more than one site, the Base Commander was obliged to shuffle officers to make room for the TC function. What is imperative, is that VAC, presumably the District Director, work in close consultation with the local Base Commander in advance of the site launch to discuss potential office locations, and reach a decision to the mutual satisfaction of both parties. This can only happen when the Base Commander fully understands the function of the TC as it relates to existing DND medical and release elements. Ensuring a clear understanding of roles will enhance the likelihood that a location will be identified that will produce the maximum synergy and add to the value that the TC can bring to its transitional function.

__________________________

10 Success in getting the Transition Coordinator mentioned on the official “release checklist” varied from base to base. It is interesting to note that in Newfoundland, where there is no transition coordinator, a liaison was established between VAC and the Commanding Officer and the Release Clerk at Canadian Forces Station St. John’s to provide releasing members with an opportunity to obtain counselling on VAC programs, benefits and services. Coincidentally, the CF Station was undertaking a review of its release form which lists various contacts required prior to release. The VAC office has been added as a requirement to be met in the release process.
It is recommended that TC’s have office locations which facilitate the TC becoming part of the larger “releasing team”.

Management Response:
Agree.

Management Action Plan:
Explicit in the Transition Services concept is the notion of a VAC “on-site” presence. This will be negotiated on a case-by-case basis with DND base command, and also addressed from a policy or principle perspective with NDHQ staff. The extent to which this can be done, however, is largely dependent upon DND base command as well as physical availability of space.

Visibility

The “visibility” of a TC refers to the profile a TC is able to generate and maintain within the milieu of a Canadian Forces Base. Visibility is strongly linked to the location of the TC’s office. If the office is not in a convenient location, or is not well marked, the likelihood of walk-in traffic is greatly diminished. Another key component of visibility is the TC’s personal profile. If they seize on opportunities to become involved in base activities and integrate themselves fully into the military way of life, they will be noticed and will be perceived as a team player. This solidifies the “trust” relationship and the CF clients come to see the TC as someone who understands the stresses and pressures faced by those making a career in the armed forces.

To Canadian Forces personnel, the TC can quickly become the “face” of Veterans Affairs Canada. Oftentimes, these are the same CF members who have previously contacted VAC directly and were not necessarily satisfied with the service they received. For these individuals, the TC has the additional onus of being VAC’s “last chance”. What the evaluation observed was that having a full-time VAC representative located right on CF bases provides VAC with an opportunity to right previous wrongs and better serves a growing clientele who has a different mind set and different needs from that of “traditional” VAC clients.

Conclusion

TC visibility is growing with each passing month of the pilot. Initially, visibility was a major concern but the majority of TCs are adapting to new surroundings and are beginning to “get the message out” about their presence and functionality.

Marketing the Role

How quickly TC visibility builds is largely due to the individual’s pro-active stance in marketing themselves and the services they offer. The evaluation found that an effective TC is action-oriented, innovative, and flexible when it comes to marketing themselves and their menu of services. That can mean reaching out to other key professionals and releasing specialists, both on and off base, and initiating formal
appointments with these professionals/specialists to explain the exact nature of the TC role.

Marketing, in the broadest sense of the word, means not only letting potential clients know you exist, through such activities as group briefings and presentations, but also by networking with those who can refer clients to the TC office. This “referral pool” includes such sources as the DND releasing staff, medical officers, base social workers, individual and “buddy referrals”, and certainly the DND Case Manager. But networking with and communicating the menu of services to less obvious sources such as dentists, MFRC staff, and others who come into contact with military families, can also increase the number of inquiries received.

Marketing tools at TC’s disposal include a brochure, poster, and videos available for group presentations. Most TCs have customized overhead slides to supplement the other materials.

The evaluation was generally impressed with the number of TC presentations being made, although TCs routinely feel unwarranted guilt at leaving their offices empty while out promoting their role. This causes unnecessary work-related stress. Unlike other pilot demonstration projects, the changing CF population on bases will necessitate the need for continued TC awareness sessions and presentations.

Conclusions and Recommendations

Overall, promotion of the TC program varies from base to base, with frequency and quality of presentations largely dependent on the initiative of the individual TC\(^1\).

Some “best practices” in the area of marketing are identified in the Best Practices section of this report.

**R12** It is recommended that a more consistent strategy be developed to market the TC role and menu of services, drawing on expertise from the VAC Communications Division, and from lessons learned by the pilot group of TCs.

Management Response:
Agree.

Management Action Plan:
The “menu of services” is currently being developed and will expand over time. In the interim, a senior Communications advisor has been assigned to work with the Manager, Transition Services Initiative, to develop a comprehensive communications strategy for all transition-related issues. Input from TCs was sought during a TC workshop in June, 2002. Prior to this workshop, a number of key decisions were taken to operationalize

\(^{11}\) This comment is based on TC interviews, direct observation, and comments received from a member of the Canadian Forces Advisory Committee (CFAC).
the ideas developed and finalized during the TC pilot. All previous promotional material, including that generated locally, is being collected and examined with a view to redesigning it for a common "look and feel".

**R13** It is recommended that TCs make greater use of DND media channels, such as base newspapers (including paid ads), posters on CANEX bulletin boards, and by Canadian Forces orders (CANFORGENS).

*Management Response:*
Agree.

*Management Action Plan:*
This is being addressed in a joint VAC/DND communications strategy, which focuses on means to increase awareness of VAC services through a wide range of DND media channels.

### 5.8 Best Practices

Innovation was encouraged as part of the pilot approach, with the intention of identifying, sharing, and integrating best practices whenever possible.

This section describes several commendable practices that could be emulated by future sites. Most of these ideas originated with the TCs themselves, including the “honorary TC” who is actually a Pension Officer from the Ottawa VAC District Office who continues to serve CFB/ASU Petawawa on a two-day a week contract basis.

*Best Practices:*

- **S** contacting base doctors and other health professionals, as part of the TC’s early orientation, to explain TC services (thus generating referrals);

- **S** convening a meeting of adjutants as a means of encouraging unit briefing invitations for the TC;

- **S** negotiating local on-base agreements with DND for sharing of support services such as reception and photocopying;

- **S** scheduling presentations for days when another VAC employee (such as a Pension Officer) is visiting the base, so that questions can be answered on the areas of expertise concerned;

- **S** maintaining close links with district offices by having TCs included in e-mail groups to keep up with current VAC information and DO processes; and encouraging attendance at important DO meetings;

- **S** conducting joint presentations with DND Case Managers to DND
audiences, which helps clarify roles and promote referrals;

S taking part in on-base events like “joining the volleyball group on PT day” to increase acceptance and profile on the base;

S developing a client service checklist to ensure that CF clients are provided with personalized information on applicable VAC services, that essential information is collected, and that frequently-asked questions are anticipated and addressed;

S arranging to meet with CF clients soon after they have their pension medical examination as this is an opportune time to discuss what happens next in the pension process and to ensure that correct client information is captured in the CSDN;

S assigning temporarily-injured CF members as voluntary office help in the personnel/release offices, thus supporting the TC function;

S developing a protocol that includes how referrals will be made to the Transition Coordinator;

S participation on base committees (such as O group), thus promoting the TC function and solidifying the role within the release-transition process; and

S as a prime example of interdepartmental cooperation, the VAC Transition Coordinator at CFB Gagetown teamed up with the Occupational Trauma and Stress Support Centre (OTSSC) on base, to provide information and support to women whose husbands had been diagnosed with PTSD. (This initiative was recognized by an article in the February 2002 issue of the VAC employee newsletter Carillon).

5.9 CF Reserve Force

Reservists may deploy from one base and return to a smaller “home” base. Therefore it is more difficult to reach them with the current limited complement of TCs.

Reservists also differ from Regular Force members in that they have careers outside the military, so they do not face the same transition issues as those who have been in the Canadian Forces for most of their working life. What is common to the reserves and the regular forces is that they face the same stresses and exposure to harm when they are deployed together in overseas operations. This should be a key consideration in whatever approach VAC decides to adopt.

The VAC-CF Project Manager learned that Ontario Region was doing a considerable amount of outreach aimed at “heightening the awareness of the CF Reserve Force
Members with respect to VAC\textsuperscript{12}, and had drafted an action plan. The individual assigned to preparing this action plan was the current Mississauga-Brampton TC. As an Area Counsellor interested in the Reserves, she had been accumulating expertise in the CF area at the district level as far back as May 2001. Once Mississauga-Brampton was designated a pilot site, she was asked to focus on reservists. This presented a strong challenge because the reserves and the regular forces are so interconnected, and it is most often the Regular Force members who are looking for information regarding VAC programs.

Because it was outside the scope, the evaluation did not examine the issue of how best to provide TC service to reservists across the country. However, it was observed during the data gathering phase, that the Mississauga-Brampton TC and Ontario Region are accumulating a substantial body of knowledge respecting how to effectively reach out to the reserves. Except for Mississauga-Brampton, and to a lesser extent Ottawa, reservists’ needs are not being met. Several key factors account for this. The on-base location of TCs, as was the case in the majority of pilot sites, is not a high traffic area for reservists.

One approach could be to have a position similar to the Mississauga/Brampton TC in each Region, ready to travel to wherever there are pockets of reservists, and perhaps also being available as a back-up to on-base TCs during extended sick leave, vacation, or training absences. Another approach could be to designate and train someone in each district office to present VAC information to reservists on a pro-active basis.

5.10 Evolution of the TC Concept (Post-pilot)

There is strong support from all quarters for the concept of placing VAC Transition Coordinators on CF bases, and for maintaining and even expanding the program beyond the pilot phase. Perhaps the most compelling argument for maintaining and augmenting the TC complement is that it takes VAC services closer to an ever growing number of actual and potential VAC clients, at a time when the number of “traditional” world war clients is declining rapidly due to the effects of old age. As shown in Table 3, on the next page, the CF percentage of clients is expected to increase to just under 25 percent by 2011, compared to the current 11.7 percent. This equates to one in every four VAC clients being a CF member.

If one accepts that the TC concept is valid and therefore worth supporting and expanding, then the next questions become how and when.

On the support side, it is the conclusion of the evaluation that a TC on a larger base (defined as a base with a population greater than 2,000) needs to be teamed with a CSA in order to best leverage the effective use of the TC’s time, and to meet sustainability concerns discussed elsewhere in this report. Over time, and based on a workload measurement analysis, there may even be a requirement to place more than one TC on the largest bases, or to supplement the TC/CSA team with a full-time

\textsuperscript{12} From the Introduction, Reserve Force Outreach Initiatives: Action Plan
pension officer. The pilot model currently running at CFB Winnipeg put a VAC team in place comprising an Area Counsellor, a Client Service Agent and a Pension Officer.

This will undoubtedly provide further insight into what team configuration(s) are ultimately the right match for the demand. Invariably, it will be demand that determines the location and number of future sites.

The table below depicts military population statistics for five of the bases which the evaluation readily considers appropriate for future inclusion. If TCs were situated at these five locations, and the current seven TC sites and CFB Winnipeg are maintained, then 73.6 percent of the CF total strength would be covered by full-time service.

Source: Veterans Affairs Canada Corporate Information System.
Table 4
Military Population at Five Designated CF Bases

<table>
<thead>
<tr>
<th>CFB</th>
<th>Military Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petawawa</td>
<td>4288</td>
</tr>
<tr>
<td>Kingston</td>
<td>3127</td>
</tr>
<tr>
<td>Borden</td>
<td>2570</td>
</tr>
<tr>
<td>Trenton</td>
<td>2256</td>
</tr>
<tr>
<td>Montreal</td>
<td>2239</td>
</tr>
</tbody>
</table>

For smaller bases (military population more than 1,000 but less than 2,000) such as CFB Bagotville, CFB Cold Lake, CFB Greenwood, and CFB Comox, the system currently being used to service CFB/ASU Petawawa, i.e., having a VAC representative spend two days a week\(^{13}\) (but always the same days) at the base, would be invaluable in measuring demand and building a closer relationship with the sponsoring district office. It would also smooth the way for assigning a full-time TC or TC/CSA combination in the future, should demand warrant.

Other CF bases and installations, with small CF populations, might also be considered but determining which ones is largely the prerogative of management, based on need and budgetary considerations.

5.11 Post-pilot Developments

The Transition Coordinator Pilot Project formally ended on June 13, 2002. A number of key decisions have been taken to operationalize the ideas developed and finalized during the TC Pilot. These decisions are aimed at ensuring ongoing provision of transition support services to releasing CF members in a way that better reflects VAC’s overall service delivery arrangements, while at the same time relieving workload pressure on individual TCs.

A Treasury Board Submission approved April 11, 2002 secured ongoing funding for converting the TC Pilot into a fully-fledged program. A part of the funding was earmarked for the addition of 28 FTEs across the country to provide transition services. The funding also covers:

- continuation of services at the seven pilot sites, with supplementation to increase staff capacity to better match workloads;
- provision of clerical and administrative support to handle such issues as booking of appointments and copying of service documents in support of pension applications; and

---

\(^{13}\) One day per week might be sufficient at some bases.
resources to provide transition services at an additional seven sites, matching the sites in DND’s Case Manager program.
6.0 DISTRIBUTION

Deputy Minister
Associate Deputy Minister
Chief of Staff to the Minister
Chair, Veterans Review and Appeal Board
Assistant Deputy Minister, Veterans Services Branch
Assistant Deputy Minister, Corporate Services Branch
Audit & Evaluation Committee Members
Deputy Coordinator, Access to Information & Privacy
Comptrollership Branch (TBS)
Office of the Auditor General
Director, CF Services
Principal Analyst Treasury Board of Canada, Secretariat
TERMS OF REFERENCE

EVALUATION OF VAC TRANSITION COORDINATOR PILOT

PURPOSE:

To provide an evaluation of the VAC Transition Coordinator Pilot Project.

OBJECTIVE:

The objectives of this project are to:

S identify Pilot issues
S compare “old” versus “new” service delivery mechanisms
S document best practices and lessons learned from the Pilot
S prepare an Evaluation Report and briefings for Senior Management

SCOPE:

The scope will include developing Site Profiles, a documentation review, interviews with Transition Coordinators and head office project managers, and site visits and focus groups at selected project sites. The evaluation will include all aspects of the Pilot Project, with a view to ascertaining the extent to which intended service goals and results for clients are being met, and exploring the possibility of more cost-effective ways to obtain similar results.
BIBLIOGRAPHY

The following list of documents supports the analysis and conclusions of this report:

Pat Boer. *Transitioning from the Military to Civilian Life*, from Monster Career Centre website

DND. *The Canadian Forces at a Glance*, from the DND website at [www.dnd.ca](http://www.dnd.ca)

DND (2001). *QOL*\(^{14}\) in the Canadian Forces, annual report to Standing Committee on National Defence and Veterans Affairs (SCONDVA) from DND website at [www.dnd.ca](http://www.dnd.ca)

Major Gilles Harbec, ASU Valcartier (September 2001). Briefing on the Land Forces Quebec Area (LFQA) Care of the Injured Model


New Annual Report: *Quality of Life in the Canadian Forces* [http://www.dnd.ca/eng/archive/2001/may01/31scondva_n_e.htm](http://www.dnd.ca/eng/archive/2001/may01/31scondva_n_e.htm)

Transition Coordinator Orientation (September 4-7, 2001). Agenda

VAC-CF Project (August 2000). Department of National Defence Service Directory

VAC-CF (April 2001). VAC-CF Fact Sheet on VAC Transition Coordinators

VAC-DND Steering Committee (February 14, 2001). Record of Decisions

VAC Transition Coordinator Pilot (October 23, 2000). Project Briefing Notes

Veterans Affairs Canada (July 2001). The Canadian Forces Advisory Council Terms of Reference

Veterans Affairs Canada (June 1999). *Review of Veterans’ Care Needs Focus Groups* - Final Report, prepared by SAGE Research Corporation

Veterans Affairs Canada (2001). *Veterans Affairs In Service to the Canadian Forces*. Brochure and video.

---

\(^{14}\) QOL = Quality of Life.
LIST OF INTERVIEWEES
The following individuals provided information and support during the data gathering phase of the evaluation. To the extent possible, at each pilot site, the evaluation interviewed VAC regional and district employees associated with the pilot project.

**Head Office:**
Sue LeMaistre, A/VAC-CF Project Manager, Head Office, Charlottetown
Heather Parry, VAC-CF Project Manager, Head Office, Charlottetown (currently on executive exchange)
Lt. Col David Rogers, Continuum of Service Project Officer, Head Office, Charlottetown
Peyasu Wuttunee, VAC-CF Project Officer, Head Office, Charlottetown

**CFB Esquimalt:**
Susan Dayton, Transition Coordinator, CFB Esquimalt
Major John Kimac, Base Administration Officer, CFB Esquimalt
Ken Parkinson, District Director, Victoria District Office

**CFB/ASU Edmonton:**
Allison Bonner, Transition Coordinator, CFB/ASU Edmonton
Capt. Wayne Brockington, Social Worker, CFB/ASU Edmonton
Margret Eagle, Military Family Resource Centre Director, CFB/ASU Edmonton
Mike Hogan, Service Personnel Holding List (SPHL), CFB/ASU Edmonton
Kelly Leddicote, DND Case Manager, CFB/ASU Edmonton
Gene Legros, Release Clerk, CFB/ASU Edmonton
Major Noonan, Base Personnel Selection Officer, CFB/ASU Edmonton
Bridget Preston, District Director, Edmonton District Office
Jim Robson, Chief, Client Services, Edmonton District Office
Major Susie Rodriguez, OTSSC, CFB/ASU Edmonton
Tammie Talbot, Chief, Client Services, Edmonton District Office
Capt. Vardy, Padre, CFB/ASU Edmonton
LCdr. Ben Wahl, Base Surgeon, CFB/ASU Edmonton

**CFB Winnipeg:**
Larry Bredesen, Deputy Regional Director General, Prairie Regional Office

**Mississauga/Brampton:**
Lauraine Johnston, Transition Coordinator, Brampton/Mississauga District Office

**Ottawa and CFB/ASU Petawawa:**
Bernie Boisvenue, (retired) Chief, Special Projects, Ottawa District Office
Maryse Guilbert, Transition Coordinator, Ottawa District Office
Cliff Power, District Director, Ottawa District Office
Jim Rycroft, Director Service Bureau, Royal Canadian Legion

**ASU Valcartier:**
Denis Morissette, Transition Coordinator, Quebec District Office
(since replaced by Carol Savard)
CFB/ASU Gagetown:
Serge Boudreau, Social Worker, CFB/ASU Gagetown
Sgt. Rick Chiasson, Release Clerk, CFB/ASU Gagetown
Dr. Mike Hughson, Base Surgeon, CFB/ASU Gagetown
Major Wilson King, Base Personnel Selection Officer, CFB/ASU Gagetown
Jane Livingstone, DND Case Manager, CFB/ASU Gagetown
Col. B.W. MacLeod, Base Commander, CFB/ASU Gagetown
Denise Robichaud, Transition Coordinator, CFB/ASU Gagetown
Petra Smith, OTSSC, CFB/ASU Gagetown
C.W. Watts, Brigade Regimental Sargent Major, CFB/ASU Gagetown

CFB Halifax:
Krista Locke, Associate Regional Director General, Atlantic Regional Office
Susan Whitehouse, Transition Coordinator, CFB Halifax