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Evaluation of the Veterans Independence Program

Final

VETERANS.GC.CA

Canada

Acronym List

Acronym	Description
GBA plus	Gender-based Analysis Plus
PCGs	Primary Caregivers
VIP	Veterans Independence Program
VAC	Veterans Affairs Canada

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Executive summary

Program profile
The Veterans Independence Program (VIP) was established by Veterans Affairs Canada (VAC) in 1981. The objective of the program is to help eligible recipients remain in their homes and communities by providing financial assistance toward services that support their independence and health.

In 2019-20, 83,855 Veterans, survivors and primary caregivers received VIP and program expenditures were approximately $339.2M, with nearly 79% going to grants for housekeeping and grounds maintenance.

Evaluation purpose and background
The evaluation was conducted according to the Treasury Board of Canada's *2016 Policy on Results* and Section 42.1 of the *Financial Administration Act*. The evaluation assessed the relevance and performance (effectiveness and efficiency) of VIP. The findings and conclusions are based on the analysis of multiple lines of qualitative and quantitative evidence and resulted in the following recommendations:

Recommendation 1*:* The Director General, Service Delivery and Program Management, work in collaboration with the Director General, Policy and Research and the Director General of Health Professionals enhance employee training and update the functional guidance for VIP to address clients' evolving needs. Particular attention should be paid to:

- Guidance in support of VIP applications related to mental health issues; and
- Situations where VIP is required for short-term or temporary needs.

Recommendation 2: The Director General, Policy and Research in collaboration with the Director General, Service Delivery Program Management, determine if there are unintended gender-related impacts occurring relating to VIP services eligibility for primary caregivers.

Recommendation 3: The Director General, Service Delivery and Program Management, work in collaboration with the Director General, Policy and Research to review and enhance the tools and processes to assess client needs. Priority areas include:

- Explore the development of a tool/instrument and associated process to support evidence-based and consistent assessment of personal care needs;
- Identify vulnerable clients and undertake more frequent follow-up with them clients; and
- Assess the precision of the Grant Determination Tool and its relative adaptability in view of evolving client needs, and the adequacy of the process for rate adjustments.

1.0 Introduction

The Veterans Independence Program (VIP) was established by Veterans Affairs Canada (VAC) in 1981 to help Veterans to remain in their homes and communities. The program contributes financially toward services that support independence and health. The *Department of Veterans Affairs Act* gives VAC the authority to provide VIP. Its framework is laid out in the *Veterans Health Care Regulations* under that Act.[1]

1.1 Program overview

VIP complements, but does not replace other federal, provincial and municipal home care programs. It is designed to help Veterans maintain their independence at home through a combination of services. When care at home is no longer appropriate, the program will then assist Veterans financially with long-term (nursing home) care to remain in their communities. **Appendix A** includes the program logic model.

In 2019-20, there were 83,855 Veterans, survivors and Primary Caregivers (PCGs) who were VIP program recipients.[2] About 36% of program beneficiaries are survivors and PCGs. Program expenditures in 2019-20 were approximately $339.2M, the majority (79%) going to annual grants for housekeeping and grounds maintenance.

1.2 Program delivery

When VAC receives an application for VIP, it does and an initial screening for eligibility. Next, VAC would complete a needs assessment to determine the type of benefits and services including the amount of financial support. VAC contracts a third-party Health Claims Processor to process VIP claims for recipients and service providers such as community home care providers, nursing care, and meal delivery services. Along with VAC Case Managers, the Health Claims Processor follows up with recipients, at a minimum, every three years to determine if there has been a change in their needs.

VIP provides funding for the following services for Veterans:

- Grounds maintenance (snow removal, lawn mowing, etc.);
- Housekeeping (assistance with cleaning, laundry, meal preparation, errands, etc.);
- Access to Nutrition (meal delivery services);
- Health Support and Services (nursing services, occupational therapy, etc.);
- Personal care;
- Ambulatory healthcare (assessments, diagnostics and respective transportation);
- Transportation (transportation to social and community activities or services);
- Intermediate Care (care in a nursing home) and;
- Home adaptations (contribution towards modifications to the Veteran's principal residence that are necessary for the Veteran to carry out everyday activities).[3]

[1] *Department of Veterans Affairs Act*, RSC 1985, c V-1; *Veterans Health Care Regulations*, SOR/90-594
[2] https://www.veterans.gc.ca/eng/about-vac/news-media/facts-figures/5-0#vip
[3] Veterans Independence Program on VAC website (veterans.gc.ca)

VIP also provides funding for the following services for PCGs[4] and survivors:[5]

- Grounds maintenance (snow removal, lawn mowing, etc.); and
- Housekeeping (assistance with cleaning, laundry, meal preparation, errands, etc.).

Grounds maintenance and housekeeping services are supported through an annual grant (paid in two installments) to the recipient. The amount is determined through an assessment using a grant determination tool. Costs for all other services are reimbursed based on claims submitted by the recipient.

1.3 Program eligibility

VIP recipients include Veterans, PCGs and survivors. Eligible Veteran recipients include those who:

- have VIP needs related to an existing disability benefits;
- have VIP needs, have a condition that qualifies them for a disability benefit combined with other conditions which places them at risk of being frail;[6]
- are a War Services pensioner with a certain level of disability who have VIP needs;
- receive Prisoner of War Compensation; or
- are eligible for, but unable to access, a contract bed under VAC's Long-term Care program.

VIP eligibility for PCGs and survivors is distinct. VIP for PCGs includes funding to help cover the cost of grounds maintenance and housekeeping if the Veteran who was receiving VIP has moved to nursing home care or is deceased.[7] For spouses who are not eligible for VIP as a PCG (i.e., the Veteran was not receiving VIP at the time of their death), they may be eligible for VIP grounds maintenance and housekeeping as a

[4] A primary caregiver, as defined in s.16(3) of the *Veterans Health Care Regulations* and for the purposes of s. 16 of the Regulations, means, in relation to a client, the adult who immediately before the client died or was admitted into a health care facility: (a) primarily responsible, without remuneration, for that ensuring care was provided to the client; and (b) for a continuous period of at least one year, resided in the principal residence of the client and maintained the client or was maintained by the client.

[5] A survivor, as defined in s. 16.1(2) of the *Veterans Health Care Regulations* and for the purposes of s. 16 of the Regulations, means, in relation to the person, an adult individual who immediately before the person died or, if the person died in a health care facility, immediately before the person was admitted into the health care facility: (a) was primarily responsible, without remuneration, for ensuring that care was provided to the person; and (b) for a continuous period of at least one year, resided in the principal residence of the person and maintained the person or was maintained by the person.

[6] VAC Frail Disability Benefits Policy, Eligibility may include the Veteran's ability to remain self-sufficient in their principal residence is impaired by their disability benefits entitled condition; or the Veteran needs services because they are frail—defined as the occurrence of a critical mass of physiological conditions that place an individual at risk for falls, injuries, illnesses or the need for supervision or hospitalization. Frailty also results in a severe and prolonged impairment of function with little or no likelihood of improvement. Frailty is based on the premise that for individuals who suffer from multiple health conditions, one of which being a disability benefits entitled condition; this is a complex interplay of disabilities which impairs their ability to remain self-sufficient at their principal residence.

[7] PCGs are generally eligible for VIP if they were the primary caregiver (unpaid) to the Veteran; lived in the Veteran's primary residence for at least a year prior to their passing or admission to a long-term care facility; currently live in Canada and have a health-related need for these services.

survivor. To be eligible, the survivor's spouse must have been receiving or have been eligible for a Disability Pension or the War Veterans Allowance. Also, the survivor must meet other eligibility criteria including that they are low-income or in receipt of a Disability Tax Credit.[8] The annual maximum amount of financial assistance for survivors is lower than for PCGs.[9] For details on program eligibility see **Appendix B**.

2.0 Scope and methodology

2.1 Evaluation scope and questions

The evaluation was conducted according to the Treasury Board of Canada's *2016 Policy on Results* as well as with Section 42.1 of the *Financial Administration Act* which requires federal departments to review the relevance and effectiveness of ongoing programs for which they are responsible every five years.

The scope of the evaluation includes all the activities of the program between 2015-16 to 2019-20, with the exception of the Intermediate Care component of the VIP. The Intermediate Care component was included in the 2019 evaluation of the department's Long-Term Care Program. The evaluation questions are included in **Appendix C**.

2.2 Multiple lines of evidence

The research methodology for the evaluation incorporated multiple lines of evidence to ensure reliability of collected information and reported results (**Table 1**).

Table 1: List of Methodologies

Methodology	Source
Departmental Documentation and Secondary Research Review	Departmental documentation and information were reviewed to understand the objectives of VIP and its intent, authorities, requirements, context and delivery. Documents included departmental planning documents, VIP policies, business processes, strategic documents, performance reports, research papers, a training module, and results from VAC's National Client Survey (2020).[10]
Literature Review	Various non-departmental documents were reviewed, including peer-reviewed and non-academic research on the state of home care, in general, in Canada and the continuum of care. A comparative review was conducted that described similar programs to VIP in other jurisdictions.[11]

[8] Survivors are eligible for VIP if they were primarily responsible for ensuring that care was provided to the Veteran continuously for at least one year (unpaid); are low-income (and receive the Guaranteed Income Supplement); or are disabled (and receive the Disability Tax Credit); and have a health-related need for these services, and currently live in Canada.

[9] VIP rates for 2021

[10] The National Client Survey was administered to 3268 VAC clients 18 years of age and older.

[11] Comparator program and jurisdictions included: Australia–Veterans' Home Care Program; New Zealand–Home Help–Veterans' Independence Programme; United Kingdom–Personal Independence Payment; United States–Home Health Services and Hospice Care–Veteran Directed Care

Methodology	Source
Interviews	In total, there were 25 interviews, across six groups, during which more than 60 VAC staff and external stakeholders were interviewed. The six groups were Senior Management, VAC VIP Managers and staff, other VAC Managers, Veterans Organizations, external Health Claims Processor staff, and external subject matter experts (researchers in home care, Veteran and gerontology. VAC staff were interviewed in the following areas: program and strategic policy, research, field operations, and service delivery program management.
Statistical Analysis	Statistical analysis included: • VAC Facts and Figures; • FHCPs Annual Reports; and • Operational data collected by VAC.
Survey and Focus Groups with VIP Decision-makers	VAC staff (Veterans Service Agents, Team Managers and Case Managers) who make decisions about VIP applications were surveyed. Completed by 252 decision-makers, this survey had a response rate of 33%. Further to the survey, two focus groups (one in English and one in French) were conducted to explore findings from the survey and gather qualitative feedback.
Survey of VIP Clients	A sample of VIP recipients were surveyed via VAC's My VAC Account system, mail, and telephone for those who do not have a My VAC Account. It was completed by 269 VIP recipients representing a response rate of 34%. See the full survey in Appendix D.

2.3 Considerations and limitations

The following limitations were identified and should be considered when reading the evaluation findings:

- Certain administrative and performance data (e.g., reasons for receipt of VIP, transactional data such as rate exceedances, disaggregation of program data by demographic characteristics) were not readily available so qualitative methodologies were used to assess some elements of effectiveness and efficiency.

- While the evaluation includes direct feedback from program recipients, the representativeness of the survey of clients conducted for this evaluation could not be assessed. Based on a predominantly online approach via My VAC Account and given the profile of these clients, the survey responses underrepresent older Veterans, survivors and PCGs.[12]

[12] The VAC 2020 National Client Survey found large variances in the use of My VAC account, VAC's online service delivery portal. Usage of My VAC account is lower among clients who are older, survivors, women and English-speakers.

3.0 Relevance

3.1 Responsiveness to evolving needs

The context for the delivery of VIP is evolving with a trend toward younger Veterans; and more applications related to mental health.

VIP began as a pilot program in 1981 called the Aging Veterans Program which focused on supports for war pensioners with a need for support to age at home due to war-related disabilities. In the mid-1980s, the program was renamed the Veterans Independence Program and was made permanent. Over the years, eligibility for the program has been extended beyond war pensioners with a service-related disability.

In 1990, a provision was made to continue housekeeping and grounds maintenance benefits for survivors for one year following the Veteran's death. In 2003, this was extended to lifetime benefits to certain qualified survivors (now known as Primary Caregivers (PCGs)). This group is only entitled to receive housekeeping or grounds maintenance or both if that is what the Veteran had been receiving, though the amount of the benefit(s) can change depending on their need.[13] Under the survivor expansion in 2008, a survivor is entitled to both elements (housekeeping and grounds maintenance), however only up to a $3,114.70 maximum (2021 rate).

> *"VIP is an excellent program. Let's fine tune it [to better address needs of] older and younger Veterans."*
> *~ VIP decision-maker*

Also in 2003, the frail policy was introduced which approved funding for VIP services for War Service and CAF Veterans with a disability pension or award if they are deemed frail, regardless of whether there is a direct relationship between the pensioned or awarded condition and their need for home care.

During the period under study, the number of VIP recipients has been decreasing and the profile of VIP clients is shifting. The average age of VIP clients who are Veterans has decreased over time from 76 years of age in 2015-16 to 70 years of age in 2019-20. The average age of clients who are spouses of Veterans has remained stable at 86 years of age. Veterans in receipt of VIP who are less than 50 years of age has increased from 9% in 2015-16 to 13% in 2019-20. This increase in applications from younger Veterans is a trend observed by half of key informant groups (Senior Mangers, VAC VIP Managers and staff as well as other VAC Managers).

Additionally, 65% of surveyed VIP decision makers indicated applications not related to aging are increasing and 88% indicated applications for VIP related to mental health are increasing. Program data indicates that the portion of VIP recipients that have a mental health condition increased from 16% in 2015-16, to 30% in 2019-20.

[13]Veterans Affairs Canada-Canadian Armed Forces Advisory Council, The Origins and Evolution of Veterans Benefits in Canada, 1914-2004, March 2004

VAC forecasts the number of VIP recipients overall will increase by 9.0% from 2019-20 to 2024-25 while at the same time the number of Survivors and PCGs is expected to decrease by 12.5% from 30,165 to 26,400 recipients.[14] From 2019-20 to 2024-2025, expenditures are anticipated to increase by 28.6% to $436.1M, with highest increases anticipated for housekeeping grounds maintenance, and personal care services.

In addition to these client and program trends, the broader continuum of care landscape is evolving. The literature review found home care and long-term care (nursing home) systems in Canada are under pressure with an aging Canadian population. [15] Coupled with an increased preference among seniors to stay at home as long as possible, there are greater demands on provincial and territorial home care systems. VAC key informants and VIP decision-makers are observing greater reliance on VIP as clients experience delays or unpredictable delivery of provincial and territorial - funded home care. Additionally, 46% of surveyed VIP decision-makers did not agree that coordination with provincial and territorial care programs works well for VIP to provide a 'top up' to these programs. Specifically, comments from the survey explain that provincial and territorial care programs such as Nova Scotia and to some extent Ontario have shifted a greater share of the responsibility for Veterans' personal care needs to VAC.

> *"We don't need to reinvent the wheel, but we need to streamline [the program]. Maybe have two paths: one for younger Veterans and one for older, traditional Veterans."*
> *~ VIP decision-maker*

Although the program administrative data does not provide a clear picture of the nature or reasons for recipients' need for VIP, the program delivery has adapted over time to address a number of gaps in VAC's suite of programs and services. According to key informants, support for maintaining independence at home is now understood to include more than home care for the elderly and delaying entry into long term care. They point out that it now includes needs related mental health, disability and convalescence.

VAC management and staff interviewees views are mixed regarding this evolution. Some view the spectrum of needs addressed by VIP as 'scope creep' which could be better addressed by other initiatives. Others recognize the value of VIP as a flexible program to address gaps in the department's suite of programs to ensure Veterans' needs are addressed. This includes, for instance, the introduction of the frail policy that widens access to services. This policy allows the consideration of the cumulative effects of other conditions including aging with at least one condition linked to service that on its own would not have met the threshold for an applicant to receive a benefit.

A more commonly held view is VIP's functional guidance including business processes have not kept pace with the evolving needs of VIP clients, in particular, needs related to

[14] VA 5.0 Health Care Programs: Facts & Figures: Veterans Affairs Canada Facts and Figures: March 2020
[15] Canadian Institutes for Health Information, Seniors in Transition Exploring Pathways Across The Care Continuum, 2017; National Institute on Aging, Enabling the Provision of Long-term Care in Canada, 2019.

mental health. For example, the program response to the increased applications related to mental health is reported to be inconsistent across regions (59% of surveyed decision-makers say this process is not working well) due to insufficient functional guidance and standard processes for these types of claims. Similarly, key informants and VIP decision-makers pointed to a number of areas where needs are evolving. For example, VIP recipients who are younger Veterans may have different needs related to independence such as care of dependents.

In 2020, as a first step to improve VIP functional guidance documents, VAC undertook a comprehensive pilot to create clear and easy-to-follow functional guidance documents for staff (Veteran Service Agents) who decide on VIP benefits. The pilot involved an overarching review of 40 VIP functional direction documents to remove duplications, and outdated information. As a result, the functional guidance documents were clarified and reduced to eight. This included program management and policy collaborating to clarify VIP direction into a single policy. This policy continues to provide a flexible approach that is focused on meeting the needs of clients. These functional guidance documents were tested across Canada with VIP decision makers, specifically Veteran Service Agents, who reported spending less time searching for information. A strong next step would be to clarify functional direction for mental health needs and the needs of younger Veterans overall. The results from the pilot are set to be implemented in 2022-23.

Finally, where the need for VIP may be of a temporary nature (convalescence) or for conditions that may improve over time, business processes and program capacity to administer VIP for such needs is lacking. According to administrative data, VIP benefits rarely expire (1% of cases per year). According to focus group respondents and key informants, VIP is difficult to manage as a short-term benefit for a variety of reasons including lack of capacity to monitor such claims, unintended impacts on Veteran eligibility for other programs, and perception by employees and clients that VIP is a permanent benefit. According to key informants, neither the process nor system interface for the delivery of VIP benefits was designed with short term benefits in mind.

Additionally, a review of the VIP training module for VIP uncovered an opportunity to enrich the training around VIP. Although the module is user friendly, it is limited to guiding users on how to enter data and navigate the system interface. Depth could be added by underscoring the vision and intent of the program backed by performance measurements to demonstrate the effective and quality delivery of services.

Recommendation 1*:* The Director General, Service Delivery and Program Management, work in collaboration with the Director General, Policy and Research and the Director General of Health Professionals enhance employee training and update the functional guidance for VIP to address clients' evolving needs. Particular attention should be paid to:

- Guidance in support of VIP applications related to mental health issues; and
- Situations where VIP is required for short-term or temporary needs.

Management Response: Veterans Affairs Canada agrees with this recommendation.		
Action and Rationale	**Expected Completion Date**	**ADM Accountable for Action**
The Service Delivery and Program Management Division (SDPM) is committed to working with Policy, Health Professionals, and Field Operations Divisions to strengthen functional guidance and training materials to address the evolving needs of VIP clients, including those related to mental health issues and short-term/temporary VIP needs. To accomplish this, SDPM will leverage the pilot project, which SDPM and Policy have underway, aimed at clarifying, simplifying, and streamlining functional direction provided to the field.	March 2024	Assistant Deputy Minister, Service Delivery

3.2 Role in continuum of care

Home-based support programs such as VIP play a critical role in the continuum of care. Living independently at home can be more economical and ease pressure on Canada's long term care system and at the same time, it is the option people prefer.

According to the literature review and subject matter experts in the health care field, managing components along the continuum of care together can maximize benefits for the system as a whole. This is exemplified in the recent motion, Motion 77, proposed by the federal government to improve long-term/nursing home care. Motion 77 proposes several financially significant changes that looks at both long-term facility-based care and home care. Specifically, it would increase spending on home care to 35% of public spending on long-term care.[16] Additionally, the motion includes the types of services offered by VIP such as supports for independence as well as support for formal and informal caregiving.[17] Home care has been found to be less expensive compared to long-

[16] Office of the Parliamentary Budget Officer, Cost Estimate for Motion 77: Improvements to Long-Term Care, 2021.

[17] Sinha, S. K., Anderson, G., Griffin, B. & Wong, I. (2015). An Evidence-Informed National Seniors Strategy for Canada. https://www.longwoods.com/articles/images/An-Evidence-Informed-National-Seniors-Strategy-for-Canada.pdf; Bartlett, L. & Fowler, H.S. (2019). A Canadian Roadmap for an Aging Society. https://www.csagroup.org/wp-content/uploads/CSA-Group-Research-Aging-Society-Standard-Roadmap.pdf; Canadian Institutes for Health Information, Seniors in Transition Exploring Pathways Across the Care Continuum, 2017; National Institute on Aging, Enabling the Provision of Long-term Care in Canada, 2019

term/nursing home care and is typically preferred by clients themselves.[18] The National Institute on Aging recently estimated home care to cost $103 per day compared to $201 to support a person in a long-term care home.[19] However, there is a threshold of needs beyond which facility-based care can be more cost effective.[20]

In 2017, home care and community care was identified as a shared priority amongst federal and provincial and territorial governments who committed to invest in access to home and community support services and to reduce reliance on more expensive hospital infrastructure.[21] Other research suggests that home care may be especially relevant for Veterans as they are expected to live longer than Canadians overall while having greater activity limitations and mental health problems.[22]

Key informants echoed the research, noting the important role that VIP plays in the continuum of care for aging Veterans. Having aging Veterans well-supported to be independent at home is important for easing pressures on the department's nursing home/long-term care programs and the overall cost-effectiveness of the system. It was also noted by key informants that the growth of assisted living options for aging Veterans is a challenge for the current VIP service delivery processes. Specifically, the grant determination tool which cannot easily calculate the amount of the grant if the facility is unable to separate the costs of VIP-eligible benefits and services such as housekeeping from the total cost of accommodation.

Considering VIP within the suite of VAC programs for Veterans, there is overlap between VIP Intermediate Care component and the Long-Term Care program which has long been noted. VIP also offers services which are similar to other VAC programs with distinct eligibility criteria.

The Intermediate Care component of VIP and VAC's Long Term Care program both fund beds in nursing home facilities which provide support for multiple levels of care (intermediate and chronic care). The 2011 evaluation of VIP recommended that its Intermediate Care component is more appropriate as part of the Long Term Care program[23] and the 2017 Office of the Veterans Ombudsman review of the continuum of care for Veterans recommended VIP and the Long Term Care program merge into one continuum of care program.[24]

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[18] National Institute on Aging, Enabling the Provision of Long-term Care in Canada, 2019; National Institute on Aging, Bringing Long-Term Care Home, A Proposal to Create a Virtual Long-Term Care @ Home Program to Support a More Cost-Effective and Sustainable Way to Provide Long-Term Care Across Ontario, 2020.
[19] Ibid, National Institute on Aging, 2020
[20] OECD, Can We Get Better Value for Money in Long-term Care?: Office of the Parliamentary Budget Officer, Cost Estimate for Motion 77: Improvements to Long-Term Care, 2021
[21] https://www.canada.ca/content/dam/hc-sc/documents/corporate/transparency_229055456/health-agreements/principles-shared-health-priorities.pdf
[22] VanTil, L. D., MacLean, M., Sweet, J., & McKinnon, K. (2018). Understanding future needs of Canadian veterans. *Health reports*, 29(11)
[23] Evaluation of the Veterans Independence Program (VIP). Veterans Affairs Canada Audit and Evaluation Branch, July 2011
[24] Continuum of Care: A Journey from Home to Long Term Care. Veterans Ombudsman, Veterans Affairs Canada (VAC), August 2017

VAC key informants and decision-makers in the interviews, survey and focus groups also pointed to similarities between some VIP services and other VAC programs (home adaptations under VIP and home adaptations under the Treatment Benefits Program, and VIP personal care and the Attendance Allowance for Veterans with a disability-related benefit or pension. However, the eligibility criteria for these programs are distinct from VIP and the potential for duplication is reportedly well-managed through internal processes and systems. For instance, if a Veteran receives the Attendance Allowance, they are eligible for a maximum of 59 days of VIP personal care. The similarities in the programs and the various criteria were perceived by some VAC staff to be confusing for Veterans who are trying to navigate access to these programs.

3.3 Unmet needs

Unmet needs may occur due to lack of access to service providers locally. Concerns were also raised regarding VIP keeping pace with the evolving needs of older Veterans as well as meeting the needs of other client groups.

VIP elements are comprehensive and were found to be similar to or exceed what is offered by other jurisdictions based on the comparative review. VIP decision-makers receive requests from time-to-time for informal supports to assist with functioning in the community, companionship or informal check-ins that are not covered by VIP. The US Veteran home health program offers services to prevent isolation and New Zealand references services related to Veterans' relationships, and emotional needs.

The 2020 VAC National Client Survey found that 84% of recipients agreed that VIP meets their needs. This aligns closely with the VIP survey of clients for this evaluation in which 14% of recipients indicated unmet needs. These unmet needs often have to do with both a lack of access to service providers and affordable service providers. While the 2020 National Client Survey found most VIP recipients were able to find service providers (85%), surveyed VIP decision-makers and some key informants indicated clients living in northern, rural or remote areas are less well served by the program due to the lack of access to service providers.

Some key informants and surveyed VIP decision-makers expressed concern about the extent to which VIP adequately meets the needs of older Veterans. These respondents pointed out that as elderly VIP recipients are typically not case-managed and follow-up with recipients is limited to every three years, opportunities to identify changing needs for services are few unless the Veteran notifies the department of a change in needs. The Office of the Veterans Ombudsman review of the continuum of care for Veterans also pointed this out, finding that identifying Veterans' changing needs as they age was inadequate.[25]

[25] Ibid.

Key informants in this evaluation also raised concerns specific to the well-being of aging Veterans such as how VAC measures frailty. For example, a Veteran who is able to walk can be viewed as being mobile and not frail. As a result, the Veteran cannot access grounds maintenance support despite being unable to push a lawn mower or operate shears or pruners. Key informants also noted that it is important for aging Veterans to be aware of the full spectrum of VIP benefits especially given that their needs become more complex as they age and a potential reluctance to ask for support.

Finally, stakeholders recommended VAC streamline aspects of the eligibility criteria or move VIP toward a more needs-based program. Veterans' organizations, the Office of the Veterans Ombudsman, and VAC Advisory Groups, both Policy as well as Care and Support, urged VAC to streamline the complex web of eligibility criteria that govern access to programs such as VIP.[26] This includes Veterans, PCGs and survivors who are first deemed eligible for VIP and then are assessed for their level of need. Some reports suggest that needs-based criteria should take precedence over service-related criteria for Veterans. With respect to survivors and PCGs, stakeholder organizations have called for eliminating the inconsistency in VIP eligibility between PCGs and survivors. It has been further recommended that PCGs have access to the grounds maintenance and housekeeping services they need regardless of what the Veteran received.[27]

> *". . . it'd be nice to see 80 or 85 [year-olds] added to frail criteria, especially in regard to grounds maintenance. Elderly veterans often inquire about [this], however they may not meet the current frail criteria and are fiercely independent, but still require assistance with snow removal in particular."*
>
> *~ VIP decision-maker*

In the comparative review, of the three jurisdictions that offer benefits to spouses or partners, Canada is the only jurisdiction that distinguishes between survivors and PCGs. However, other jurisdictions with spousal/partner benefits (Australia and New Zealand) offer these for only a limited period of time.

4.0 Performance

4.1 Effectiveness

4.1.1 Client satisfaction and achievement of outcomes

[26] Continuum of Care: A Journey from Home to Long Term Care. Veterans Ombudsman, Veterans Affairs Canada (VAC), August 2017; Convention Report from the Proceedings. 47th Dominion Convention, The Royal Canadian Legion Winnipeg, Manitoba. 25 - 29 August 2018.; Advisory Group Recommendations Table 2016-2020 EN

[27] A primary caregiver is entitled to receive only the housekeeping or grounds maintenance services that the Veteran was receiving. If a Veteran was receiving only housekeeping services, then the primary caregiver may only continue to receive housekeeping. The same applies for grounds maintenance. https://www.veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/1221

Overall, VIP provides the services that Veterans and clients need. Most recipients are very satisfied with the program.

Ratings from the 2020 VAC National Client Survey indicate a high level of satisfaction with VIP; 90% indicate they were satisfied with VIP. This is the highest satisfaction rating across the VAC suite of programs examined in the survey. VAC key informants confirmed they receive few complaints from VIP recipients. See Table 2 below for VIP performance information profile (PIP) outcomes.

These positive impacts were echoed in interviews and surveys with VAC key informants and VIP decision-makers who were of the view that VIP is effective in providing supports for a clean and safe environment, improving quality of life, reducing the burden of care for family members as well as providing care with dignity including palliative care at home.

Table 2: Key Performance Outcomes and Indicators

Outcomes	Key Performance Indicators
Ultimate Outcomes	
Veterans are physically/mentally well	***2019 Life After Service Survey (LASS)**** • 40.4% of Veterans report their health is very good/excellent • 44.1% of Veterans report their mental health is very good/excellent ***2020 National Client Survey (NCS)***** • 27% of respondents said their health was very good/excellent • 43% of respondents said their mental health was very good/excellent
Veterans and their families are financially secure	***2019 LASS**** • 71.5% of Veterans are satisfied/very satisfied with their financial situation ***2020 NCS***** • 72% of respondents are satisfied/very satisfied with their financial situation
Veterans have a sense of purpose	***2019 LASS**** • 71.5% of Veterans are satisfied or very satisfied with their job or main activity ***2020 NCS***** • 73% of respondents are satisfied/very satisfied with their job or main activity
Veterans are satisfied with the services they receive	**2020 NCS**** • 80% of respondents are satisfied with the quality of programs and services they receive from VAC
Veterans are able to remain healthy and independent in their own homes and communities	**2020 NCS**** • 91% of respondents who are in receipt of VIP agree that they rely on VIP to help them remain in their home and community • 85% of those in receipt of VIP benefits agree that they are able to find service providers to help them with the VIP services they need
Intermediate Outcomes	
VIP recipients are able to stay in their homes and communities longer	***VAC database*** • those in receipt of VIP benefits before entering VIP Intermediate Care (VIP-IC) (nursing home care with certain eligibility) ***enter four years later*** at 88 years of age rather than at 84 for those who were not in receipt of VIP-IC **(see Table 3)**

Outcomes	Key Performance Indicators
Immediate Outcomes	
Eligible Veterans/other recipients have access to resources to meet their needs for home care/support services	**2020 NCS**** • 84% of VIP recipients agree VIP meets their needs

***LASS (entire Veteran population, not only those receiving services from VAC and excludes survivors and primary caregivers)** ** NCS (VAC clients including survivors and PCGs)*

4.1.2 Performance measurement development

While major components of the VIP program information profile are in place, further updates are suggested to be more inclusive of all the population groups the program is intended to serve. With the last cycle of the Life After Service Study in 2019, a new method of measuring ultimate program outcomes in the PIP will also be needed.

The PIP is a TBS-mandated performance management tool that is to be periodically reviewed and updated to remain relevant and support the performance monitoring of the program.[28] Within the PIP there is also a complementary logic model, a systematic illustration of how a program works and how outcomes are achieved.[29] Major components of the PIP for VIP including a logic model have been developed and are in place stemming from the 2016 evaluation recommendations. The PIP was last updated in 2018 and its logic model in 2013.

For VIP, the PIP has eight performance outcomes divided into two immediate outcomes, one intermediate outcome and five ultimate outcomes (see Table 2 above). Taking an aggregate view of these eight outcomes it was observed that three are directly tied to home care, two to recipients' overall service experience with VAC and three to the wider Canadian Veteran population. Currently, the ultimate outcomes for VIP focus on the well-being of the entire Veteran population. While some system-wide targets on the entire Veteran population are important and align to outcomes tied to VAC's Departmental Results Framework, more outcomes directly related to the population VIP serves would strengthen the mix of measurement outcomes. Five of the outcomes mentioned only Veterans and in three, the terminology speaks to other recipients, VIP recipients or Veterans and their families.

The outcomes do not directly refer to survivors or PCGs despite them making up 36% of VIP clients. Strengthening the inclusivity of VIP performance measurement outcomes would clarify performance of the program for key client populations, the 21,000 survivors and PCGs who are 96% women and 80% who are over 80 years of age. At the same time, key Performance Indicators which are each linked to a specific outcome do include all three VIP client groups: Veterans, Survivors and PCGs.

[28] 4.3.6 Policy on Results
[29] W.K. Kellogg Foundation Logic Model Development Guide

A user-friendly dashboard was also created and presented at the January 10, 2019, meeting of the Performance Measurement and Evaluation Committee.[30] Its development was a strong step forward in the development of performance measurement tools and regular reporting on performance measures would be recommended. The next step would be to regularly gather, analyse and report on the data through the dashboard as well as integrate any finding into the program delivery.

> *"I'm thrilled to have housekeeping support. I don't know what I'd do if I did not have it."*
>
> *"Without VIP I couldn't stay in my own home, and I want to stay in my own home as long as I can; especially during this pandemic it's helped me to feel safer in my home."*
>
> *~ Surveyed VIP clients*

It is an opportune time to review the PIP as the Department and Statistics Canada will no longer be undertaking the Life After Service Study (LASS), the last cycle being in 2019, which is linked to three ultimate performance outcomes for VIP. The last cycle of LASS was in 2019. The Department is working with Statistics Canada on the Canadian Community Health Survey and this survey has three key benefits; it includes all VIP client groups; Veterans, Survivors and Primary Caregivers, will happen every two years rather than every three years, and includes the most elderly as LASS was limited to Veterans who released in 1998 or later. This will enable more current performance monitoring and responsive programming.

VIP provides support that allows Veterans and other clients to remain in their home and community. The evaluation found access to VIP delays entry into long term care by approximately four years.

The evaluation found VIP is effective in supporting Veterans to live independently in their home and community. Results from the 2020 VAC National Survey found the majority (91%) of VIP recipients rely on these supports to help them remain at home or in their community. Similarly, the survey of clients conducted as part of this evaluation found most recipients agree that they receive the VIP benefits and services they need to be able to live in their own home and community (81%).

As mentioned, within the continuum of care, programs such as VIP are intended to support staying at home, ultimately leading to delayed entry into long term care. Care at home meets the needs of individuals who prefer to remain at home and addresses system-level health infrastructure and care costs. The Canadian Institute for Health Information estimates that one in nine long term care residents could reasonably have remained in their home with adequate support.[31] For VIP, 59% of recipients surveyed for the evaluation agreed the VIP has helped them to delay moving to a care residence or facility.

Analysis of VAC administrative data indicated VIP recipients entering Long Term Care (under the Intermediate Care Component) were on average four years older than non-

[30] The governance body for evaluations and program performance.
[31] Canadian Institute for Health Information: 1 in 9 new LTC residents could have been cared for at home

VIP recipients entering Long Term Care (under the Intermediate Care Component (**see Table 3**). The same analysis conducted in 2011, indicated that VIP recipients entering Long Term Care were on average two years older than non-VIP recipients. This is consistent with population data in Ontario where it was found that the average age to nursing homes increased over time from 83 years in 2000 to 84.3 years in 2015.[32]

Table 3: Impact of VIP on Entry into Intermediate Nursing Home Care

	First access to VIP was Intermediate Care	Received other VIP benefits prior to Intermediate Care
Avg age at admission based on **2019-2020** IC population	84	88
Avg age at admission based on **2009-2010** IC population	84	86

4.1.3 GBA plus considerations

Findings indicate some VIP clients may be less well served such as those who are Indigenous, and survivors and primary caregivers who are mostly women with other intersecting identities including old age.

While there are currently data limitations to examine program outcomes using a GBA plus lens, the evaluation found five out of the six key informant groups interviewed (Senior Management, VIP Managers and staff, Other Managers, Subject Matter Experts and representatives from Veteran organizations) raised concerns related to how VIP serves different identity groups including those with intersecting identities such as older and younger clients, survivors and PCGs who are primarily women as well as Indigenous and racialized populations.

Specifically, concerns were raised about how historical, outdated gender-based assumptions may continue to impact access to VIP or the determination of needs for VIP. Historically, gendered assumptions about the division of household responsibilities informed the department's assessment of the contribution of client relatives to care (i.e., spouses were assumed to contribute to housekeeping when they were women and grounds maintenance when they were men). Additionally, there are some concerns from VAC key informants on whether VIP benefits and services entitlement for PCGs, which are a continuation of the Veteran's benefits, might continue to reflect these assumptions.[33] Related to these historical assumptions is the view from five of the six key informant groups about a reliance on spouses to provide home care with four respondents pointing specifically to a gap in terms of remunerating spouses.

[32] Ng, R., Lane, N., Tanuseputro, P., Mojaverian, N., Talarico, R., Wodchis, W. P., Bronskill, S. E., & Hsu, A. T. (2020). Increasing Complexity of New Nursing Home Residents in Ontario, Canada: A Serial Cross-Sectional Study. Journal of the American Geriatrics Society, 68(6), 1293–1300.

[33] A primary caregiver is entitled to receive only the housekeeping or grounds maintenance services that the Veteran was receiving. If a Veteran was receiving only housekeeping services, then the primary caregiver may only continue to receive housekeeping. The same applies for grounds maintenance.

Most surveyed VIP decision-makers felt VIP benefits are well-designed to consider the needs of older Veterans (79% indicated VIP worked well) and are less effective for other groups with about half of respondents indicating the program design worked well for survivors, PCGs and women. For example, a key informant group raised that a spouse may not be entitled to a VIP support if it was not in place when the Veteran was living in the home. Only a third of respondents indicated the design of VIP worked well to consider the needs of younger Veterans.

With respect to other identity groups, the 2020 National Client Survey found Indigenous VIP recipients were less likely to be satisfied with VIP overall compared to non-Indigenous recipients (64% vs 71% who strongly agree they are satisfied). Overall, the 2020 survey results also indicated VAC clients who are Indigenous or are a visible minority are consistently less satisfied across the VAC suite of programs and have lower health and well-being ratings.

> *"The follow-up with Veterans and clients to re-assess their needs could use improvement. Every 3 years is not sufficient . . . It needs to be yearly."*
>
> *"I'd like to stress again how important the annual VIP follow-up is. Over my long career as a Veteran Service Agent. . . I find that the yearly annual follow-up is better than every three years, I've had multiple incidents where a Veteran required more assistance and the Veteran Service Agent was never notified, and the client's needs weren't addressed, and the family are upset with the department."*
>
> *~ VIP decision-makers*

The evaluation found that the department is undertaking actions to further collaborate with Indigenous groups, conduct research/analysis, and implement policies and practices that will help inform what factors and issues may be leading to lower satisfaction and well-being ratings among Indigenous Veterans. This work includes:

- Ongoing departmental efforts in response to the Government of Canada Standing Committee 2019 report titled *INDIGENOUS VETERANS: FROM MEMORIES OF INJUSTICE TO LASTING RECOGNITION*. VAC's official response to the standing committee report identifies the work being undertaken to address the recommendations, which includes improving communications and collaboration with Indigenous Veterans' Associations.
- Finalizing a GBA+ Policy which articulates departmental roles and responsibilities, and guiding principles with the purpose of ensuring GBA Plus is applied in the development, implementation and evaluation of all initiatives and across all work areas to better meet the needs diverse Veteran and employee populations, while helping to ensure the breadth of their experiences are reflected in programs, services, policies, research, legislation and communications.
- Launching the 2022 National Client Survey, which will collect data regarding the satisfaction and well-being ratings, inclusive of a small sampling of Indigenous Veterans, and conduct an analysis of these results to help identify potential areas for improvement.
- Using the census data to better understand the Indigenous Veteran population and the reach of VAC's programs/services to this population.

Recommendation 2: The Director General, Policy and Research in collaboration with the Director General, Service Delivery Program Management, determine if there are unintended gender-related impacts occurring relating to VIP services eligibility for primary caregivers.

Management Response: Veterans Affairs Canada agrees with this recommendation.		
Action and Rationale	**Expected Completion Date**	**ADM Accountable for Action**
The Director General, Policy and Research Division, will conduct a review to determine if there are unintended gender-related impacts occurring that relate to VIP eligibility for Primary Caregivers: We continue to implement and consider all aspects of GBA+ to ensure that our policies, programs and initiatives are free of bias. Currently, gender bias is evident in the design of some of the provisions of VIP services. When VIP was designed, the vast majority of Veterans that VAC was serving were male. Based around cultural stereotypes, women were seen as homemakers and caregivers, while men were more likely to be seen as the main financial provider of the family with responsibilities for such things as home and yard maintenance and transportation. The Department created the Office of Women and LGBTQ2 Veterans in July 2019. In June 2020 the Department began a pilot project that involves updating all VIP policies and business processes in accordance with a functional direction framework.	September 2022	Assistant Deputy Minister, Strategic Policy and Commemoration.

4.2 Efficiency

4.2.1 Program delivery efficiency

Knowledgeable staff, appropriate decision-making authorities and the grant determination tool promote efficient delivery. However, there are opportunities to improve efficiency by streamlining and clarifying policies, addressing some burdensome approval processes and improving field operations capacities (e.g., training, staffing).

To determine the efficiency of delivery of VIP, administrative cost estimates were examined. These administrative costs are associated with program delivery and include items such as salaries, overhead, employee benefits, and contract administration costs.[34] During the period under study, the allocation model used to distribute administrative costs across programs indicates administrative costs have trended upward during the period under study from a low of 7.3% in 2016-17 to 9.1% in 2020-21 (see Table 4).

During the period of study, VIP administrative costs saw a steady increase with the exception of a dip between 2017/18 and 2018/19, when the Department implemented a new allocation model to assign program administrative costs. Aside from this, the administrative cost increases have been attributed to the departmental onboarding of additional staff beginning in 17/18 and relative allocation to VIP.

Additionally, to continue to provide services efficiently during the COVID-19 pandemic, VAC Service Delivery Program Management removed the need for signatures on VIP contribution arrangements and added some flexibilities to services for Veterans in long term care who chose to leave the nursing homes to be cared for at home.

Table 4: Administrative Costs for VIP Program*

	2016-17	2017-18	2018-19	2019-20	2020-21**
Administrative Costs	$24,380,897	$26,649,928	$24,970,208	$27,663,036	$31,044,976
FHCPS (OHPS) Costs	$2,162,929	$4,902,977	$4,440,805	$4,382,670	$4,706,294
Grants and Contribution Expenditures	$303,405,724	$299,912,308	$303,743,996	$304,581,281	$305,423,059
Total VIP Expenditures	$329,949,550	$331,465,213	$333,155,009	$336,626,986	$341,174,328
Administrative Cost Percentage	7.3%	8.8%	8.2%	8.2%	9.1%
No. of VIP Recipients	90,854	88,286	85,826	83,855	86,700
VIP Expenditure/Recipient	$3,632	$3,754	$3,882	$4,014	$4,161
Administrative Cost/Recipient	$268	$302	$291	$330	$358

*Source: VAC Financial Data, VAC Facts and Figures *Excludes VIP Intermediate Care ** 2020-21 expenditures are forecasted*

Surveyed VIP decision-makers rated the delivery of VIP program as moderately to very efficient (79%). Surveyed VIP decision-makers selected some factors they felt promoted the efficient delivery of VIP: knowledgeable and/or experienced VIP staff (88% selected this factor) and appropriate decision-making authorities (74%). The introduction of the grant determination tool was noted in key informant interviews and the decision-maker survey as contributing to efficiency with greater automation in the assessment and use of a grant instead of reimbursement through claims. The option for online application to the program was also noted in interviews as an efficiency.

Conversely, specific factors that were viewed as inhibiting the efficiency of program delivery included lack of capacity and support within field operations. Surveyed VIP

[34] Because VAC field operations administer multiple programs, apportioning costs to VIP is based on an allocation model that estimates the percentage of the total administration cost to be charged to each program/subprogram for each work unit.

decision-makers, in particular, noted turnover among Veteran Service Agents detracted from efficient delivery (58% selected this factor) and in a related question, about a third (31%) did not agree that there is adequate capacity in their office to respond to applications and requests in a timely fashion. Lack of clarity in policy guidance (51%) and lack of easy access to knowledge/support (26%) were also identified as detracting from efficiency.

Finally, both program key informants and VIP decision-makers noted burdensome approval processes as compounding inefficiencies. Based on interviews and survey responses, examples of burdensome approval processes include:

- often multiple levels of approval for small rate exceedances and outdated rate ceilings, especially for personal care, and
- no cost-of-living increase for grants which triggers rate exceedance and re-assessment processes.

> *"Policy and Guidelines need to be updated and consistently applied across the country."*
>
> *"Better training and more consistent guidelines and messaging across the country, particularly in regard to Mental Health eligibility and also to VIP Personal Care amounts."*
>
> *~ VIP decision-makers*

To improve efficiency, suggestions often mirrored the factors that respondents identified as inhibiting efficiency. Surveyed VIP decision-makers most commonly recommended clearer and streamlined policies, business processes and tools (21%) to improve both efficiency and consistency in delivery. This sentiment included, for instance, suggestions to ensure up-to-date policies are easily accessible by Veteran Service Agents, improve policies and tools for needs assessment (e.g., refine the grant determination tool, improve functional guidance and tools for assessing personal care and for mental health needs), clarify policies related to the role of health professionals and include scenarios or examples as part of the functional guidance. In 2020, to begin to address this, VAC completed a pilot to improve the clarity and ease-of-use of VIP functional guidance documents.

Other suggestions included:

- Increasing the number of Veteran Service Agents and training and mentoring of Veteran Service Agents were raised in the survey and focus groups with VIP decision-makers as a way to increase efficiency, consistency and to improve turnaround times for clients.
- A number of key informants and surveyed VIP decision-makers felt Veteran Service Agents should be granted increased discretion and system's permission to approve VIP supports for amounts over the maximum allowable benefits. Related to this, regular review of rate maximums was recommended by a few decision makers to avoid time consuming layered approval processes required to obtain rate exceedances.
- Some key informants and VIP decision makers suggested streamlining eligibility for the program. For example, incorporating an age-based criterion to automate approvals to reduce administrative burden for older Veterans who can be assumed to have needs for housekeeping and grounds maintenance without a formal assessment of capabilities.

- Program Managers also indicated that VIP clients occasionally request modern food delivery supports such as meal kit services which are not clearly covered by the access to nutrition policy.

4.2.2 Program tools and resources

The grant determination tool increased the efficiency of the administration of VIP housekeeping and grounds maintenance services and improved consistency of delivery of these benefits. There is some evidence questioning the responsiveness of the grant determination tool, the precision of the grant calculation and some inconsistency in the application of the grant determination tool.

The grant determination tool was introduced in 2013 to replace receipt-based reimbursement for expenses incurred by Veterans and other clients for housekeeping and grounds maintenance. The grant determination tool [35] is used to determine the need and amount paid for services two times per year to approved recipients. According to key informants, the introduction of the grant determination tool made a significant contribution to the efficient administration of VIP. It reduced the number of internal approvals required for claims and reportedly led to more consistency in decision-making for this benefit.

With the grant determination tool, the department accepted the risk of an honour-based approach with respect to the use of funds by recipients. Such self-directed approaches to care have also been found in other settings, such as in the US, to be effective and the flexibility and control is appreciated by clients.[36]

In the 2016 evaluation, it was also recommended to refine the grant determination tool, however, the management response deemed the grant determination tool to be working as intended. In this current evaluation, some surveyed VIP decision-makers still saw a need to review the grant determination tool for a variety of reasons:

- to account for client needs that may stem from mental health,
- to increase the number of gradations to more precisely estimate support, and
- to better distinguish between routine and non-routine housekeeping and maintenance tasks in the assessment.

Although 60% of clients who were surveyed for this evaluation indicated the housekeeping/grounds maintenance grant meets their needs, nearly 55% of clients felt the grant should be higher. Some clients and VIP decision-makers pointed out that

[35] The Department determines the amount of the grant for housekeeping and/or grounds maintenance services using the Grant Determination Tool, based on the needs of the recipient, the need for services, the determination of required number of hours for services, the scope of services required, and the rates for services in the recipient's geographical area. VIP Benefit Arrangement Policy

[36] https://www.tandfonline.com/doi/full/10.1080/01634372.2018.1458054; https://www.bu.edu/sph/news/articles/2019/veteran-directed-care-program-is-effective/

while the maximum rate for VIP benefits is adjusted annually to account for inflation, recipients' benefit arrangements, which means the amount of the grant, is not automatically adjusted annually for inflation. Additionally, service provider rate increases need to be addressed through a request for reassessment.

> *"As Veterans age or deal with the impact of their disabilities, they often require personal care above what can be provided by family to remain in their homes. Currently, personal care is considered a VIP service and subject to an annual maximum.*
>
> *Frequently, due to the low dollar threshold for personal care, exceeding rates are applied and higher levels of Departmental sign off are required which is burdensome and can cause delays for Veterans.*
>
> *There is an opportunity to re-position personal care as a stand-alone benefit with analysis to establish a new annual maximum contribution for personal care that would ease current challenges within the program."*
>
> *~ Key informant interview respondent*

'There were mixed views among key informants on the applicability of the grant model to other VIP components. Some key informants considered the VIP access to nutrition element a possible candidate for administration through a grant, but this view was not uniformly supported.

The majority of VIP program tools and resources are working well to support decision-making. Dealing with complex cases related to personal care and assessing the contributions of client relatives are two areas where the program tools and processes could be improved.

The program processes that received the most positive ratings from VIP decision-makers were consultations with other divisions to render decisions (59%); assessment of the eligibility of Veterans for VIP (56%); and qualification of Veterans under the frail designation (55%).

An aspect of the program that was flagged as not working well by VIP decision makers is assessing the capabilities or contribution of clients' relatives (33%).[37]

A theme evident in the evaluation data collected was the increase in the complexity of some VIP cases and the need to better support Veteran Service Agents to address these complex cases. Cases involving personal care, for instance, are difficult to assess and case management services for VIP complex cases appear to be insufficient (20% of VIP decision-makers indicated this aspect of the program is not working well). Some key informants and VIP decision-makers suggested the need for a more rigorous tool to assess complex personal care needs and guidance to address the increasing amount of

[37] In assessment client needs, there is a requirement to consider the involvement of relatives living with the client and their capability of contributing to: health and support, personal care, housekeeping, grounds maintenance, access to nutrition, and transportation (including the transportation of clients for Ambulatory Health Care).

requests to exceed the maximum rate for personal care. They also suggested a review of the personal care rate and explained how this rate or the amount given for personal care can be limited by the other VIP services that a Veteran receives. Currently, personal care is under an umbrella of VIP home care services. Together, these items have a maximum rate. As a result, personal care options can be constrained by the amounts given for other services. Giving personal care it its own maximum rate unrelated to other home care supports would alleviate this issue of exceeding maximum rate requests.

4.2.3 Communications

Awareness of VIP benefits is generally perceived to be adequate. The evidence indicates clients are satisfied with information they receive and their interactions with VAC staff or representatives. The frequency of follow-up with VIP clients was decreased and is perceived to be inadequate for more vulnerable clients and needs-based delivery.

Awareness of VIP is fostered through the VAC website, social media, and communications by Veterans organizations. The evaluation found few concerns around awareness of the program, especially for the grounds maintenance and housekeeping grant. In the client survey conducted for the evaluation, 80% of respondents agreed VIP information is easy to understand and 67% feel they understand the types of VIP benefits and services that are available to them. Whereas 28% suggested the program could be improved by increasing awareness through increased communication regarding the types of VIP services that are available.

With regards to communications, most VIP client survey respondents (80%) reported VAC employees are knowledgeable about VIP and 70% of VIP clients surveyed for the evaluation agree that contracted Health Claims Processor employees are knowledgeable about VIP program eligibility, benefits and services. Overall, VIP program management view the arrangement with the Health Claims Processor as working well. However, some VIP decision-makers in the area offices expressed concerns about lack of clarity of roles and responsibilities between Veteran Service Agents and the contractor's analysts as well as the level of system documentation required by the Health Claims Processor.

In 2015, follow-up with Veterans and other clients who are VIP recipients was decreased from a mandatory annual follow-up to once every three years. This reduction was in response to criticism resulting from a media article related to follow-ups conducted by another organization that also provided benefits to Veterans. Current VAC follow-up is perceived to be inadequate by key informants and by respondents of the VIP decision-maker survey to understand and respond to changes in recipients' needs, particularly for vulnerable and older clients. Many interviewees and VIP decision-makers suggested more frequent client follow-up, and this has been recommended in other reviews of VIP (e.g., by the Office of the Veterans Ombudsman).

Programs in other jurisdictions have more frequent follow-up or follow-up geared to the nature of the benefit (fixed term, short-term, long-term) such as in New Zealand. The client survey conducted for the evaluation indicated 36% of respondents reported a change in needs in the last year. However, less than half (47%) confirmed they had

reported this change in need to VAC. The review of administrative data show that in 2019-20, 16% of files had been reassessed.

4.3 Unintended Impacts

The evaluation team noted several unintended impacts surrounding VIP:

- Assessing the needs of clients has evolved to become more reactive since the early nineties when there were home visits and the advent of over-the-phone follow-ups happening every three years. In the evaluation, staff expressed that these factors are of particular concern for elderly clients especially given assessment tools, though a flexible mix, can lack specificity on the impacts of the aging process.

- Despite having funds for support services through VIP, it is becoming harder for some VIP clients to access and retain these services, in particular for those in more remote communities. This is, in part, due to various pressures on the Canadian health care infrastructure including the repercussions of the COVID-19 pandemic. At the same time, VAC's role is delineated to be financial and not the cultivation or maintenance of the health care and support service infrastructure on which VIP is dependent for effective service delivery outcomes.

Recommendation 3: The Director General, Service Delivery and Program Management, work in collaboration with the Director General, Policy and Research to review and enhance the tools and processes to assess client needs. Priority areas include:

- Explore the development of a tool/instrument and associated process to support evidence-based and consistent assessment of personal care needs;
- Identify vulnerable clients and undertake more frequent follow-up with them clients; and
- Assess the precision of the Grant Determination Tool and its relative adaptability in view of evolving client needs, and the adequacy of the process for rate adjustments.

Management Response: Veterans Affairs Canada agrees with this recommendation.		
Action and Rationale	**Expected Completion Date**	**ADM Accountable for Action**
Service Delivery and Program Management is committed to collaborating with colleagues in Policy and Research and across the Department to review and enhance the tools and processes to assess client needs. This will include collaborating with colleagues to determine the tools and processes required to support assessment of appropriate levels of Veterans' personal care needs, to reinstate annual follow ups for VIP recipients, and to review the grant	December 2024	ADM, Service Delivery

determination tool to ensure it is meeting the evolving needs of Veterans.		

5.0 Conclusions

5.1 Relevance

VIP supports independence at home for Veterans and other clients who require support related to aging, disability, convalescence and mental health issues. While its delivery has evolved to meet diverse needs, the functional guidance has not kept pace leading to reported inconsistencies in the approval of benefits, in particular, for applications related to mental health, temporary needs and the needs of younger Veterans. In 2020, to begin to address this, VAC completed a pilot to improve the clarity and ease-of-use of VIP functional guidance documents. Veteran Service Agents who participated in this pilot reported spending less time searching for information. A strong next step would be to further clarify functional guidance specific to mental health needs, temporary needs and the needs of younger Veterans.

VIP elements are comprehensive and comparable to similar programs in other jurisdictions. Home care is a key component along the continuum of care for aging Veterans and VIP helps people to fulfil their desire to remain at home as long as possible while contributing to a more cost-effective long term care strategy. VIP is also seeing more applications for VIP related to mental health needs and other needs not related to aging. The decreased frequency of follow-up with clients, especially for those who are more vulnerable could result in clients' having needs that are not identified or met.

5.2 Achievement of intended outcomes

The evaluation confirmed VIP is meeting its intended outcome of supporting Veterans to remain independent in their home. Program recipients are satisfied with VIP and agree it meets their needs. VIP was found to delay entry into long term care for older Veterans and has additional benefits such as improved quality of life and reduced reliance on informal caregivers. There is limited data to determine barriers to access VIP or differential impacts for specific groups of clients (e.g., gender and/or age). However, the results of the 2020 National Client survey indicates that Indigenous or visible minority clients are less apt to say the program meets their needs. Additionally, the VIP supports that are available to PCGs and survivors could reflect dated and gendered assumptions about housekeeping and grounds maintenance duties within the household that were in place when the Veteran's benefits were calculated.

5.3 Efficiency

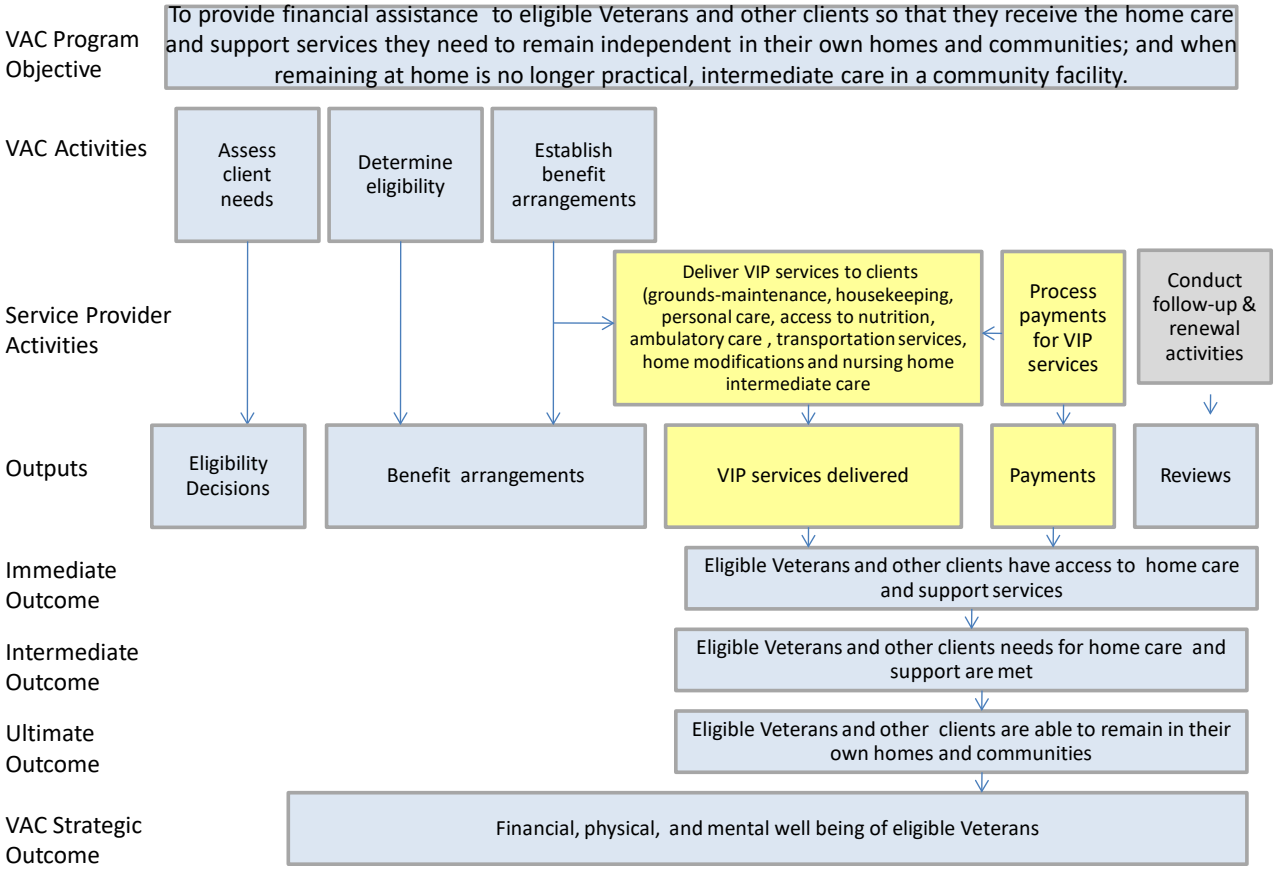
While some elements of the program such as the use of the grant determination tool have contributed to efficiency, there is an opportunity to improve the precision of the grant determination tool and to enhance efficiency and capacity through additional/clarified guidance and tools.

> "This increasingly "light touch" may be more of a concern for elderly clients whose needs can evolve quickly."
>
> "[We/VAC] stopped paying visits to elderly vets, they didn't demand much, we stopped doing home visits. If you asked these people how they are doing over the phone they'll say fine but if you go to their house, there's nothing in the fridge and they are not doing well."
>
> *~Key informant interview respondents*

Appendix A: Logic Model

Veterans Independence Program Logic Model

Updated 2013-10-04



Appendix B: Detailed program eligibility

The following individuals may be eligible for VIP services that are not available to them as an insured service under a provincial health care system:

- Pensioners (Veteran, civilian, and special duty service) receiving disability benefits who require VIP in respect of the illness or injury for which they are entitled to disability benefits which include disability pension, disability award and/or pain and suffering compensation, subject to conditions;

- Military service pensioners and former members or reserve force members entitled to a disability award or entitled to pain and suffering compensation, subject to conditions;

- Seriously disabled Veteran pensioners and seriously disabled civilian pensioners;

- War service pensioners (both Veteran and Civilian) whose extent of disability is assessed at 48% or higher under the *Pension Act* and the *Veterans Well-being Act* who require VIP services for any health need;

- Disability benefit recipients who have multiple health conditions, which when combined with the condition for which they are entitled to disability benefits, places them at risk due to frailty, may be provided VIP services for any health need;

- War service Veterans and overseas service civilians, who are over age 65, who qualify because of low income—the income levels are established under the *War Veterans Allowance Act*, subject to conditions*;*

- Prisoners of war who are entitled to basic compensation under subsection 71.2(1) of the *Pension Act* and former members and reserve force members who have received a detention benefit under Part 3 of the *Veterans Well-being Act*, if they are totally disabled, whether by reason of military service or not;

- Overseas Service Veterans eligible for intermediate care or chronic care who are at home awaiting admission to a contract bed, subject to conditions;

- Canada Service Veterans (Veterans who served in Canada only during World War I or World War II for a minimum of 365 days, who are over age 65, and who are income-qualified), subject to conditions;

- A primary caregiver, as defined in s.16(3) of the *Veterans Health Care Regulations* and for the purposes of s. 16 of the Regulations, means, in relation to a client, the adult who immediately before the client died or was admitted into a health care facility: (a) primarily responsible, without remuneration, for that ensuring care was provided to the client; and (b) for a continuous period of at least one year, resided in the principal residence of the client and maintained the client or was maintained by the client; and

- A survivor, as defined in s. 16.1(2) of the *Veterans Health Care Regulations* and for the purposes of s. 16 of the Regulations, means, in relation to the person, an adult individual who immediately before the person died or, if the person died in a health care facility, immediately before the person was admitted into the health care facility: (a) was primarily responsible, without remuneration, for ensuring that care was provided to the person; and (b) for a continuous period of at least one year, resided in the principal residence of the person and maintained the person or was maintained by the person.

Appendix C: Evaluation questions

Relevance

1. To what extent is the VIP's mandate still relevant considering the current context and Veterans'/clients' needs?
2. To what extent do Veterans and survivors/caregivers have unmet needs for living independently?
    - What are the gaps, if any, in the benefits and/or services available to Veterans/clients considering needs along the health care continuum (i.e., from independent living with support to assisted living to entry into long-term or palliative care)?

Effectiveness

3. How effectively has the VIP responded to the needs of the diverse Veteran population/clients?
4. How effectively has VIP supported Veterans living independently in their own home and community?
5. Were there unexpected outcomes (positive or negative) as a result of receiving VIP services?

Efficiency

6. Is the VIP Performance Strategy adequate to measure its outcomes/impact?
7. Have the activities of the VIP been delivered in an efficient and economical manner?
8. How well do program processes support effective engagement of Veterans and interactions with other VAC processes?
9. Is there an alternative structure and delivery mechanism (e.g., processes and tools) that would enhance the effectiveness and efficiency of the VIP?