



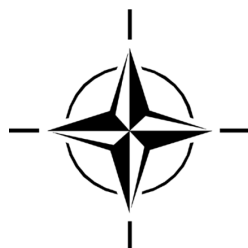
STO TECHNICAL REPORT

TR-HFM-263

The Transition of Military Veterans from Active Service to Civilian Life

(Transition du service actif à la vie civile
des anciens combattants)

Final Report of Task Group HFM-263.



Published April 2021





STO TECHNICAL REPORT

TR-HFM-263

The Transition of Military Veterans from Active Service to Civilian Life

(Transition du service actif à la vie civile
des anciens combattants)

Final Report of Task Group HFM-263.

The NATO Science and Technology Organization

Science & Technology (S&T) in the NATO context is defined as the selective and rigorous generation and application of state-of-the-art, validated knowledge for defence and security purposes. S&T activities embrace scientific research, technology development, transition, application and field-testing, experimentation and a range of related scientific activities that include systems engineering, operational research and analysis, synthesis, integration and validation of knowledge derived through the scientific method.

In NATO, S&T is addressed using different business models, namely a collaborative business model where NATO provides a forum where NATO Nations and partner Nations elect to use their national resources to define, conduct and promote cooperative research and information exchange, and secondly an in-house delivery business model where S&T activities are conducted in a NATO dedicated executive body, having its own personnel, capabilities and infrastructure.

The mission of the NATO Science & Technology Organization (STO) is to help position the Nations' and NATO's S&T investments as a strategic enabler of the knowledge and technology advantage for the defence and security posture of NATO Nations and partner Nations, by conducting and promoting S&T activities that augment and leverage the capabilities and programmes of the Alliance, of the NATO Nations and the partner Nations, in support of NATO's objectives, and contributing to NATO's ability to enable and influence security and defence related capability development and threat mitigation in NATO Nations and partner Nations, in accordance with NATO policies.

The total spectrum of this collaborative effort is addressed by six Technical Panels who manage a wide range of scientific research activities, a Group specialising in modelling and simulation, plus a Committee dedicated to supporting the information management needs of the organization.

- AVT Applied Vehicle Technology Panel
- HFM Human Factors and Medicine Panel
- IST Information Systems Technology Panel
- NMSG NATO Modelling and Simulation Group
- SAS System Analysis and Studies Panel
- SCI Systems Concepts and Integration Panel
- SET Sensors and Electronics Technology Panel

These Panels and Group are the power-house of the collaborative model and are made up of national representatives as well as recognised world-class scientists, engineers and information specialists. In addition to providing critical technical oversight, they also provide a communication link to military users and other NATO bodies.

The scientific and technological work is carried out by Technical Teams, created under one or more of these eight bodies, for specific research activities which have a defined duration. These research activities can take a variety of forms, including Task Groups, Workshops, Symposia, Specialists' Meetings, Lecture Series and Technical Courses.

The content of this publication has been reproduced directly from material supplied by STO or the authors.

Published April 2021

Copyright © STO/NATO 2021
All Rights Reserved

ISBN 978-92-837-2291-5

Single copies of this publication or of a part of it may be made for individual use only by those organisations or individuals in NATO Nations defined by the limitation notice printed on the front cover. The approval of the STO Information Management Systems Branch is required for more than one copy to be made or an extract included in another publication. Requests to do so should be sent to the address on the back cover.

Table of Contents

	Page
List of Figures	viii
List of Tables	ix
HFM-263 Membership List	xi
 Executive Summary and Synthèse	 ES-1
 Chapter 1 – Introduction	 1-1
1.1 Relevance to NATO	1-2
1.2 References	1-2
 Chapter 2 – Country Report: Canada	 2-1
2.1 Introduction	2-1
2.2 The Armed Forces: Structure and Personnel	2-1
2.2.1 Demographics	2-1
2.2.2 Attrition Rates	2-2
2.3 Transition: Policies, Procedures and Entitlements	2-7
2.4 Community and Social Support for Veterans	2-10
2.4.1 Royal Canadian Legion	2-10
2.4.2 Wounded Warriors of Canada	2-10
2.4.3 True Patriot Love Foundation	2-11
2.4.4 Veterans Emergency Transition Services	2-13
2.4.5 Veterans Transition Network	2-13
2.4.6 Canadian Legacy Project	2-13
2.4.7 The Army, Navy and Air Force Veterans in Canada	2-14
2.4.8 Canada Company	2-14
2.4.9 Mood Disorder Society of Canada	2-15
2.4.10 Princess Patricia's Canadian Light Infantry Foundation	2-15
2.4.11 Quilts of Valour	2-15
2.4.12 Naval Association of Canada	2-16
2.4.13 Prince's Operation Entrepreneur	2-16
2.4.14 Outward Bound Canada	2-16
2.5 Emerging Challenges and Initiatives	2-17
2.6 Transition-Related Research	2-22
2.7 Conclusion	2-36
2.8 References	2-37
 Chapter 3 – Country Report: Estonia	 3-1
3.1 Introduction	3-1

3.2	The Armed Forces: Structure and Personnel	3-1
3.2.1	The Structure of the Armed Forces	3-1
3.2.2	Personnel	3-2
3.2.3	Veterans	3-4
3.3	Transition: Policies, Procedures and Entitlements	3-5
3.4	Community and Society Support for Veterans	3-6
3.5	Emerging Challenges and Initiatives	3-7
3.6	Transition-Related Research	3-7
3.7	Conclusion	3-7
3.8	References	3-8

Chapter 4 – Country Report: The Netherlands **4-1**

4.1	Introduction	4-1
4.2	The Armed Forces: Structure and Personnel	4-1
4.2.1	Structure of the Armed Forces	4-1
4.2.2	The Personnel System	4-2
4.2.3	Intake, Advancement and Outflow of Military Personnel	4-4
4.2.4	Veterans	4-5
4.3	Transition: Policies, Procedures and Entitlements	4-6
4.3.1	Every Serviceman or Servicewoman Who has been Discharged Voluntarily or Because His or Her Contract has Ended	4-7
4.3.2	Unfitness for Work	4-10
4.3.3	Military War and Service Victim/Veteran with Deployment-Related Care Needs	4-10
4.3.3.1	Support for Service Victims and for Veterans with Deployment-Related Care Needs	4-10
4.3.3.2	Non-Material Care and Assistance	4-10
4.3.3.3	Material Care and Assistance	4-11
4.3.3.4	Financial Measures	4-13
4.3.3.5	Assistance	4-13
4.3.3.6	Counselling During the Process of Finding Work	4-13
4.3.3.7	Debt Counselling	4-14
4.4	Community and Society Support for Veterans	4-14
4.4.1	The Netherlands Veterans' Institute	4-14
4.4.2	The National Veterans' Day Committee and the Netherlands Veterans' Day Foundation	4-15
4.4.3	Veterans' Platform Association	4-15
4.4.4	National Fund for Peace, Freedom and Veteran Care (vfonds)	4-16
4.4.5	Other Social Initiatives	4-16
4.4.5.1	<i>Hulp voor Helden – Stichting Koninklijke PIT Pro Rege</i> (Help for Heroes – Royal PIT Pro Rege Foundation)	4-16
4.4.5.2	<i>Stichting Onbekende Helden</i> (Unknown Heroes Foundation)	4-16

4.4.5.3	<i>Stichting Ondersteuning Veteranen Activiteiten</i> (Veteran Activities' Support Foundation)	4-17
4.4.6	The Position of Veterans in Society	4-17
4.4.7	Support for Every Dutch Person	4-18
4.5	Emerging Challenges and Initiatives	4-19
4.5.1	Societal Trends	4-19
4.5.2	Developments in the Area of Recognition of and Appreciation and Care for Veterans	4-20
4.5.3	Developments in Support Provided During the Move from One Job to Another for Service Personnel Making the Transition to Civilian Society	4-21
4.5.4	Development in the Area of Research into the Transition	4-21
4.6	Transition-Related Research	4-21
4.7	Conclusion	4-25
4.8	References	4-25

Chapter 5 – Country Report: Norway **5-1**

5.1	Introduction	5-1
5.2	The Armed Forces: Structure and Personnel	5-1
5.3	Transition: Policies, Procedures and Entitlements	5-2
5.4	Community and Society Support for Veterans	5-4
5.5	Emerging Challenges and Initiatives	5-5
5.6	Transition-Related Research	5-6
5.7	Conclusion	5-7
5.8	Sources Consulted	5-7

Chapter 6 – Country Report: United Kingdom **6-1**

6.1	Introduction	6-1
6.2	The Armed Forces: Structure and Personnel	6-2
6.3	Transition: Policy, Procedures and Entitlements	6-7
6.3.1	Covenant	6-7
6.3.2	Veterans' Strategy	6-8
6.3.3	Resettlement Policy and Procedures	6-10
6.3.3.1	Types of Service Leavers (SLs)	6-10
6.3.3.2	The Transition Process	6-11
6.3.3.3	Transition Support Programs and Services	6-11
6.3.4	New Transition Policy	6-14
6.3.5	Health Care and Related Resources for the Wounded, Injured, Sick	6-14
6.4	Community and Society Support for Veterans	6-15
6.4.1	NGOs, Charities	6-15
6.4.2	Other Government Departments	6-15
6.5	Transition-Related Research	6-16
6.5.1	Families and Transition	6-17
6.5.2	Spouse Employment	6-18

6.5.3	Housing	6-19
6.5.4	Family Engagement with Transition Support	6-19
6.6	Conclusion	6-20
6.7	References	6-20

Chapter 7 – Country Report: United States 7-1

7.1	Introduction	7-1
7.2	The Armed Forces: Structure and Personnel	7-2
7.2.1	Accession	7-2
7.2.2	Attrition	7-2
7.2.3	Separation and Transition Home	7-4
7.3	Veterans in the U.S. (Demographics)	7-4
7.3.1	Veteran Cohorts by Conflict/War	7-6
7.3.2	Employment	7-7
7.3.3	Poverty	7-8
7.3.4	Aging Veterans	7-8
7.3.5	Caregivers	7-9
7.3.6	Mental Health	7-10
7.3.7	Veteran Access to Health Care	7-12
7.4	Transition: Policies, Procedures, and Practices	7-13
7.4.1	Transition Assistance Program (TAP)	7-13
7.4.2	Overview of Key VA Benefits, Supports, and Services	7-13
7.4.3	Health Benefits	7-15
7.4.4	Monetary and Financial Counseling Benefits	7-15
7.4.5	Employment and Education Benefits	7-15
7.4.6	Housing Benefits	7-16
7.4.7	Memorial and Burial Benefits	7-16
7.4.8	Connecting Veterans to Services	7-16
7.5	Community and Society Support for Veterans	7-17
7.5.1	Military and Veteran Service Organizations (VSOs)	7-17
7.6	Emerging Challenges and Initiatives	7-19
7.6.1	VA Inter- and Intra-Agency Goals	7-19
7.6.2	Federal Reintegration Framework	7-20
7.6.3	Drivers that Influence the Military-to-Civilian Transition Ecosystem	7-20
7.7	Transition-Related Research	7-21
7.8	Conclusion	7-25
7.9	References	7-25

Chapter 8 – Survey on the State of Practice for Transition Support Policies and Programmes Among NATO Participants 8-1

8.1	Introduction	8-1
8.2	Method	8-1
8.3	Results	8-3
8.3.1	Terminology and Definitions for Former Service Member	8-3

8.4	Transition Process, Programmes and Services	8-5
8.5	Disability Compensation	8-9
8.6	Recovery and Rehabilitation Programmes	8-14
8.7	Measuring Transition Outcomes	8-15
8.8	Vulnerable Groups	8-17
8.9	Influence of Society on Transition	8-18
8.10	Impact on Families	8-20
8.11	Detailed Disability Compensation Findings	8-24
8.12	Survey Questionnaire	8-47
8.12.1	North Atlantic Treaty Organization: Survey on Transition from Military to Civilian Life	8-47
8.13	References	8-50

Chapter 9 – Conclusion: Essential Components for a Successful Military-to-Civilian Transition **9-1**

9.1	Introduction	9-1
9.2	A Transition Framework that Captures the Key Phases of Transition	9-1
9.3	A Definition of Veteran	9-2
9.4	Focus on Work Disability Prevention	9-2
9.5	Measuring Outcomes: Successes and Failures	9-2
9.6	Timely and Appropriate Engagement	9-3
9.7	Address Unique Health and Social Care Needs	9-3
9.8	Culture, Recognition, and Military-to-Civilian Transition	9-3
9.9	Involvement of Families in Transition	9-4
9.10	Provide Employment Assistance	9-4
9.11	Conclusion	9-4
9.12	References	9-4

List of Figures

Figure		Page
Figure 2-1	Regular Force Release Reasons	2-2
Figure 2-2	Historical Regular Force Attrition Rates	2-3
Figure 2-3	Historical Regular Force Attrition Rates: Women vs. Men	2-4
Figure 2-4	Reasons for Medical Release	2-4
Figure 2-5	Regular Force Attrition Rates and Population Distribution: Women vs. Men	2-5
Figure 2-6	Regular Force Attrition Rates and Volumes: Women vs. Men	2-6
Figure 2-7	Regular Force Attrition Rates and Population Distribution: Women vs. Men	2-6
Figure 2-8	New Transition Model	2-9
Figure 4-1	Age Structure of the Veteran Population	4-6
Figure 4-2	Veterans in the Labour Market	4-18
Figure 6-1	Age of Officers and Ranks in the UK Regular Forces and the Future Reserves 2020, Percentages as at 1 April 2019	6-3
Figure 6-2	The Veteran Profile	6-5
Figure 6-3	UK Armed Forces Veterans Residing in GB by Year, Numbers	6-6
Figure 6-4	K Armed Forces Veterans Residing in GB by Age Group, Percentages	6-6
Figure 6-5	UK Armed Forces Veterans Residing in GB by Gender, Percentage, as of 2016 and 2018	6-6
Figure 6-6	Key Points on Service Leavers	6-8
Figure 6-7	Veteran Strategy	6-9
Figure 6-8	Resettlement Entitlements by Service Leaver Category	6-12
Figure 7-1	Journeys of Veterans Map	7-3
Figure 7-2	Age Distribution of Post 9-11 Veterans Compared to All Other Veterans	7-8
Figure 7-3	Aging of Caregivers of Post-9/11 Veterans Compared to Civilian Caregivers	7-10
Figure 7-4	Map of Where Veterans are Projected to Live in 2030	7-12

List of Tables

Table		Page
Table 2-1	Transition Programs and Services Provided by the Canadian Armed Forces and Veterans Affairs Canada	2-7
Table 2-2	Transition-Related Studies	2-22
Table 3-1	Professional Servicewomen and Servicemen of the EDF	3-2
Table 3-2	Distribution of Active Duty Personnel by Age	3-3
Table 3-3	Distribution of Veterans by Age Groups	3-5
Table 4-1	Servicemen and Servicewomen Forming Part of the Dutch Armed Forces	4-2
Table 4-2	Age Structure of Regular Military Personnel	4-2
Table 4-3	Percentage of Regular Servicemen and Servicewomen Per Type of Contract	4-3
Table 4-4	Intake, Advancement and Outflow Figures for Regular Servicemen and Servicewomen in 2018	4-4
Table 4-5	Outflow Figures for Service Personnel Over the Past Eight Years	4-5
Table 4-6	Simplified Overview of Support Provided by or on Behalf of the Ministry of Defence for Servicemen and Servicewomen Making the Transition	4-7
Table 4-7	Labour Market Position of Veterans' Panel Respondents at the End of 2012	4-23
Table 6-1	UK Armed Forces Regulars and Future Reserves, Demographic Profile, Numbers 1 April 2018	6-2
Table 6-2	UK Armed Forces Regulars and Future Reserves Inflow and Outflow, Demographic Profile, Numbers, 1 Sept 2018	6-4
Table 7-1	Veterans Using at Least One VA Benefit or Service	7-6
Table 7-2	Key Benefits, Supports, and Services Provided by VA	7-14
Table 8-1	Activity of Survey Working Group	8-2
Table 8-2	Number of Current and Former Service Members	8-3
Table 8-3	National Definitions of Former Service Member	8-4
Table 8-4	Programmes and Service for Transitioning Members	8-5
Table 8-5	Services Available to Former Service Members	8-6
Table 8-6	Formal Evaluations of Programmes and Services	8-7
Table 8-7	Differences in Support Transition	8-8
Table 8-8	Purpose of Disability Compensation	8-10

Table 8-9	Number of Members Receiving Disability Compensation	8-11
Table 8-10	Eligibility for Disability Compensation	8-12
Table 8-11	Reintegration Programmes	8-14
Table 8-12	Definitions of Successful Transition to Civilian Life	8-15
Table 8-13	Outcome Measures	8-17
Table 8-14	Identifying Vulnerable Members Prior to Release	8-17
Table 8-15	Polling of Former Members	8-18
Table 8-16	Portrayal of Former Members in the Media	8-20
Table 8-17	Families in the Transition Process	8-20
Table 8-18	Formal Evaluation of Family Programmes	8-21
Table 8-19	Data on Military Families after Transition	8-22
Table 8-20	Barriers to Helping Families	8-23
Table 8-21	Australia	8-24
Table 8-22	Canada	8-26
Table 8-23	Republic of Croatia	8-31
Table 8-24	Estonia	8-33
Table 8-25	Latvia	8-34
Table 8-26	The Netherlands	8-37
Table 8-27	New Zealand	8-39
Table 8-28	Norway	8-41
Table 8-29	United Kingdom	8-42
Table 8-30	United States	8-44

HFM-263 Membership List

CO-CHAIRS

Col Carl Andrew CASTRO
University of Southern California
UNITED STATES
Email: carl.castro@usc.edu

Dr. Sanela DURSUN
Department of National Defence
CANADA
Email: sanela.dursun@forces.gc.ca

MEMBERS

Dr. Jacco DUEL
Netherlands Veterans Institute
The NETHERLANDS
Email: j.duel@nlveteraneninstituut.nl

Mr. Raun LAZIER
United States Department of Veterans Affairs
UNITED STATES
Email: Raun.Lazier@va.gov

Mr. Martin ELANDS
Netherlands Veterans Institute
The NETHERLANDS
Email: m.elands@nlveteraneninstituut.nl

Maj Neil LEWIS
Ministry of Defence
UNITED KINGDOM
Email: neil@lewis.pm

Mr. Matt FOSSEY
Veterans and Families Institute for Military Social
Research
Anglia Ruskin University
UNITED KINGDOM
Email: matt.fossey@anglia.ac.uk

Ms. Mary Beth MACLEAN
Veterans Affairs Canada
CANADA
Email: marybeth.maclean@canada.ca

Dr. Kate HARRISON
Ministry of Defence
UNITED KINGDOM
Email: Kate.Harrison450@mod.gov.uk

Dr. Tiia-Triin TRUUSA
University of Tartu
ESTONIA
Email: tiia-triin.truusa@ut.ee

Mr. Ole A. HEINTZ
Defence Staff Norway
NORWAY
Email: oheintz@mil.no

PANEL/GROUP MENTOR

LCol Roger TREMBLAY
Department of National Defence
CANADA
Email: roger.tremblay@forces.gc.ca



The Transition of Military Veterans from Active Service to Civilian Life

(STO-TR-HFM-263)

Executive Summary

In every nation within NATO, service members at some point leave the military. The military-to-civilian transition is the term used to refer to the process by which service members and/or their families rejoin their civilian community. Transition out of the military includes a series of adjustments. These include changes in location, career, relationships, family roles, support systems, social networks, community and culture. This transition has implications for post-service well-being and functioning. Despite this little has been done to conceptualize how transition occurs, identify factors that promote or impede transition, or operationalize outcomes associated with transition success. Many veterans transitioning from the military to the civilian life encounter unexpected challenges such as finding meaningful employment, adjusting to "civilian" culture or dealing with unresolved mental and physical health issues.

Recognizing that each nation is different, the essential considerations for every nation developing a military-to-civilian transition programme include the establishment of following:

- A transition framework that captures the key phases of transition;
- A definition of veteran;
- Focus on work disability prevention;
- Measuring outcomes: Successes and failures;
- Timely and appropriate engagement;
- Address unique health and social care needs;
- Culture, recognition, and military-to-civilian transition;
- Involvement of families in transition; and
- Provide employment assistance.

These nine essential components are intended to provide a military-to-civilian transition framework for nations developing or enhancing the services and support they provide to service members returning to civilian life. If each component is addressed, we believe that every service member and their family will have the best chance for success in their transition. After all, serving one's nation by performing military service is one of the highest acts of service an individual can perform. Those who have done so deserve all that their nation can do to ensure the success of their and their families' reintegration into civilian life.

In addition to developing this NATO technical report, which summarizes the existing national policies of nations that participated in this Research and Technology Group (RTG) and presents the findings of a survey of national policies and practices of NATO and non-NATO nations, this RTG also developed an edited book that details the major issues that all nations should consider to enhance and facilitate the transition of their nation's service members and families back to civilian life.

Transition du service actif à la vie civile des anciens combattants

(STO-TR-HFM-263)

Synthèse

Dans chaque pays de l'OTAN, les militaires en service quittent l'armée à un certain moment. L'expression « transition de la vie militaire à la vie civile » désigne le processus par lequel les militaires en service et/ou leur famille rejoignent la communauté civile. Cette sortie de l'armée entraîne toute une série d'ajustements. Il s'agit notamment de changements de lieu, de carrière, de relations, de rôle familial, de systèmes de soutien, de réseaux sociaux, de communauté et de culture. Cette transition a des répercussions sur le bien-être et le fonctionnement après la vie militaire. Malgré cela, peu de travaux se sont attachés à conceptualiser cette transition, identifier les facteurs qui facilitent ou empêchent la transition ou appliquer les résultats associés à la réussite de la transition. Beaucoup d'anciens combattants revenus à la vie civile rencontrent des problèmes inattendus, par exemple trouver un emploi qui a du sens, s'ajuster à la culture « civile » ou s'occuper de problèmes de santé physique et mentale non résolus.

Étant entendu que chaque pays est différent, les pays qui élaborent un programme de transition de la vie militaire à la vie civile devraient se pencher sur les points suivants :

- Établir un cadre de transition rendant compte des phases clés de la transition ;
- Établir une définition de l'expression « ancien combattant » ;
- Se focaliser sur la prévention des incapacités à travailler ;
- Mesurer les résultats : réussites et échecs ;
- S'impliquer de manière appropriée en temps opportun ;
- Répondre aux besoins particuliers de santé et d'aide sociale ;
- Établir une culture, faire preuve d'acceptation et assurer la transition de la vie militaire à la vie civile ;
- Impliquer les familles dans la transition ; et
- Apporter une aide à l'emploi.

Ces neuf éléments essentiels devraient fournir un cadre de transition de la vie militaire à la vie civile pour les pays qui développent ou améliorent les services et le soutien qu'ils apportent aux anciens militaires revenus à la vie civile. Si chaque élément est traité, nous pensons que les anciens militaires et leur famille auront les meilleures chances de réussir leur transition. Après tout, servir sa nation dans le cadre militaire est l'un des actes les plus grands qu'un individu puisse accomplir. Ceux qui l'ont fait méritent tout ce que leur pays peut offrir pour assurer leur bonne réintégration, avec leur famille, dans la vie civile.

En plus de rédiger le présent rapport technique de l'OTAN, qui résume les politiques nationales existantes des pays ayant participé à ce groupe de recherche et de technologie (RTG) et présente les conclusions d'une étude sur les politiques et pratiques nationales des pays, membres de l'OTAN ou non, ce RTG a rédigé un ouvrage qui détaille les questions principales auxquelles tous les pays devraient envisager de s'attaquer pour faciliter le retour des anciens militaires et de leurs familles à la vie civile.

Chapter 1 – INTRODUCTION

Carl Andrew Castro

University of Southern California
UNITED STATES

Transition out of the military includes a series of adjustments. These include changes in location, career, relationships, family roles, support systems, social networks, community and culture. This transition has implications for post-service well-being and functioning. Despite this little has been done to conceptualize how transition occurs, identify factors that promote or impede transition, or operationalize outcomes associated with transition success.

Many veterans transitioning from the military to the civilian life encounter unexpected challenges such as finding meaningful employment, adjusting to “civilian” culture or dealing with unresolved mental and physical health issues. For instance, in the U.S., since 2012 over 404,000 combat veterans have received a mental health diagnosis and over 8,000 veterans die by suicide every year, with the highest suicide rates occurring in recent veterans and older veterans. Similarly, in the U.K., younger Army male veterans had two times higher rates of suicide compared to their aged-matched civilians. In Canadian male veterans, the suicide rates were 46% higher compared to their civilian counterparts. In contrast, in Scandinavia, veteran suicide rates were lower than their civilian counterparts.

In Canada one-quarter of veterans reported difficulty in transitioning. Those at higher risk of difficulty included lower ranks, medical, involuntary, mid-career and army release. Many factors were found to be associated with difficulty adjusting to civilian life, including not being employed, having a disability and low social support. In the U.K., service members at six months who were involuntarily separated had lower employment rates compared to those service members who left military service voluntarily. Similarly, the U.K. reported lower employment rates in veterans who had less than four years of service or who were medically discharged. By comparison, in Norway, an assessment spanning 35 years, veterans had slightly higher employment rate, with accompanying higher income compared to their civilian counterparts, with the exception of traumatized veterans who were twice as likely not to be in the labour market.

Military transition theory [1] describes the process through which service members’ transition from military to civilian life. The theory is defined by three interacting and overlapping phases. The first phase, Approaching the Military Transition, outlines the personal, cultural and transitional factors that create the base of the transition trajectory. These include military cultural factors such as type of military discharge and combat history, personal characteristics such as health, expectations and personal preparedness, and lastly factors describing the type of transition, i.e., predictable or unpredictable, positive or negative.

The second phase, Managing the Transition, refers to factors impacting the individual progression from service member to civilian. Individual adjustment factors, such as coping styles, attitudes and beliefs, all impact how transition is managed. Social support in varying forms such as family, friends, community and society, may also affect transition management. Military transition management includes navigating the resources provided, i.e., benefits, education and career planning. Finally, community and civilian transition support describes those factors the civilian population can utilize in supporting transitioning service members.

The final phase, Assessing the Transition, describes outcomes associated with transition. These outcomes are measured through the categories of work, family, health, general well-being and community. More specifically

INTRODUCTION

these include whether the transitioning service member secured adequate employment, the re-acclimation to family life and adjustment to new family roles, physical and psychological health, adaption of new social networks and engagement in the community. Outcomes are interconnected as they impact one another. For example, challenges to physical health may create challenges in finding employment. However, success or failure in one outcome does not indicate success or failure in overall transition.

1.1 RELEVANCE TO NATO

The relevance of military to civilian transition among NATO forces is important for numerous reasons:

- NATO countries have participated in NATO military operations over the past several decades, including Afghanistan, Iraq, and Kosovo, among others resulting in many service personnel who have become wounded, injured or sick.
- The impact of military reduction in forces among many NATO forces may produce significant stressors on service personnel and families separating from the military.
- With the number of service personnel transitioning from the military back to the civilian community the resources to support these personnel and their family's needs to be optimized.
- Overall costs of poor transition may include: work disability, homelessness, substance abuse, poor mental health, family breakdown, unemployment, debt or financial stress or criminal justice system (e.g., prison).
- Recruitment and re-recruitment (including reservists) may be improved with a seamless transition process that enhances the public's perception of the armed forces commitment to future and former service members.
- Effective transition processes may enhance commitment and morale of currently serving personnel as they will be confident that they will be supported whenever they decide to leave the military.
- The communities that former service members join will equally benefit from a successful military transition process as separating service personnel will be much more readily able to contribute to the community economically and socially.

1.2 REFERENCES

- [1] Castro, C.A. and Kintzle, S. (2014). Suicides in the Military: The post-modern combat veteran and the Hemingway effect. *Current Psychiatry Reports*, 16, 460-469. DOI: 10.1007/s11920-014-0460-1.

Chapter 2 – COUNTRY REPORT: CANADA

Sanela Dursun

National Defence Canada
CANADA

Mary Beth MacLean

Veterans Affairs Canada
CANADA

Julie Coulthard and Cynthia Wan

National Defence Canada
CANADA

David Pedlar

Canadian Institute for Military and Veteran
Health Research (CIMVHR)
CANADA

Michelle Straver

National Defence Canada
CANADA

2.1 INTRODUCTION

Over the course of the First and Second World Wars Canada implemented large-scale programmes to support returning veterans, including health care, hospitals, rehabilitation, disability benefits, employment, housing, education, finances, clothing allowances, a land settlement scheme, and a life insurance plan [1], [2].

Since 2000, there has been a renewed interest in the design and implementation of policy and programmes to support transition from military service to civilian life for Canadian Armed Forces (CAF) members and their families. Today, transition continues to be a high priority following the deployment of 42,000 CAF personnel to Afghanistan, the largest deployment since the Second World War.

This chapter provides a high-level summary of the evolving Canadian approach, which is based on the following general principles and observations: transition is a period of substantial change and therefore increased vulnerability; transition is a process not a point in time; military personnel are released under heterogeneous circumstances; demographics and research are important in policy making; releasing members need a comprehensive suite of programmes and services; the primary government departments – in the Canadian case, Veterans Affairs Canada (VAC) and the Department of National Defence (DND) – must closely collaborate in programme design and planning; and activities must be coordinated among community, provincial, and philanthropic organizations across Canada. Canada has made noteworthy progress, and this effort is ongoing.

2.2 THE ARMED FORCES: STRUCTURE AND PERSONNEL

This section presents some key demographics pertaining to the CAF veterans and military personnel within the CAF.

2.2.1 Demographics

There are an estimated 649,000 veterans living in Canada, as of March 2018 [3]. Veterans are former members of the Canadian Armed Forces (Regular or Reserve Force). An estimated 48,000 served in WWII and the Korean War and have an average age of 92. About 600,000 have served since the Korean War. About half served in the Regular Force and the other half in the Primary Reserve. Their estimated average age is 58. While the numbers who served during WWII and the Korean War are declining the numbers who have served since are expected to remain relatively stable [4].

COUNTRY REPORT: CANADA

There are two main sources of population health data on veterans in Canada: the Canadian Community Health Survey [5] and the Life After Service Survey (LASS) [6]. The CCHS 2003 covers veterans released from the military between 1954 and 2003 (early-era veterans), while LASS covers veterans released since 1998, in three cycles to date: 2010, 2013, and 2016 (recent-era veterans). Earlier-era Regular Force veterans were older on average (53 years) than recent-era veterans (44 years). The majority of Regular Force earlier-era veterans (302,000) were male (89%), which is similar to recent-era veterans, 87% of which were male. The majority of both eras were married 76% and 74%, respectively. Further details on the health of these two populations are available in VanTil et al. (2018) [7].

2.2.2 Attrition Rates

In recent years, about 5,300 CAF members have been released from the Regular Force each year, including about 300 component transfers to the Primary Reserve. These numbers have evolved over time with the changing size of the Regular Force population.

On average since Fiscal Year (FY) 1997 – 1998, the majority of releases (59%) were voluntary, about one quarter (25%) were for medical reasons, and the remainder were for other reasons (mainly service completed, at 15%). As shown in Figure 2-1, the reasons for release have generally been fairly consistent over time, with a few exceptions. The most notable exception is the recent increase in the proportion of medical releases: Among releases from FYs 2014/2015 to 2018/2019, 54% were voluntary, 35% were medical, and the remainder were for other reasons (with service completed at 10%). This increase can be partially attributed to the processing of an administrative backlog of medical releases, primarily in FYs 2014/2015 and 2016/2017. The proportion of medical releases will continue to be monitored in the coming years.

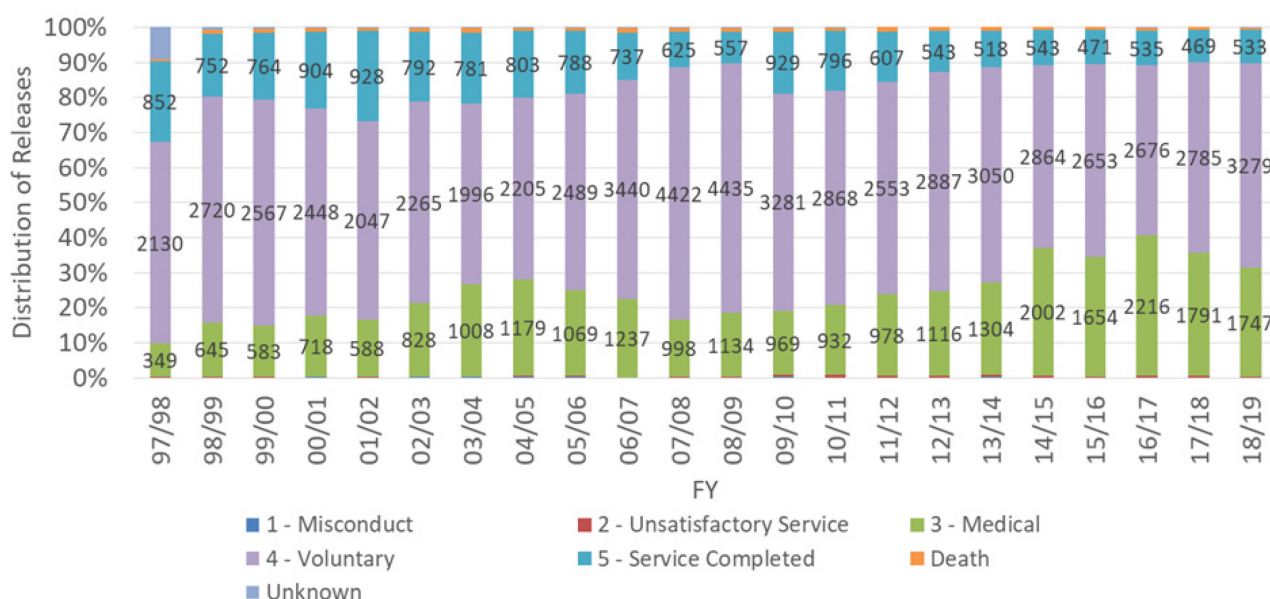


Figure 2-1: Regular Force Release Reasons.

Further analysis showed that medical releases were more common among Non-Commissioned Members (NCMs) than officers (24% officer releases vs. 39% of NCM releases from FYs 2014/2015 to 2018/2019), while releases upon service completion were more common among officers (28% of officer releases vs. 4.7% of NCM releases over the same period).

In FY 2018/2019, the attrition rate was 6.9% for officers and 8.3% for NCMs, making the total attrition rate 8.0% for the FY. These values are higher than the FY 2017/2018 rates of 6.7%, 7.6%, and 7.4%, respectively, particularly for NCMs, but very close to the FY 2016/2017 rates of 7.1%, 8.3%, and 8.0%. Although the attrition rate in the Regular Force was noticeably higher over the last five years than the five years prior, it remained only slightly higher than the long-term average measured since the early 1980s (Figure 2-2).

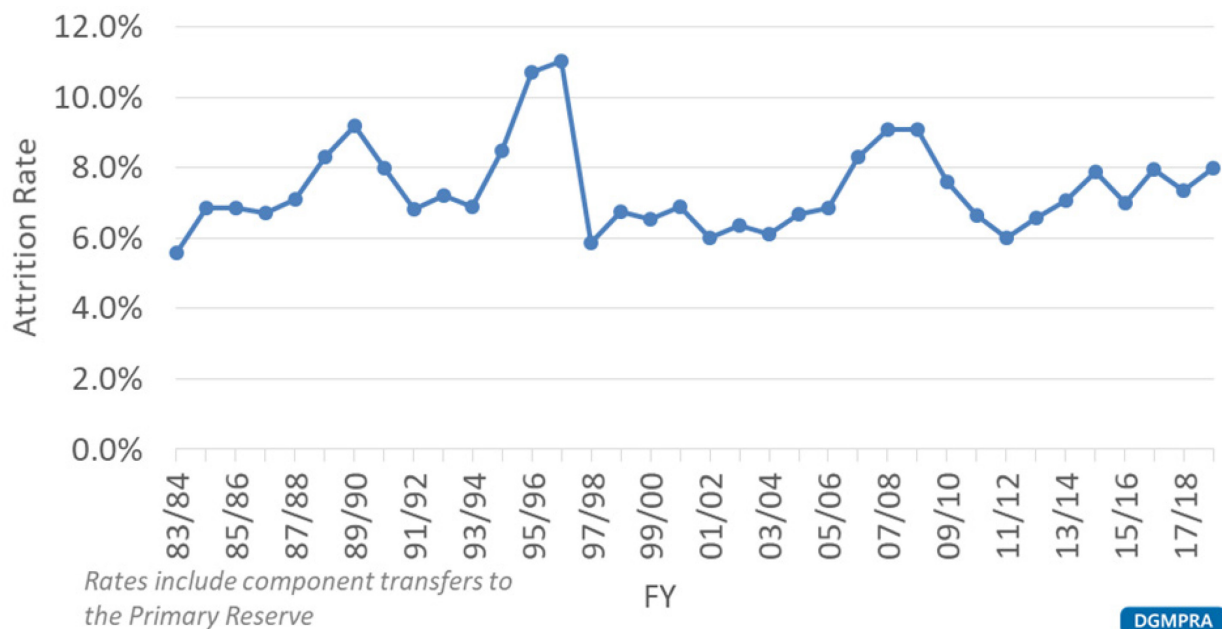


Figure 2-2: Historical Regular Force Attrition Rates.

The attrition rate from the Regular Force has been lower for women than for men since around the end of the last force expansion in FY 2011/2012 (and for 13 of the last 15 years). However, there are some significant and consistent differences by type. As shown in Figure 2-3, the medical attrition rate has been higher for women than for men for at least 20 years, and voluntary attrition has been higher for men for 15 years.

Additional research was undertaken to better understand the specific reasons underlying medical releases. It was found that the proportions of Mental Health (MH), Musculoskeletal (MSK), and other reasons were roughly equal between women and men (Figure 2-4). However, a larger proportion of MH-related releases were attributed to PTSD for men than for women.

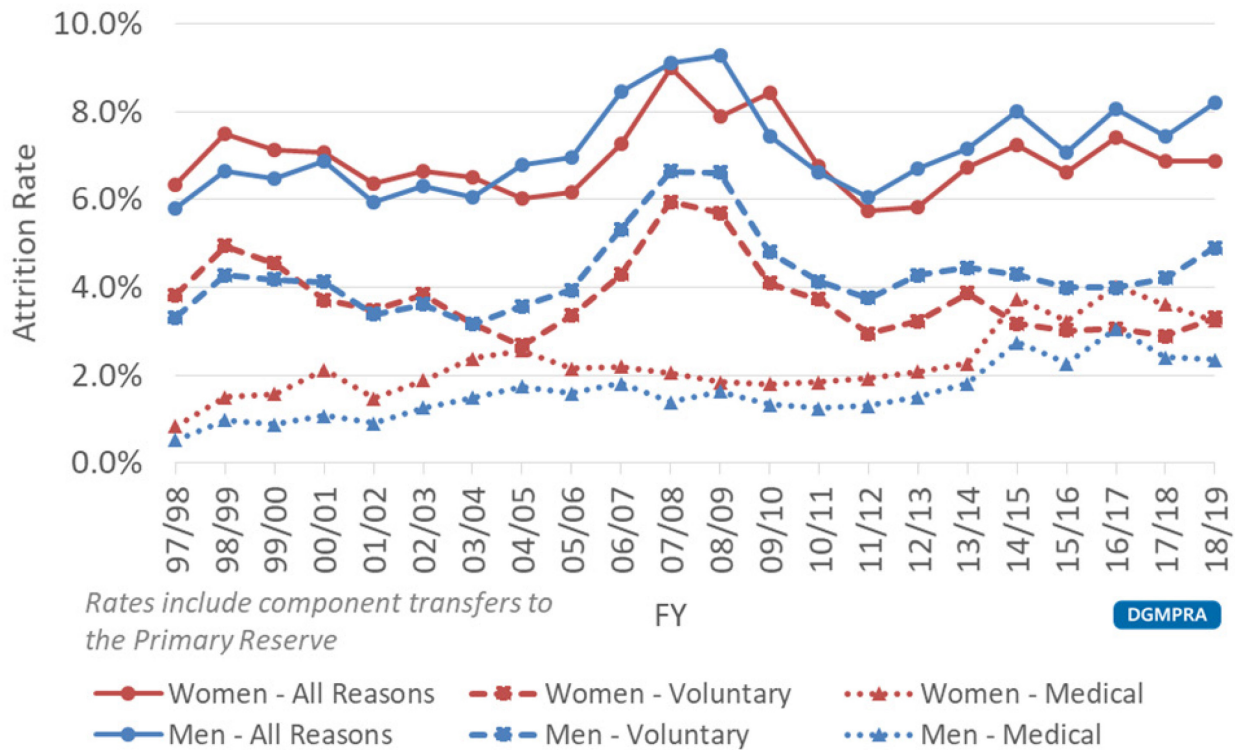


Figure 2-3: Historical Regular Force Attrition Rates: Women vs. Men.

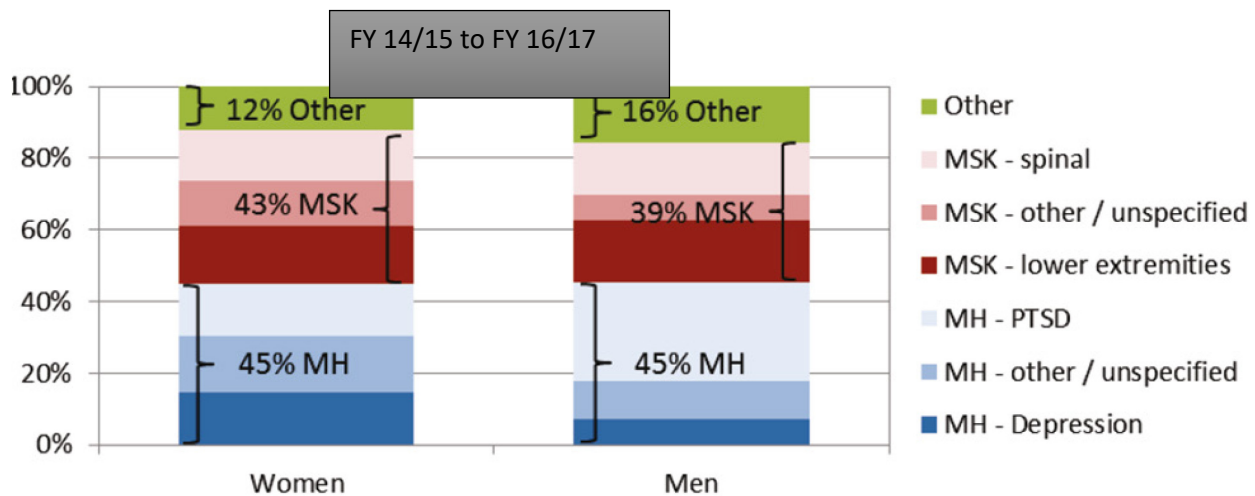


Figure 2-4: Reasons for Medical Release.

Looking at attrition trends by Years Of Service (YOS) also yields some interesting findings. Figure 2-5, Figure 2-6 and Figure 2-7 show Regular Force attrition rates by YOS (averaged from FYs 2014/2015 to 2018/2019) for women and men, along with the population at each YOS point (as of FY 2018/2019). Figure 2-5 considers all release reasons, while Figure 2-6 focuses on medical releases and Figure 2-7 focuses on voluntary

releases. In all cases, YOS is measured from the most recent Regular Force hire date of the member and, therefore, does not reflect the pensionable YOS for members with prior service in the Regular or Reserve Force.

Figure 2-5 shows the YOS points at which members are most likely to be released. There is a high attrition rate in the first year and at 20 YOS and beyond. A peak is observed at 25 YOS, which can be attributed to the five-year Continuing Engagement that many members accept upon completion of an Intermediate Engagement that ends at 20 YOS. With the changes to terms of service made in 2005 (most notably the change of the Intermediate Engagement from 20 YOS to 25 YOS), we can expect the attrition behaviour around these YOS points to change as members under the new terms of service begin to reach 20 YOS and beyond.

At 20 YOS and beyond, attrition rates are higher for women than men. Even so, the overall attrition rate is slightly lower for women (as was previously illustrated in Figure 2-3) because relatively few women (7.3%) are at these high attrition YOS points.

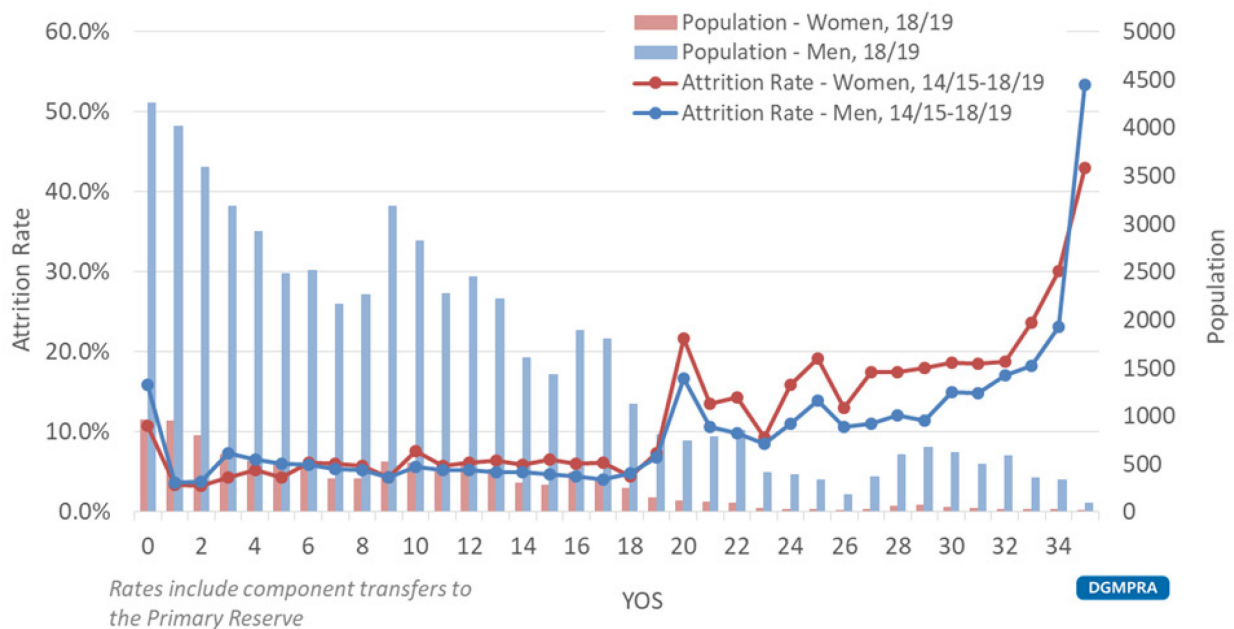


Figure 2-5: Regular Force Attrition Rates and Population Distribution: Women vs. Men (All Release Reasons).

Figure 2-6 shows that at nearly all YOS points, medical attrition rates are higher for women than for men. This is consistent with the previous observation from Figure 2-3, which illustrated that the medical attrition rate has been higher for women than for men for many years. The difference is most pronounced at 20 YOS and beyond 24 YOS. This observation has implications for needs of members who will be released in the future. As the CAF strives to achieve a representation goal of 25% women by 2025, it can be expected that the proportion of members released for medical reasons will increase in the future.

From Figure 2-7, it can be seen that voluntary attrition tends to be lower for women than for men up to about 10 YOS, although the differences are most noticeable in the first few YOS. After 10 – 15 YOS, the voluntary attrition rates are similar for men and women.

COUNTRY REPORT: CANADA

Looking at the differences between women and men during the time period examined, first-year attrition has been lower for women than for men. However, in general, first-year attrition rates increase when recruitment increases, so as the Regular Force grows from 68,000 to 71,500, we can expect the attrition rate to increase at this point. This is particularly true for women as the CAF works toward increasing their representation.

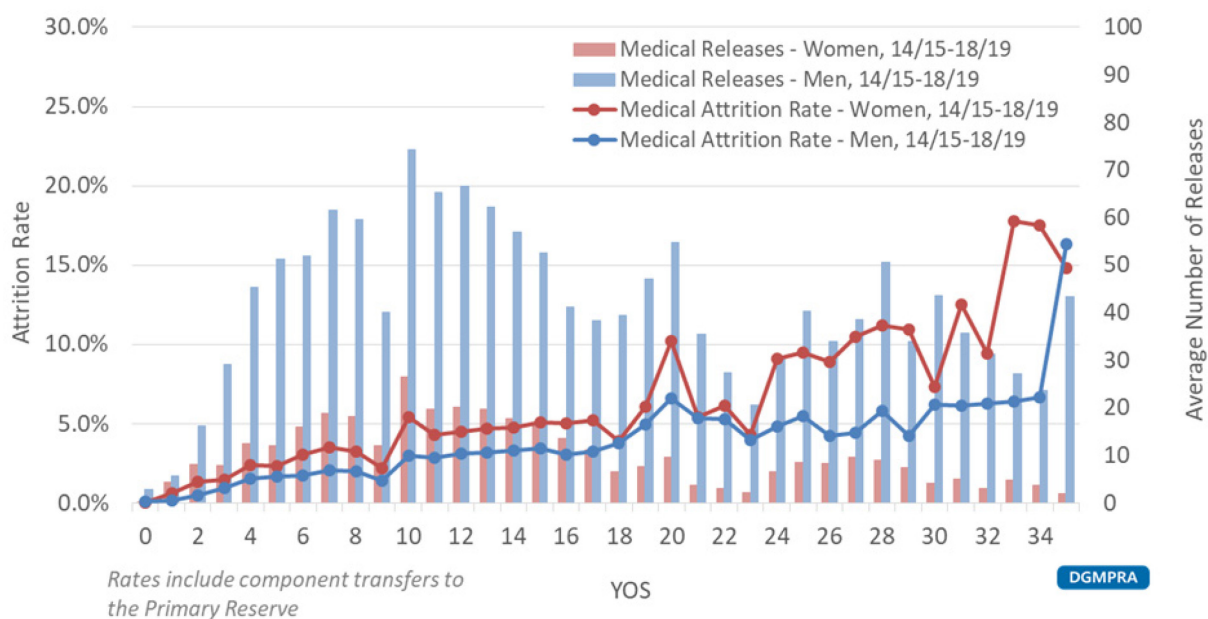


Figure 2-6: Regular Force Attrition Rates and Volumes: Women vs. Men (Medical Releases).

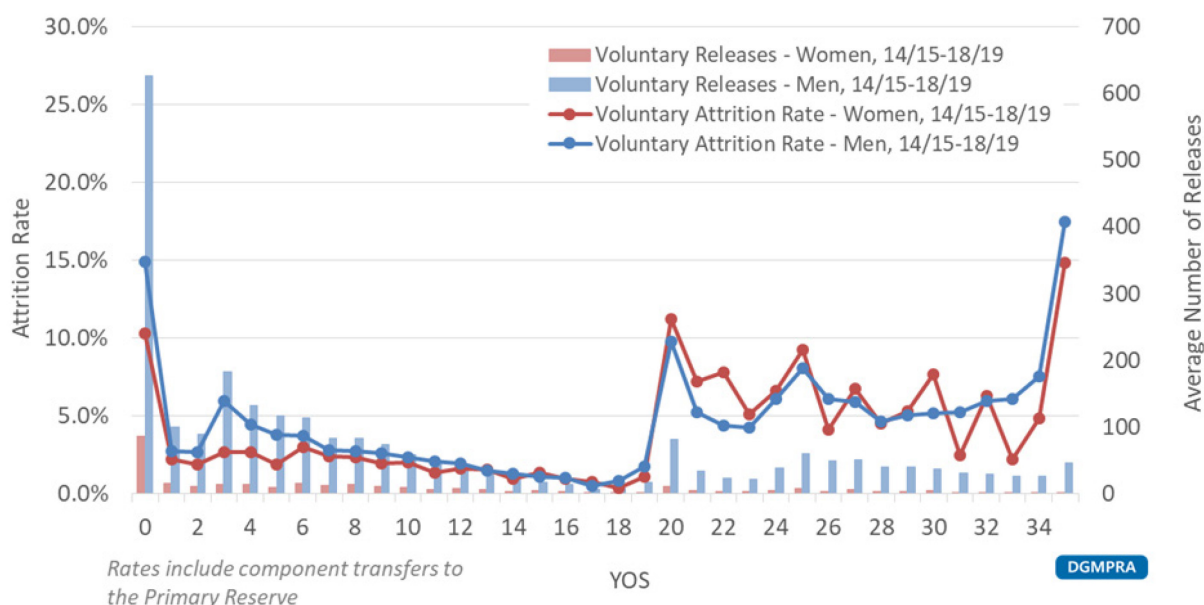


Figure 2-7: Regular Force Attrition Rates and Population Distribution: Women vs. Men (Voluntary Releases).

2.3 TRANSITION: POLICIES, PROCEDURES AND ENTITLEMENTS

In Canada there is no single policy on transition from military to civilian life. Yet there are 13 main services and programmes for transitioning members provided by the CAF, VAC, and the federal Public Service Commission aimed at easing the transition to civilian life (Table 2-1). Some of these programmes are provided jointly by the CAF and VAC, such as Operational Stress Injury Social Support and the Integrated Transition Plan. Some programmes are only available to serving members, such as the Second Career Assistance Network, while others are available to both serving members and veterans, such as the CAF's Soldier On programme and VAC's Career Transition Services.

The list in Table 2-1 reflects current programming, however, many of these programmes have existed for less than 20 years. For example, one of the most substantial programme reforms aimed at transition to civilian life was the launch of the New Veterans Charter (NVC) in 2006. The NVC introduced a suite of programmes aimed at well-being in transition to civilian life. Prior to the NVC, post-Korean War Veteran benefits were limited to service-related disability benefits. This reform rose out of studies during 1997 – 2003 suggested that the needs of veterans and their families were inadequately addressed by existing VAC programs [8]. Also see Thompson et al., 2016 [9] for a review of VAC and CAF key mental health service enhancements for CAF Veterans since 2000 and Nearing, 2004 for programmes prior to 2006.

Table 2-1: Transition Programs and Services Provided by the Canadian Armed Forces and Veterans Affairs Canada.

Program	Agency	Population Served	Description
Second Career Assistance Network	CAF	Regular Force and Primary Reserve.	Assists military personnel in planning and preparing for retirement from the CAF and in transition to civilian life. Services include long-term planning seminars, career transition workshops, career and education counselling, and a resource library.
Soldier On	CAF	Serving and retired Regular and Reserve Force with a chronic, visible or non-visible, illness or injury.	Provides resources and opportunities to enjoy sports and recreation. Opportunities to participate in events with partner organizations and allies in the UK, USA and Australia.
CAF Transition Unit	CAF	Ill/Injured serving CAF member and their families.	Advocates on the member's behalf with various casualty administrative strategies and problems.
Operational Stress Injury Social Support	CAF/ VAC	CAF Members, Veterans and their families affected by an OSI.	Supports by listening to those who are suffering, drawing on similar experiences and providing assistance and guidance using resources from DND, VAC and the community.
Military Employment Transition Website	CAF	All serving or former members who have been honourably released and are occupation qualified.	Resume writing and job search tools. Military friendly employment partners.

COUNTRY REPORT: CANADA

Program	Agency	Population Served	Description
Vocational Rehabilitation Program for Serving Members	CAF	Medically releasing Regular Force and Primary Reserve with 2 years of consecutive full-time service.	Vocational rehabilitation training for up to 6 months prior to release date.
Federal Public Service Employment Priority Hiring	Public Service	Medically releasing Regular and Primary Reserve Force.	Allows for the priority appointment of members to positions in any federal department governed by the <i>Public Service Employment Act</i> .
Integrated Transition Plan	CAF/ VAC	CAF members classified in a permanent medical category with complex transition needs.	Begins between 6 months and 3 years from the issue of a release instruction.
Transition Interviews	VAC	All releasing CAF members.	Recommended to occur early in release process to help the member and their family identify needs. Information on programmes and services available to members and veterans. Support in determining rehabilitation needs. Advice and guidance on disability applications. Referrals to a CAF case manager, other National Defence programmes, other community service providers.
Career Transition Services	VAC	Serving CAF members or veterans who completed basic training.	Help finding a suitable career Qualified career counsellors who understand transition One-on-one career counselling, help with resume writing, interview preparation, job finding assistance and (sometimes) job-placement.
Rehabilitation Services	VAC	Veterans medically released within the last 120 days or veterans with any health problem resulting from military service making it difficult to adjust to life at home, community, or work.	Develops a rehabilitation plan based on individual needs and goals, including medical and psychosocial and vocational rehabilitation.
Hire a Veteran website	VAC	All members and veterans.	Job-matching website using to Canadian Job Bank.
Education Benefit	VAC	Honourably released Regular Force or Reserve on or after April 1, 2006.	Members with at least 6 years of service are eligible to receive up to \$40,000. Members with at least 12 years of service are eligible to receive up to \$80,000.

The process for transition is depicted in Figure 2-8.

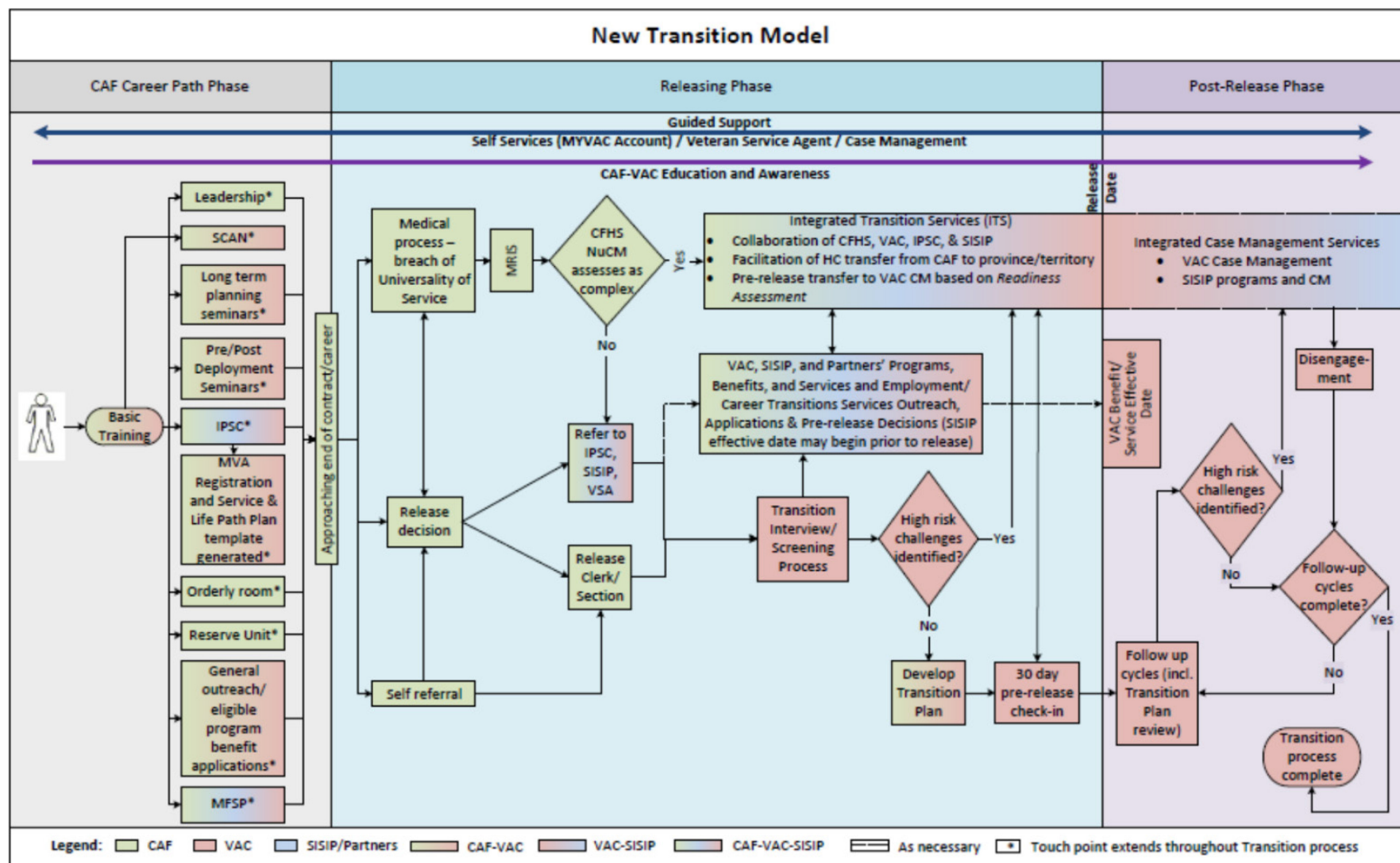


Figure 2-8: New Transition Model.

2.4 COMMUNITY AND SOCIAL SUPPORT FOR VETERANS

Programs sponsored by the civilian community to help veterans transition to civilian life are important supports for veterans, and they offer veterans recognition within society. Following is some of the charities and community organization that support Canadian veterans.

2.4.1 Royal Canadian Legion

Founded in Winnipeg in 1925, the Royal Canadian Legion was one of the few veterans' organizations created after the First World War.¹ The Legion offers referrals, representation, advocacy, and financial assistance free of charge to veterans and members of the CAF and the Royal Canadian Mounted Police (RCMP) and their families. Some of the services and support offered to members include financial assistance, help adjusting to civilian life (e.g., finding suitable accommodation) and navigating benefits and supports offered through VAC and DND, and providing the necessary resources and support to manage various mental health issues that veterans and their families may suffer from.

There are 1,400 Legion branches across Canada, the U.S., and Europe, with different services are offered at different branches. Some services include social and recreational events to help veterans connect with other veterans in the same community, health clinics, educational seminars, and wellness programmes, as well as educational bursaries for their children to pursue post-secondary education. The Poppy Campaign is one of the Legion's most well-known fundraising campaigns. Each year the Legion distributes poppies across Canada on Remembrance Day in return for donations. The proceeds support a variety of initiatives, including grants for various needs (e.g., food, heating, clothing, medication, relief for disasters, essential home repairs, and emergency shelter), the maintenance of housing accommodation and care facilities for veterans, medical appliances and equipment, educational bursaries for children, and veteran transition programmes.²

It is unknown whether the Legion has evaluated its programming.

2.4.2 Wounded Warriors of Canada

Wounded Warriors of Canada (WWC) combines gateway programming, clinical support, research, and mental health promotion to support ill and injured CAF members, veterans, first responders, and their families.³ WWC's programmes focus on improving their psychological well-being and the psychosocial aspects of transitioning out of the military.

Eight programmes are listed on their website under five categories: Under group therapy for individuals and couples are the Trauma Resiliency Program and Couples Overcoming PTSD Everyday (COPE); under animal-assisted therapy for PTSD are the PTSD Service Dog Program and the Equine Therapy Program; under resiliency training and respite care are the Before Operational Stress (BOS) programme and Tribute to Your Service events; under research and education are the WWC post-secondary bursary and WWC doctoral scholarship; and under skills transition is the Veteran Trainers to Eradicate the Use of Child Soldiers (VTECS). Following are some highlights from four programmes:

¹ All the information presented here was collected from the Royal Canadian Legion's website (<https://www.legion.ca/>).

² The guide can be downloaded here: <https://www.legion.ca/docs/default-source/default-document-library/seniors-support-program-the-home-away-initiative.pdf?sfvrsn=0>.

³ All the information presented here was collected from the Wounded Warriors Canada website, <https://woundedwarriors.ca/>.

- **Trauma Resiliency Program:** Launched on October 12, 2017, the Trauma Resiliency Program introduces participants to the tools for overcoming the consequences of exposure to traumatic events. The programme comprises two parts:
 - 1) Regulation for Recovery Training, which teaches participants the basics of PTSD and skills to help them manage and regulate their traumatic experience; and
 - 2) Advanced Recovery Training, which teaches participants how to identify and assess their injuries with respect to severity and intensity and to learn the appropriate tools and resources for recovery.
- **Couples Overcoming PTSD Everyday:** COPE is a family-centred programme that teaches couples how to manage the effects of PTSD and to maintain a healthy relationship (see Refs. [10] and [11] for evaluations).
- **Before Operational Stress:** BOS is a relatively new Operational Stress Injury (OSI) programme designed for public safety officers (e.g., military members, police officers, firefighters, paramedics, and corrections officials). The programme teaches techniques to enhance resilience and to protect their mental health and well-being. It is a 16-hour programme with 8 modules delivered in a group of up to 10 participants. Following the 16-hour program, monthly follow-ups are arranged to consolidate learning.⁴
- **Veteran Trainers to Eradicate the Use of Child Soldiers:** VTECS started in 2016 as part of the Dallaire Initiative at Dalhousie University. The programme is designed to provide skill transition training for veterans – i.e., access to an academic environment, accreditation possibilities, and career opportunities that build on their skills, expertise, and experience.

The WWC website states that 2,000 veterans, first responders, and their families are supported each year through its two headquarters, one in Whitby, Ontario, and the other in Vancouver, British Columbia. The BOS groups typically meet in designated cities in Alberta (e.g., Red Deer, Edmonton, and Calgary) and in Ontario (Whitby and Toronto). The VTECS programme is run out of the Dallaire Initiative at Dalhousie University (Halifax, Nova Scotia).

The effectiveness of PTSD service dogs was tested in a pilot study conducted by VAC.⁵

2.4.3 True Patriot Love Foundation

The True Patriot Love Foundation (TPL) is a national charity that supports military families, funds community-based programmes and research to improve the mental health and well-being of military and veteran families.⁶ Other charities and groups can apply to one of its funding competitions. TPL has helped over 25,000 military families by supporting 750 community-based programmes across Canada in 110 organizations across Canada [12]. The organization has also provided \$25 million to fund research since 2009. In 2017, TPL provided over \$4.4 million in funding for programmes across Canada through four funds:

- **Bell TPL fund:** Annual grants of \$5,000 to \$75,000 to community mental health programmes serving military members, veterans, and their families (e.g., Bell Let's Talk).
- **TPL Family and Children Fund:** \$5,000 to \$50,000 to programmes that directly support and enhance the lives of Canadian children and youth in military families.

⁴ <https://woundedwarriors.ca/wp-content/uploads/BOS-Program-4.pdf> and <https://wgmpsy.com/faq/>.

⁵ See <https://www.veterans.gc.ca/eng/help/faq/service-dog-pilot-study>.

⁶ The information presented here was extracted from the True Patriot Love Foundation website (<http://truepatriotlove.com/>).

COUNTRY REPORT: CANADA

- **TPL Family and Veteran Transition Fund:** \$5,000 to \$50,000 to programmes that support military families and veterans transitioning into civilian life.
- **Captain Nichola Goddard Fund (introduced in 2017):** \$5,000 to \$25,000 to programmes that support servicewomen, female veterans, and their families.

The TPL also funds resilience and well-being programmes in four focus areas for military and veteran families transitioning to civilian life. Under *family health and support*, TPL has spent over \$5.5 million on programmes that support serving members, veterans, and their families. Following are several examples:

- **Operation Raise the Grade:** \$24,000 grant from TPL in 2017 to the Boys and Girls Club of Kingston and Area; providing emotional support, mentorship, peer-to-peer relationships, hands on learning opportunities and career guidance to youths from military families.
- **Roots of Empathy Program:** \$25,000 grant from TPL in 2017 to fund its implementation in Military Family Resource Centres (MFRCs) in New Brunswick, Prince Edward Island, and Newfoundland to teach children emotional literacy and compassion [13].
- Supported implementation of various other programmes at MFRCs, such as **FOCUS** (Moose Jaw, Alberta),⁷ **Young Widows Support Group** (Mainland British Columbia), **Special Needs Outreach Support Program for Elementary Educators** (Kingston, Ontario), **Virtual Outreach Mental Health workshops and training** (Halifax, Nova Scotia), **Applied Suicide Intervention Skills Training** (4 Wing, CAF), **Equi-assist** (St. John's, Newfoundland).
- TPL provided \$75,000 in funding to Veterans Emergency Transition Services (VETS) Canada's **Capacity Building Project**.

Under *mental health and well-being*, TPL funded numerous programmes across Canada that help veterans and their families overcome OSIs through counselling, support groups, clinical tools, and mental health first aid.

- WWC received \$60,000 from TPL in 2017 for the French delivery of COPE.
- TPL donated \$101,000 to Project Trauma Support (a six-day psychotherapy program).
- TPL supported children's camps across Canada, including Camp Maple Leaf, Integrated Seasonal Camp Program for Children with Special Needs (Petawawa, Ontario, MFRC; Atlantic Canada Camps) for military families.

Under *physical health and rehabilitation*, TPL has committed over \$3.9 million since 2009 to initiatives that aim to improve the physical health and rehabilitation of severely injured military members and their families. These initiatives provide home and vehicle modifications that accommodate veterans' physical limitations, while others provide financial assistance for travel and accommodation so families can visit the injured military member.

Under *research and innovation*, TPL funds research to improve the well-being of serving members, veterans, and their families. In 2015, TPL and the Government of Canada committed \$5 million to research at over 40 Canadian universities and 7 international affiliates. In 2017, \$90,000 was disbursed to the Canadian Institute for Military and Veteran Health Research (CIMVHR),⁸ Queen's University, and the IBM Advanced Analytics Initiative.

⁷ See Mogil et al., 2015 [14], Lester et al., 2013 [11], Lester et al., 2012 [10], Saltzman et al., 2011. [15]

⁸ See <https://cimvhr.ca/>.

2.4.4 Veterans Emergency Transition Services

Veterans Emergency Transition Services (VETS Canada) helps veterans in crisis, homeless, or at risk of becoming homeless.⁹ Volunteers at VETS Canada help homeless and at-risk veterans reintegrate into civilian life by moving them from streets or shelters into affordable housing. They also help veterans with accessing healthcare services, benefits and services from various organizations, and in finding employment.

VETS Canada Field Operations Managers are located throughout Canada (with the exception of Saskatchewan), with the headquarters located in Halifax, Nova Scotia. VETS Canada also has drop-in and support centres (e.g., in Ottawa, Ontario and Dartmouth, Nova Scotia) where veterans can receive support. The drop-in and support centres are staffed by VETS Canada social services workers and the centres are equipped with a computers and phones, libraries, common areas, lounges, and laundry facilities. Veterans may also receive food and gas cards, bus tickets, and coffee and sandwiches.

In 2014, VETS Canada received a contract from VAC, and it is now an approved VAC service provider for homeless and in-crisis veterans outreach.

2.4.5 Veterans Transition Network

The Veterans Transition Network (VTN) delivers and funds veterans' transition programmes to CAF veterans and RCMP officers across Canada.¹⁰ In 2017, VTN invested over \$1.5 million to fund 19 transition programmes in six Canadian provinces. VTN recruits other veterans and graduates of their programme to join their initiative as ambassadors in order to provide support to new and young veterans.

VTN connects veterans to other veterans to help them build a sense of community and the ability to talk openly about their situations, help veterans learn and practice skills required to communicate effectively in civilian society, self-manage various OSIs (e.g., PTSD, depression), and to plan for the future. The programme is three weekends over a course of six weeks, and the fees are covered by donations from the Canadian public. VTN can also submit claims on behalf of VAC clients to have their expenses covered by VAC.

The Veterans Transition Program was first designed and delivered as a research project at UBC, and since 2012 Dr. Daniel Cox has been conducting ongoing programme evaluations [16], [17]. Since its inception in 1997, VTN has helped over 800 veterans in nine provinces.

2.4.6 Canadian Legacy Project

The Canadian Legacy Project (CLP) is a registered charity that advocates for and supports veterans by creating free programmes and events to improve their everyday lives and develop skills that allow them to reintegrate into a civilian life.¹¹ CLP partners with other institutions, offering five types of programmes and services: veteran peer support (e.g., Project Healing Waters Fly Fishing Canada¹²); service dogs (e.g., partnership with AUDEAMUS); employment (e.g., Veteran Business Boot Camp,¹³ in partnership with Mount Royal University); education (military bursary programme in partnership with Mount Royal University); and housing (founding

⁹ The information presented here came from VETS Canada's website (<https://vetscanada.org/>).

¹⁰ The information presented here came from VTN's website (<https://vtncanada.org/>).

¹¹ Information presented here came from CLP's website (<https://www.canadianlegacy.org/>).

¹² See <http://projecthealingwaterscanada.ca/>. See also Tackach (2015) [18] and Krasny, Pace, Tidball, and Helphand (2014) [19].

¹³ See <https://www.mtroyal.ca/ProgramsCourses/ContinuingEducation/businesstraining/veteran-business-boot-camp/index.htm>.

partner of the Homes for Heroes Foundation). The Homes for Heroes Foundation, for example, has responded to more than 2,700 military veterans to assist them in meeting their basic needs of support and shelter.¹⁴

2.4.7 The Army, Navy and Air Force Veterans in Canada

The Army, Navy and Air Force Veterans in Canada (ANAVETS) aims to stimulate patriotism in Canada and to promote closer unity and coordination, as well as to acquire, maintain, and operate homes and initiatives for the benefit of veterans.¹⁵ ANAVETS provides recreational facilities and sporting events that connect veterans with each other¹⁶ and promotes veterans' involvement in the community (e.g., teaching sportsmanship to youth, sponsoring sporting events, etc.). ANAVETS also offers three scholarships: the Judge Daniel F. Foley Memorial Scholarship for direct descendants of Canadian Army, Navy, and Air Force veterans attending any university (\$1,000.00 USD); the Colonel Frank R. Kossa Memorial Scholarship for recipients of the Cadet ANAVETS Medal of Merit entering any year of university or community college course leading to a degree or diploma; and the Dominion Civil Service War Veterans' Association Scholarship for former members of the CAF (Regular or Reserve) who have been honourably discharged, not eligible for SISIP/VAC rehabilitation programmes, and registered in an accredited Canadian college or university.

2.4.8 Canada Company

The Canada Company was founded in 2006 to provide the children of fallen soldiers access to post-secondary education.¹⁷ The organization has developed partnerships with a variety of programmes and services have evolved to include improving the quality of life of the families of deployed military members and veterans. Some of these programmes include the Military Employment Transition program, which supports veterans in their search for civilian employment, a scholarship program, strategic knowledge exchange, and Project Hero.

Canada Company also fosters meaningful exchanges between the CAF and the corporate civilian world by contributing to the development of a guide on military culture and competencies, in an effort to inform civilians about military matters and facilitate the exchange of knowledge between business, community, and military leaders.

Between 2015 and 2017, Canada Company launched the Military Employment Transition Program (replaced by Military Transition Services in 2018) to help veterans and their spouses find employment in the civilian sector after a military release. Canada Company takes part in many other programmes and initiatives that aims to foster military and civilian exchange and to promote the reintegration and civilian employment of military veterans.

Helmets to Hard Hats. Helmets to Hardhats Canada (H2H) has been incorporated in Canada as a not-for-profit organization.¹⁸ It is similar to its sister H2H program in the United States but is designed to provide an opportunity in Canada for anyone who has served (or is currently serving and looking to transition to a civilian career) in either the Regular or Reserve Force components of the Canadian Armed Forces. The program offers the required apprenticeship training to achieve journey person status in any of the applicable trades within the building and construction industry.

¹⁴ See <https://homesforheroesfoundation.ca/>.

¹⁵ A full list and description of the objectives can be found here: <http://anavets.ca/about-us/purpose/>.

¹⁶ See <http://anavets.ca/>.

¹⁷ The information here was sourced from the organization's website (<https://www.canadacompany.ca/en/>).

¹⁸ The information here was sourced from the organization's website (<http://www.helmetstohardhats.ca/en/about.htm>).

2.4.9 Mood Disorder Society of Canada

The Mood Disorder Society of Canada (MDSC) is a mental health organization that supports a variety of research, scholarships, programmes, and services that addresses mood and anxiety disorders.¹⁹ MDSC offers information courses, seminars, and booklets on workplace mental health, peer support training, transition to communities (for military veterans), trauma support peer training, and educational materials for continuing education. MDSC also produces a variety of government briefs and advocacy papers and fosters and facilitates support and discussion forums among their members.

MDSC actively collaborates with the public, private, and voluntary sectors in order to raise awareness that mood disorders are treatable medical issues and to reduce discrimination and stigma. Thus, MDSC engages in a wide range of projects and initiatives designed to support the inclusion of persons with disabling mental illnesses in Canadian society and has taken a role in public policy and programme development in many capacities. MDSC is a member of the Canadian Military and Veteran Families Leadership Circle. MDSC also has a programme focused on assisting veterans in developing skills and finding civilian employment [20].

2.4.10 Princess Patricia's Canadian Light Infantry Foundation

The purpose of the foundation is to fund and carry out activities and programmes that support and care for Canadian military personnel and veterans in need, to establish and preserve monuments related to military service by Canadian soldiers and service personnel, and to promote efficiency of the Armed Forces of the Crown.²⁰

The foundation helps military families to maintain healthy lifestyles and community relationships and to transition into the civilian life. Programs include therapies to combat various OSIs, family counselling and support, canine and equine therapy, Outward Bound outdoor adventure experiences, and family camping and outdoor adventure (e.g., Reaching the Summit for Health and Wellness). The foundation also offers scholarships for higher education and programmes designed to teach young people about Canadian history (e.g., touring battlefields), and to support the cadet corps where they can learn citizenship, discipline, comradery, and history.²¹ The foundation has also partnered with the Canadian Legacy Project to support the Veterans Transition Network to develop programmes that support veterans in transition in the Edmonton, Alberta, area.

2.4.11 Quilts of Valour

Quilts of Valour are presented to service members being medically discharged with visible or invisible injuries as a result of their service as recognition of their sacrifices and to provide them with comfort during their recovery.²² The quilts are presented from coast to coast at CAF bases (Integrated Personnel Service Centres) or other areas where required for the benefit of the injured military members. Thousands of quilts have been delivered since the program's inception in 2009. Quilts of Valour aims to distribute 20,000 quilts by end of 2020, and since 2015, it has distributed 12,592 quilts. Ill and injured military members are eligible for one Quilt of Valour.

¹⁹ The information here was sourced from the organization's website (<https://mdsc.ca/>).

²⁰ See <https://ppclifoundation.ca/>.

²¹ See <http://ppcliassoc.ca/>.

²² The information here was sourced from the organization's website (<https://www.quiltsofvalour.ca/>).

2.4.12 Naval Association of Canada

The Naval Association of Canada (NAC) is dedicated to raising citizens' awareness of Canada as a maritime nation and the critical role that the Canadian Navy plays in the protection and development of Canada's maritime interests.²³ NAC's endowment fund supports public education (e.g., naval history projects), maritime heritage, and camaraderie, promoting awareness of the Navy (e.g., publication, research, education), and building the future (i.e., investing in the youth through the Navy League and Sea Cadets).

The NAC supports Sea Cadets through an annual contribution to the Royal Canadian Sea Cadet Education Foundation for those pursuing an education in a Maritime Studies Program. The NAC supports maritime heritage by working with about 50 maritime museums and trusts across the country to preserve and educate others on Canada's maritime history and accomplishments. NAC members enjoy the spirit and comradeship derived from shared service to Canada and affinity for the sea, which extends to the active support of less fortunate members and those suffering the loss of a loved one.

2.4.13 Prince's Operation Entrepreneur

The Prince's Operation Entrepreneur is a programme offered through Prince's Trust Canada. The programme offers the education, tools, and resources required to succeed as an entrepreneur through one-day workshops (for transitioning and still-serving members, veterans, and spouses); seven-day boot camps ("award-winning intensive business boot camp designed for transitioning military personnel who already have a business idea and ready to make it happen"); a mentoring programme (matches veteran business owners with experienced entrepreneurs and industry professionals); and ongoing support (i.e., access to free resources and networking opportunities).

Founded in 2012, POE has become the hub of entrepreneurship for the Canadian military company. As of the Fall 2018, 449 have graduated from one of 23 seven-day business boot camps and started over 370 businesses. Two thousand entrepreneurs have explored second career options at one of 83 introductory one-day workshops. The programme trains and helps support veterans become entrepreneurs;²⁴ all of their programmes and services are offered for free. Their team also has various programme managers and a CAF/VAC liaison.

2.4.14 Outward Bound Canada

Outward Bound Canada partners with a variety of institutions (e.g., high schools, universities, government, community groups, corporate groups) across Canada to provide a variety of services that enhance capacity and leadership and assist youth and adults in challenging times of transition.²⁵ The organization has a Veterans Program designed to help CAF veterans face the challenges they often encounter post-deployment through self-discovery and healing in the wilderness. The expeditions are typically week-long, and they do a variety of physical activities such as rock-climbing, mountaineering, sea-kayaking, and hiking. Veterans are also given the opportunity to reflect on and share their experiences and transition challenges in a supportive, safe, and restorative environment. The goal is to "cultivate resilience, leadership, connections, and compassion through inspiring and challenging journeys of self-discovery in the natural world."

²³ The information here was sourced from the organization's website (<https://www.navalassoc.ca/>).

²⁴ The information here was sourced from the organization's website (<https://www.princesoperationentrepreneur.ca/>).

²⁵ The information here was sourced from the organization's website (<http://www.outwardbound.ca/>).

2.5 EMERGING CHALLENGES AND INITIATIVES

One of the most significant events of 2018 – 2019 was the stand-up of a new CAF formation, the CAF Transition Group (CAF TG).²⁶ On 7 December 2018, General J. H. Vance, Chief of the Defence Staff (CDS) and Jody Thomas, Deputy Minister (DM), Department of National Defence, issued a joint CDS/DM Directive: Operation Transition.

Through Operation Transition and the stand-up of the CAF TG in December 2018, the CAF embarked on a mission to improve the transition experience for all Regular Force and Primary Reserve Force personnel. This process aligns with VAC and other partners and reflects a strengthened and more integrated approach for all releasing members. Central to this renewal is the Transition Trial at CFB Borden. The aim of the trial is to test, adjust, and validate newly developed doctrine, procedures, and tools related to release and transition from military to civilian life. The trial began on 4 February 2019 with releasing CAF members moving through the new joint transition process. The CAF TG leadership, together with VAC, undertook an ambitious joint outreach programme across the country to familiarize CAF leadership and members with the new CAF TG formation and the changes introduced with regard to transition, and to brief on VAC programmes and benefits, including the Pension for Life.

A further key indication of the close collaborative relationship between VAC and the CAF was the planning for and implementation of Pension for Life (PFL), which is a new suite of VAC benefits that came into effect on 1 April 2019. This was a major effort for VAC on many fronts and involved a complete system build. To address situations where releasing CAF members could be affected, a tiger team co-chaired at the director level by VAC and the CAF ensured close collaboration and information sharing to support PFL implementation. Additionally, on 1 April 2018, VAC launched the newly redesigned Career Transition Services programme and a new programme called the Education and Training Benefits. These represent important supports for transitioning members and veterans. Career Transition Services (CTS) can be accessed by all CAF members, members with intending to release and veterans who have completed basic training, and survivors, spouses and common-law partners of veterans. CTS provides services to help applicants develop the skills and tools they need to effectively search, apply for, and obtain civilian employment. The Education and Training Benefit (ETB) is open to veterans with a minimum of six years of service and is backdated to veterans who have released since 2006. Applications can be submitted for formal programmes or short courses. In this first year of the program, uptake of the ETB was strong, with indications that veterans taking up education and training programmes are pursuing areas of interest beyond their military career path. Both these initiatives contribute to the domain of purpose, thereby supporting the overall well-being of members and veterans [21].

During the reporting period, progress was made on all of these priorities in addition to other initiatives aimed at improving the transition of serving CAF members to post-military service and the lives of veterans and their families. Below are eight priorities:

1) Ensuring timely VAC access to Personal Health Information for adjudication purposes.

Throughout the year, VAC continued to streamline its adjudication process to provide CAF members and veterans with more timely decisions. As part of this initiative, Shared Services Canada enabled VAC access to the CAF Defence Wide Area Network (DWAN), through which it will have access to the Canadian Forces Health Information System (CFHIS) for specific serving members' medical files to obtain personal health information for adjudication purposes in accordance with the *Privacy Act*. This access will eliminate manual screening and scanning of information between the VAC and CAF

²⁶ The following section is reprinted from the *Annual Report of the CAF–VAC Joint Steering Committee*, 2008/19.

systems. In the coming months, VAC will begin a proof of concept trial for adjudicators to have role-based direct online access to CFHIS for serving member electronic records. Expansion to full capacity will depend on funding.

2) Re-introducing a Veterans Service Card.

Veterans have been consistent in their demand for the return of the NDI75 Record of Service Card since it was ceased in January 2016. On 11 September 2018, the Government of Canada re-introduced the Veteran's Service Card (VSC) as a tangible symbol of recognition for former military members who completed basic training and were honourably released. To date, the card, which is being rolled out in three stages, has been well received. Stage 1 was launched on 11 September 2018, with newly releasing members receiving a VSC as they released. Veterans who released from the CAF between February 2016 and September 2018 (26,000) were invited to apply for the card during the second stage beginning 4 December 2018. Director General Defence Security initiated preparation of these cards and by the end of the fiscal year, 19,000 had been produced. However, uptake has been slow. By 31 March 2019, 5,254 applications had been received for stage 2, with 4,748 cards sent out. It is anticipated that stage 3 will begin in summer 2019 if funding permits. At that time, all eligible veterans released prior to February 2016 who do not already have an NDI75 may request the VSC. This phase could see a possible 450,000 cards issued. By year end 2018 – 2019, five stage three cards had been produced for exceptional circumstances where time was of the essence for the veteran.

3) Continuity of health care: Ensuring that releasing CAF members have access to family doctors and other required health care services.

Throughout their careers, military members are provided with medical support. For medically releasing members, the CAF and VAC work together to document their medical needs prior to transition and that a member has sufficient medication to carry him or her through until appointments with new civilian practitioners take place. During the VAC Transition Interview, staff work with the releasing member (both medical and non-medical) to identify potential unmet needs. Assistance can also be provided to support access to health care providers (e.g., letting them know how to get put on a list for a family doctor) and other medical service providers in their community as required. However, the releasing member is responsible for initiating contact. Access to family physicians for transitioning members and veterans was discussed throughout the year and highlighted at the February 2019 CAF-VAC Joint Steering Committee meeting in Halifax, Nova Scotia. At that time, Dr. Cyd Courchesne, Director General Health Services for VAC reported the difficulty she encountered through formal means to obtain resources to identify family physicians. Although a challenge that is occurring across Canada and under the purview of provincial authorities, it was agreed that the issue required further examination to determine why, for example, it more difficult to find a doctor in certain parts of the country. In the interim, the Committee agreed that VAC would continue its education to family physicians, although it was stated that such soft approaches have little to no effect in addressing the issue. It was noted that if there is indeed an issue of access to family physicians for veterans that the problem needs to be better defined and a clear way forward developed.

Work continued in 2018 – 2019 to align medical formularies and health treatment benefits to ensure continued coverage of medications and treatment for CAF members and veterans. This included aligning the CAF Spectrum of Care benefits and VAC benefit grids. This was completed on 30 April 2018. Future formulary alignment reviews will be conducted ad hoc and will be based on licensing of new medication, new drug reviews by the Canadian Agency for Drug and Technologies in Health, or where identified to improve patient care. The CAF and VAC will continue to collaborate on the alignment of benefits.

4) Enhancing priority hiring of releasing CAF members within the Public Service.

Members releasing from the CAF are trained and leave the military with abilities, skills and expertise, many of which can be applied in the federal Public Service. Having a plan in place for post-military life contributes to a successful and healthy transition, and should include a new purpose, which could mean employment in the Public Service after release.

Since changes were made to the *Public Service Employment Act* in 2015, members and veterans of the CAF have been provided with increased access to employment opportunities in the Public Service. The Veteran Hiring Study, which looked at veteran hiring in the Department of National Defence, showed an increased proportion of hires since 2015. However, it also revealed that certain types of individuals are more likely to be hired than others, including officers, individuals with technical backgrounds, and those who are eligible for an immediate annuity, or have military job skills that easily translate to Public Service roles.

At this time, military members cannot activate their priority status for the public service until they have released from the CAF. This limits their ability to secure employment before transitioning to post-military life and therefore impacts a successful transition. To improve veteran hiring, and as a result of discussions during the reporting period, the Public Service Commission has indicated it will address this issue through internal process changes and the hiring of a manager of education. However, no funding has been provided to support this commitment.

5) Implementing a readiness-for-release protocol.

Key to a successful transition is the readiness of the serving member to release from the CAF. Since 1 April 2019, the CAF has implemented the initial transition process to ensure members completed the 12 steps outlined and are ready to release. Completing the initial transition process is the responsibility of the unit commanding officer who can ensure all steps mandated in Operation Transition are taken by following a checklist provided in the *Transition Guide*. The guide supports the transition process along with a number of additional transition tools and mandatory transition training, some of which are outlined later in this section.

Part of a renewed transition process and integral to the Transition Trial at CFB Borden, which commenced live intake in February 2019, is integrating the ongoing CAF Release Renewal Process. The determination of a member's readiness to release will be made using the domains of well-being and an administrative checklist of benefits that must be in place prior to transition. These will be described under Priority 8, below.

Readiness to release means a member has all key applicable benefits and services in place before leaving the CAF, including service attribution and diagnosis, and support to families. Before they release, members should have in place adequate housing and, if applicable, gainful employment or vocational rehabilitation, and continuing medical follow-up and benefit decisions. To support this seamless transition, referral protocols and training materials will be provided to front line staff to assist them in assessing the degree of readiness of CAF members for transition. As mentioned above, the initial transition process enables the member's chain of command to verify that the member has completed the directed transition activities prior to being released.

6) Implementing “guided support” for CAF members and families who are making the transition to civilian life.

CAF Transition Assistance was introduced for testing as part of the Transition Trial in Borden so that, from the perspective of releasing CAF members and their families, support can be accessed seamlessly through the same service counter, whether in-person or online. Transition advisor capability is being

built in each Transition Centre as part of the CAF TG. Going forward, this project will seek to strengthen the VAC-CAF collaborative approach to assist a member through a seamless transition.

To ensure a continuum of support post transition where necessary, on 17 December 2018 VAC Guided Support was fully implemented in all VAC area offices across the country. Guided support is one aspect of VAC's enhanced service delivery model that focuses on Veterans with moderate needs who require assistance navigating benefits and services. VAC's Service Delivery Model is such that Veterans may move from one type of support service to another depending on their risks and/or needs at the time. The Veteran can be self-directed, require targeted assistance, offered Guided Support or Case Management Services.

Those in receipt of individualized support through Guided Support fall into two streams. The first is post case management services and describes one-on-one support being provided to a veteran one-year post case management to ensure health and well-being are maintained. The second stream is for those veterans who have moderate unmet needs and require personalized support and coordination of benefits and services and short-term follow-up. The second stream of guided support is in place until the unmet needs have been addressed. At the end of March 2019 there were approximately 385 individuals receiving Guided Support.

7) Streamlining the number and simplifying the complexity of CAF, VAC, and other third-party forms that CAF members and families have to complete in order to apply for transition services and support.

Also, part of the Transition Trial in Borden currently underway, development of a Joint Transition Process was initiated to streamline, where possible, the administrative processes related to transition. The aim is to design, standardize and codify the transition process across both the CAF and VAC. This will include updates to transition policies, processes and guidelines. The plan is for the transition process to evolve from an administratively based one aimed at getting a transitioning member to a release date to a holistic and deliberate one designed to guide transitioning members and their families through the process, based on recognized domains of well-being, ensuring releasing CAF members and their families receive the professional, personalized and standardized support they deserve.

Additionally, between October 2018 and April 2019, twenty-one Medical Questionnaires (MQs) were streamlined and reduced in size to ease the paperwork burden on health professionals and to improve turnaround times for completion. This is expected to result in faster decisions for veterans.

8) Making greater use of digital services and tools for delivering transition support to CAF members, veterans and families who are in the process of transitioning to civilian life.

Providing information online is a highly effective way to deliver support to CAF members, Veterans, and their families. Investing in digital tools, systems and information sharing processes aligns with the Government's direction to become more digitally focused and will directly support CAF members, Veterans, and their families as they apply for benefits and services. These investments will improve the transition and delivery of services to CAF members, Veterans, and their families. Examples of these initiatives, completed or launched during the reporting period are:

- **Military Transition Website.** A joint CAF-VAC transition website was launched in December 2018.²⁷ The purpose of this website is to provide serving members, veterans, and their families with a single portal to find everything they need to know about programmes and services from both the CAF and VAC.

²⁷ See <https://www.canada.ca/en/department-national-defence/services/benefits-military/transition.html>.

- **My Transition Guide** (available in print, PDF and HTML formats). This guide helps members understand the transition process and supports their transition planning. It contains information and checklists for members and their families as well as an “Aide Memoire for Unit Commanding Officers” to support their members in transition.
- **My Transition Services App**. During its outreach events across the country, the CAF TG invited participants to download the app, which includes the My Transition Guide, My Checklist, My Transition Toolbox, My Transition Contacts as well as links to organizations and supports, such as Soldier On, SISIP and VAC. The CAF TG owns the app and thus has the capacity to adjust it as appropriate within 48 hours, based on input received from users. It is available on Google Play Store and Apple App Store.
- **MNET**. This online system translates military occupations into civilian occupation equivalents. By March 2019, 119 Military Occupational Structure Identifications (MOSID) had been translated to into 935 National Occupation Code (NOC) equivalencies.
- **SCAN Online**. Second Career Assistance Network (SCAN) online was launched on 10 December 2018 on the Canada.ca website.²⁸ This online initiative allows CAF members and their families to initiate transition planning anywhere and anytime. It is complementary to the in-person SCAN seminars held at bases across the country throughout the year.
- **Screening Tool: Phase 1**. VAC developed and implemented a single evidence-based screening tool to replace four existing screening tools being used for various purposes. The new tool was implemented in January 2019 and is in use at all VAC offices. Within the Transition Trial in Borden, CAF Transition Advisors have been trained in its use and have started using it as they screen releasing CAF members as part of the trial. Results of the CAF screening are sent to VAC for use during the member’s transition interview.
- **Mandatory Enhanced Transition Training**. Transition Training was launched on the Defence Learning Network (DLN) on 10 December 2018 as a tool to help prepare CAF members for transition, providing them with knowledge on benefits, services and programs and assisting them in planning for transition and preparing for their post-military life. As part of Operation Transition, effective 1 April 2019, this training became mandatory for all members with a confirmed date of release.
- **Checklist Development**. The *Member Transition Task List* was developed by amalgamating multiple lists into one main list. It is included in the Transition Guide and My Transition App. It is also available on the joint Transition Website.²⁹ Future development of the list will also be available on My VAC Account. The *Member Transition Task List* is structured along the seven domains of well-being (employment or other meaningful activity; finances; health; life skills and preparedness; social integration; housing and physical environment; and cultural and social environment; VAC, 2017) and includes timelines to help the member and those assisting him or her to identify and track progress on pre-release activities required as part of transition.
- **One Application Process**. This is an improved information sharing initiative that will allow members to submit their personal information only once. All applications for benefits for which a member may have need or entitlement would be developed automatically, drawing on the information provided, thereby reducing the repetitive input of the same information. Work on the

²⁸ See <https://www.canada.ca/en/department-national-defence/services/benefits-military/transition/scan.html>.

²⁹ See <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/transition-guide/transition-checklist.html>.

protocol started as part of Budget 2017, and continued as part of the PFL implementation project and includes benefits such as Rehabilitation Services, Income Replacement Benefit (IRB), Pain and Suffering Compensation (PSC) and Additional Pain and Suffering Compensation (APSC).

Fiscal year 2018 – 2019 proved to be one of significant advancement together by VAC and the CAF in support of transitioning CAF members, Veterans, and their families. True to Canada's Defence Policy and VAC's mandate, efforts focused on people, with initiatives implemented to assist members through transition and to provide client-centred services and benefits to those that need them. Significant milestones were reached and included the stand-up of the CAF TG and the implementation of the PFL. All events described mark the beginning, not the end, of collaborative processes designed to put first Canada's serving military members and Veterans, as well as the families that support them. Important research on suicide, aging, spousal well-being and transition experiences of ill and injured members was shared between CAF and VAC; it will provide sound, scientific evidence to support ongoing improvements to how members are supported as they transition from military life to their next life stage as Veterans and how their families take the journey with them.

2.6 TRANSITION-RELATED RESEARCH

Research plays an important role in providing scientific evidence to inform program and policy development that supports the well-being of CAF members, those transitioning to post-military life, Veterans, and their families. This report lists publications produced by researchers from Director General Military Personnel Research and Analysis (DGMPRA) at DND and Veterans Affairs Canada (VAC) Research Directorate since 2011.

Table 2-2: Transition-Related Studies.

	Title	Key Findings
1	<i>Self-Assessment of Need for Assistance with Transition to Civilian Life: Development of the Road to Civilian Life (R2CL) Checklist/Research on Transition to Civilian Life</i>	<p>1) Develops a tool to help serving members and recently released members determine whether they should seek assistance during the transition from military to civilian life. Phased method consisting of development of items based reflecting key determinants of well-being during the military-civilian transition. First round of cognitive interviews with 10 soon-to-be releasing CAF members and 10 recently released veterans to test items; items revised accordingly. Second round of cognitive interviews with 10 soon-to-be releasing CAF members and 10 recently released veterans to test revised items. Final list of items derived.</p> <p>2) Transition to Civilian Life of Recently Released CAF Members and Their Families Study. This project involves face-to-face surveys with CAF members transitioning from the CAF to civilian life and paper surveys for their spouses; includes ill or injured CAF members and their families. The surveys are being conducted through a contract with Statistics Canada. The survey administration has begun. A report outlining the history of the project and the data analysis plan is currently under peer-review. The data analysis is expected to take place in Fall 2017.</p> <p>See Thompson, Dursun et al. (2017) [22].</p>

	Title	Key Findings
2	<i>Pilot Study on the Well-Being of Ill or Injured CAF Members and their Families</i>	<ol style="list-style-type: none"> 1) This programme of research consists of three phases of data collection, each of which builds on insights grounded in the previous phase. The first phase was initiated in winter 2015 and consisted of a pilot study on the impacts of illness or injury on the well-being of CAF members and their spouses, as well as the role played by family and DND services in the rehabilitation and recovery of the ill or injured members. The aim of the pilot study was to identify problems with survey items and/or measures proposed to be included in subsequent phases of the research program, in addition to identifying new issues or topics on which these subsequent phases could elaborate. 2) CAF members mostly reported having had a physical condition, while fewer reported having had a mental health condition throughout their military career. Further, a fair proportion of the members reported multiple conditions, which they frequently attributed to military service. Taken together, these results underline the range of health conditions that members may experience throughout their military careers. 3) Like CAF members, spouses/partners reported that they assisted the CAF member most frequently with meal preparation and household chores. They also mentioned psychological support as an additional caregiving role that they had played. <p>See Lee, Skomorovsky, Martynova, and Dursun (2016) [23].</p>
3	<i>Veterans' Identities and Well-being in Transition to Civilian Life – A Resource for Policy Analysts, Program Designers, Service Providers and Researchers</i>	<ol style="list-style-type: none"> 1) This technical report highlights important implications for policy and programme development, service delivery, communications, commemoration and societal recognition. Transitioning veterans can have a more difficult time adjusting if they do not form identities with groups outside the military and integrate them into their military identity. During participation in the Invictus Games, veterans with chronic health problems identified as athletes rather than ill or injured. Identity research explains why veterans helping veterans (peer support) is important in helping veterans deal with identity challenges as they adapt to civilian life. The research shows how civilians can become sensitive to veterans' identities. It is important, for example, to ask veterans what works for them in recognition, rather than making assumptions about how best to recognize and commemorate them. Finally, the report suggests priorities for research needed to answer remaining important questions about veterans' identities and well-being. 2) To address this important knowledge transfer gap, VAC partnered with the Canadian Institute for Military and Veteran Health Research (CIMVHR) to establish a Research Theme Working Group for the November 2016 CIMVHR Forum, with funding from Health Canada. The 2016 workshop at the forum brought together academic clinical experts from Canada, the United States, the United Kingdom, and Estonia. Working group members met with the VAC team in the months leading up to the forum workshop and were engaged in developing this report. This technical report was prepared following the November 2016 workshop, based on notes taken during teleconferences with the experts, the forum 2016 presentations and a review of the published scientific literature. The objectives were as follows:

	Title	Key Findings
3 (cont'd)	<i>Veterans' Identities and Well-being in Transition to Civilian Life – A Resource for Policy Analysts, Program Designers, Service Providers and Researchers (cont'd)</i>	<ul style="list-style-type: none"> • Synthesize basic knowledge about veterans' identities: • Synthesize knowledge about the connection between identities and well-being. • Demonstrate practical real-world applications of knowledge about identities in supporting adaptation to civilian life, service delivery, policy and programme development, communications, commemoration and measuring outcomes; <ul style="list-style-type: none"> • Engage researchers in studying veterans' identities. <p>See Thompson, Lockhart et al. (2017) [24].</p>
4	<i>Life After Service Study 2016</i>	<ol style="list-style-type: none"> 1) The Life After Service Survey (LASS; 2016) programme of research is designed to understand the transition experiences of Canadian veterans as they move from military to civilian life. LASS partners are VAC, DND-CAF, and Statistics Canada. The findings inform programmes and services designed to support the well-being of Canadian veterans and their families. LASS 2016 expands on the earlier studies from 2010 and 2013. 2) Over half of Regular Force veterans reported an “easy” adjustment to civilian life; however, 32% had difficulty. Factors associated with difficult adjustment included low rank of release, less than 10 years of service, unemployment and chronic health conditions. In 2016, 65% of Regular Force veterans were working. Their unemployment rate was similar to that of comparable Canadians (both about 8%). When asked about the effect their release had on the family, most veterans reported that the transition was “easy” for their children (60%) and their partner (57%). However, a difficult adjustment was reported for 17% of children and 28% of partners. <p>See VanTil et al. (2017) [6].</p>
5	<i>Contract Report – Literature Review: Military to Civilian Transition</i>	<ol style="list-style-type: none"> 1) The primary focus of this literature review was the post-service outcomes for military personnel or military veterans from NATO countries. Overall, CAF veterans' transition to civilian life had comparable outcomes to the general population. Veterans report similar income and show similar levels of substance abuse, mood disorders, interpersonal problems, and homelessness to the general population. The one outcome that veterans were appreciably more likely to suffer from than nonveterans was physical disability due to combat-related injuries. However, the research also revealed that about 25% of veterans did experience transition problems, and this group shouldered the majority of negative outcomes. For example, veterans who suffered from Posttraumatic Stress Disorder (PTSD) were at higher risk of nearly every other negative outcome, including lower income, unemployment, impersonal problems, and suicide. <p>The literature review revealed a number of risk and protective factors that could be used to predict transition outcomes (e.g., effective coping strategies, number of deployments and exposure to combat, substance abuse, strong family and friend support). The review also identified several groups that may experience unique barriers during the transition process. The first is veterans with a disability, who earn less income and are more likely to experience deficiencies in well-being, increased acts of aggression, comorbid diagnoses, and increased substance abuse. The second is reason for release. Canadian veterans who were given medical release earned 20% less than they earned while in service.</p> <p>See Wayne, Butler, and Budgell (2016) [25].</p>

	Title	Key Findings
6	<i>CAF Transition Program Use and Satisfaction: Analysis of Exit Survey Data</i>	<ol style="list-style-type: none"> 1) In support of the CAF Retention Strategy, the CAF Exit Survey assesses releasing members' level of satisfaction or agreement with a wide range of work and organizational issues. The Exit Survey is voluntary, web-based, and available to all Regular Force personnel voluntarily releasing from the CAF. Several questions concerning CAF transition programmes and services are included in the survey. 2) The Transition Program's services are offered to releasing CAF members to aid them in making a successful adjustment back to civilian life. The Exit Survey questions relevant to the Transition Program ask about the respondent's use, or planned use, of transition services. 3) The results provide some general information regarding the use of Transition Program services, as well as satisfaction with the dissemination of information relevant to those services. Based on the results described here, just over half of releasing service members who completed the CAF Exit survey between April 2014 and March 31, 2015, made use of Transition Program services, in particular Second Career Assistance Network seminars and the Career Transition workshops. A good majority of those respondents who used the services were satisfied with the timeliness and completeness of information provided to them regarding CAF Transition Program services. To fully understand the success or shortcomings of this program, a more targeted investigation should be carried out to determine the effectiveness of the individual services. Indicators of effectiveness could include ease of use, availability, timeliness of service access and information, and completeness of information. Caution should be used when generalizing from these results due to the low response rate from those releasing CAF members who were eligible to complete the Exit Survey. <p>See Dekker (2016) [26].</p>
7	<i>The Canadian Forces Exit Survey: Analysis of Qualitative Data</i>	<ol style="list-style-type: none"> 1) Several themes consistently emerged in respondents' responses across the open-ended questions. The most frequently mentioned themes included family and relationship needs, dissatisfaction with career management, as well as dissatisfaction with deployments, postings, and tours. Family and relationships were the most frequently mentioned reason that prompted voluntarily releasing members to think about leaving the organization. Approximately one fifth of respondents were concerned about the effect their military career, in particular long absences and frequent relocations, had on their family. Junior members were more likely to be concerned about their family situation than senior members. 2) For many respondents, the departure from the organization could be attributed to dissatisfaction with postings and tours. Voluntarily releasing members were often concerned about the lack of control over the location and timing of their postings. They expressed frustration with having little input into the decisions that affected their careers and family lives. 3) Another common reason for voluntary departures was dissatisfaction with the formal career management system in the CAF. One fifth of respondents mentioned that career management concerns were the reason that made it easy for them to leave the organization. Many respondents complained about limited opportunities for occupational change in the military. One third of

	Title	Key Findings
7 (cont'd)	<i>The Canadian Forces Exit Survey: Analysis of Qualitative Data</i> (cont'd)	<p>respondents mentioned issues with career managers as an explanation for their dissatisfaction with the career management system. Many respondents said that career managers were not knowledgeable about their career situation and did not take their interests, preferences, or career goals into account when making decisions about their next assignment. Career management was of particular concern for senior members.</p> <p>4) See Parfyonova, Blas, and Simpson (2013) [27].</p>
8	<i>Satisfaction with the CAF Transition Centre (CAF TC)/CAF Transition Unit (CAF TU) Services: Results from the Client and Commanding Officer Satisfaction Surveys</i>	<p>1) Director of Casualty Support Management administered two separate surveys that collected data on the satisfaction level of CAF personnel who use CAF TU/TC services. The Client Satisfaction Questionnaire is administered to CAF members directly and the Commanding Officers Satisfaction Questionnaire is administered to commanding officers of subordinates who have used CAF TU/TC services.</p> <p>2) Although the majority of CAF clients reported that they found the CAF TU/TC easy to access and the reception at the front desk to be very good or exceptional, comments noted a concern over a lack of privacy and identified the need for additional equipment (e.g., access to computers).</p> <p>3) While the level of satisfaction with the services received at the CAF TU/TC was generally high, lower levels of satisfaction were identified with the services received from the service partner organizations (e.g., VAC, Service Income Security Insurance Plan). Although one third of CAF member clients reported that the partner organizations integrated with the CAF TU/TC frequently, if not always, delivered a seamless transition between organizations, the majority of respondents reported it as only occurring “fairly often” or “sometimes.” The vast majority of both clients and commanding officers agreed that the clients were treated respectfully and with confidentiality. Although the greater majority of clients reported they did not feel they had been forgotten as a client, about 10% felt as though they had been forgotten.</p> <p>4) In their written feedback, both clients and commanding officers noted concern with perceived staffing shortages and high workloads among CAF TU/TC personnel, and the potential impact that this may have on service delivery.</p> <p>See Coulthard (2015 [28], 2017a [29], 2017b [30]).</p>
9	<i>Multivariate Assessment of Health-Related Quality of Life in Canadian Armed Forces Veterans after Transition to Civilian Life</i>	<p>1) This study involved secondary analysis of Life After Service Study data to identify factors associated with physical and mental health measures of health-related quality of life after transition to civilian life. High ratings of mastery and high satisfaction with life were strongly associated with better scores on both physical health and mental health. Both activity limitation in major life domains and needing assistance with activities of daily living were negatively associated with physical health scores, whereas only the latter was negatively associated with mental health scores.</p>

	Title	Key Findings
9 (cont'd)	<i>Multivariate Assessment of Health-Related Quality of Life in Canadian Armed Forces Veterans after Transition to Civilian Life</i> (cont'd)	<p>2) The models suggested protective factors and identified characteristics of subgroups vulnerable to poor health-related quality of life after accounting for confounding. Findings can be used to identify those at high risk who may benefit from targeted interventions and to develop health promotion and prevention strategies for CAF personnel in the transition to civilian life.</p> <p>See Hopman et al. (2015) [31].</p>
10	<i>Pain in Canadian Veterans: Analysis of Data from the Survey on Transition to Civilian Life</i>	<p>1) This study involved secondary analysis of Life After Service Study data and aimed to describe the prevalence of chronic pain and associated sociodemographic, health behaviour, employment/income, disability, and physical and mental health factors in veterans. Sixty-four percent of veterans experienced constant or intermittent chronic pain or discomfort, and 25% had moderate to severe interference with activities of daily living due to pain. There was a strong association between physical health conditions and the presence of chronic pain and moderate to severe pain interference. Mental health conditions were associated with pain interference but not with the presence of chronic pain.</p> <p>2) These findings provide evidence for agencies and those supporting the well-being of veterans and inform longitudinal studies to better understand the determinants and life course effects of chronic pain in military veterans.</p> <p>See VanDenKerkhof et al. (2015) [32].</p>
11	<i>Post-Military Adjustment to Civilian Life: Potential Risks and Protective Factors</i>	<p>This study involved secondary analysis of Life After Service Study data and aimed to describe the prevalence and correlates of difficult adjustment to civilian life. The prevalence of difficult adjustment to civilian life was 25%. Significant differences were found across indicators of health, disability, and determinants of health. In particular, lower rank and medical, involuntary, mid-career, and Army release were associated with difficult adjustment, whereas sex, marital status, and number of deployments were not. Potential risk and protective factors were identified that can inform interventions, outreach strategies, and screening activities, as well as further research.</p> <p>See MacLean, VanTil et al. (2014) [33].</p>
12	<i>Fall 2017 Your-Say Survey Results: Programs Available to Ill and Injured CAF Members</i>	<p>1) This report provides senior leaders in the CAF with top-line results from the Your-Say Survey (YSS). Specifically, this report provides results from the Programs Available to Ill and Injured subsection of the 2017 YSS. The results reflect awareness and knowledge of programmes available to the ill and injured CAF members.</p> <p>2) While the majority of survey respondents reported awareness of many of the programmes and services available to ill and injured CAF members (i.e., SISIP, the CAF TU/TC, Soldier On, CFMAP, the RTD Program, and OSISS), fewer than half reported awareness of the CAF Vocational Rehabilitation Program for Serving Members, <i>The Guide</i>, and the Home and Vehicle Modification Program. Notably, a slight decrease in awareness was observed for most programmes and services when comparing findings of the Fall 2017 YSS with the results from the Fall 2016 YSS; however, any</p>

	Title	Key Findings
12 (cont'd)	<i>Fall 2017 Your-Say Survey Results: Programs Available to Ill and Injured CAF Members (cont'd)</i>	<p>comparisons between 2017 and 2016 should be interpreted with caution due to differences in sample sizes, as well as differences in weighting the data.</p> <p>3) Overall, most had not used the programmes and services available to the ill and injured, with respondents reporting usage of SISIP and <i>The Guide</i> most frequently. Of the respondents who had used programmes and services available to the ill and injured, most were generally satisfied, with the greatest satisfaction reported for The Home and Vehicle Modification Program, CFMAP, <i>The Guide</i>, and Soldier On. The most frequently reported source of information on the programmes and services available to the ill and injured was through information briefings, followed by the CoC.</p> <p>While a small proportion of survey respondents reported having used transition services, most reported satisfaction with both the relevance and timeliness of transition programme information provided. Additionally, over half felt better prepared to transition out of the military after having used CAF transition services.</p> <p>See Daugherty (2018) [34].</p>
13	<i>Fall 2016 Your-Say Survey Results: Programs Available to Ill and Injured CAF Members</i>	<p>1) This report provides the top-line results of the Your-Say Survey to senior leaders in the CAF. Specifically, this report provides results from the Programs Available to Ill and Injured subsection of the 2016. The results reflect awareness and knowledge of programmes available to the ill and injured CAF members.</p> <p>2) While the majority of survey respondents reported awareness of many of the programmes and services available to ill and injured CAF members (i.e., SISIP, the CAF TU/TC, Soldier On, the RTD programme, CFMAP, OSISS, the federal Public Service Employment – Priority Hire for Medically Released CAF Members, and CAF Transition Services), they were relatively unaware of <i>The Guide</i> and the Home and Vehicle Modification Program. As well, while a large majority reported being aware that VAC benefits and services were available to the ill and injured, a smaller proportion indicated awareness of the specific benefits and services available. Notably, an increase in awareness was observed when comparing Regular Force findings of the Fall 2016 YSS with the results of the Fall 2015 YSS.</p> <p>Overall, the majority had not used the programmes and services available to the ill and injured, with SISIP, <i>The Guide</i>, and CFMAP used most frequently. Survey respondents were generally satisfied with the programmes and services available, with greatest satisfaction reported for <i>The Guide</i>, SISIP, Soldier On, and CFMAP. The most frequently reported source of information on the programmes and services available to the ill and injured was through information briefings, with only one quarter reporting that they had learned about the programmes through their immediate supervisor. An increase in the dissemination of information from all three sources was noted in the Fall 2016 YSS results in comparison to the Fall 2015 YSS findings.</p>

	Title	Key Findings
13 (cont'd)	<i>Fall 2016 Your-Say Survey Results: Programs Available to Ill and Injured CAF Members (cont'd)</i>	<p>3) While a small proportion of survey respondents reported having used transition services, the majority reported satisfaction with both the relevance and timeliness of transition programme information provided. Additionally, almost half indicated that they felt better prepared to transition out of the military after having used CAF transition services.</p> <p>See Coulthard and Daugherty (2017) [35].</p>
14	<i>Fall 2015 Your-Say Survey Results: Programs Available to Ill and Injured CAF Members</i>	<p>1) This report provides the top-line results of the Your-Say Survey to senior leaders in the CAF. Specifically, this report provides results from the Programs Available to Ill and Injured subsection of the 2015 Reg F YSS. The results reflect awareness and knowledge of programmes available to the ill and injured CAF members.</p> <p>2) Consistent with the Fall 2014 results, over one half of Regular Force members reported being aware of many of the resources available to the ill and injured (i.e., Soldier On, Return to Work, CAF TU/TCs, Career Transition Assistance Program, and CFMAP), but they were relatively unaware of <i>The Guide</i> and the Home and Vehicle Modification Program. Notably, awareness of VAC benefits and services available to the ill and injured far exceeded awareness of all other programmes, although rates of awareness appear to have decreased from the previous YSS. To clarify which benefits and services were provided by VAC, the term VAC was added to four questions. It is not known whether or not these changes contributed to the approximately 10% lower awareness rates than those reported in the Fall 2014 YSS. In this survey, close to half of respondents indicated they were aware of VAC Disability and Financial Benefits, VAC Case Management, VAC Career Transition Services, and the VAC Vocational Rehabilitation Program.</p> <p>3) Approximately one tenth of Regular Force members reported having used Transition Assistance Services. Most respondents who reported having attended a SCAN seminar did not attend because they were planning on retiring in the near future; rather, two thirds indicated that they attended in order to plan for their eventual retirement or because they were gathering information. Of those who reported using Transition Assistance Services, three quarters indicated that they were satisfied with the relevance of transition programme information provided, two thirds reported satisfaction with the completeness of the information provided on transition programmes, and two thirds related feeling better prepared to transition out of the military.</p> <p>See Peach (2016) [36].</p>
15	<i>Your-Say Spring 2013 Core and Focus Survey Results)</i>	<p>1) The majority of CAF members indicated that they were aware of the VAC benefits and services available to ill and injured CAF members, while three fourths were aware of the CAF Transition Units / CAF Transition Centres. aware of <i>The Guide</i> published by Director Causality Support Management, and many reported that they were not aware of the programmes included in <i>The Guide</i>. In comparison to other rank groups, junior Non-Commissioned</p>

	Title	Key Findings
15 (cont'd)	<i>Your-Say Spring 2013 Core and Focus Survey Results (cont'd)</i>	<p>Members (NCMs) reported the least awareness while, in comparison to the Chief of Military Personnel and Other organizations, Canadian Army, Royal Canadian Navy, and Royal Canadian Air Force personnel reported the least awareness.</p> <p>2) Approximately two fifths of Regular Force members reported being “moderately” or “very/extremely” knowledgeable of the VAC benefits and services available to the ill and injured and the CAF Transition Units / CAF Transition Centres. However, two fifths of Regular Force members reported being “not at all” knowledgeable of the CF Members Assistance Program, while 70% reported being “not at all” knowledgeable of The Guide and benefits contained within it, with junior NCMs reporting that they were the least knowledgeable of these programmes and services.</p> <p>3) More than four fifths of CAF personnel believed that more information should be made available regarding The Guide, CF Members Assistance Program, CAF Transition Units / CAF Transition Centres, and VAC benefits and services, and this was especially true for NCMs. Finally, three fifths of CAF personnel reported having received information on services available to the ill and injured during information briefings, while four fifths reported that they have not received such information from their immediate supervisor. Compared to all other rank groups, senior NCMs more frequently reported that they had received information on services available to the ill and injured at information briefings, while Canadian Army personnel indicated more frequently than personnel in Other organizations that they had received information concerning these services from their immediate supervisor and members in their chain of command.</p> <p>See Butler and Budgell (2015) [37].</p>
16	<i>Transition from Military to Civilian Life: Male and Female Canadian Armed Forces Veterans</i>	<p>1) Understanding gender differences in health issues and health care utilization among veterans is an important dimension of this research because more women are joining the military.</p> <p>2) This paper reports on a secondary analysis conducted using the Survey on Transition to Civilian Life data to examine gender differences on several variables, including general and mental health, life stress, and satisfaction with elements of civilian life for CAF veterans.</p> <p>3) Results revealed significant differences between male and female veterans on their self-reported mental health, level of life stress, and satisfaction with elements of civilian life. No significant differences were found on other important measures, such as self-reported general health and satisfaction with financial situation and social environment. Further analyses revealed variables that significantly predicted adjustment to civilian life. Mental health, satisfaction with leisure activities, and satisfaction with financial situation significantly predicted level of adjustment s for both men and women; however, general health, life stress, and satisfaction with job or main activity were significant predictors only for male veterans. In addition, level of life stress was a significant predictor of adjustment for male veterans, but not for female veterans. Finally, elements of the social environment were not significant predictors of adjustment for either male or female veterans.</p>

	Title	Key Findings
16 (cont'd)	<i>Transition from Military to Civilian Life: Male and Female Canadian Armed Forces Veterans</i> (cont'd)	<p>4) This study provided an initial examination of gender differences in transition experiences among male and female veterans. The majority of research examining gender differences in the veteran population has been conducted in the U.S. on U.S. military populations; thus, it was important to study gender differences in the CAF. Future research should examine why these gender differences exist in the transition from military to civilian life in order to identify gender-specific resources needed in this transition.</p> <p>See Hachey (2014) [38].</p>
17	<i>Health and Well-Being of Canadian Armed Forces Veterans: Findings from the 2013 Life After Service Survey</i>	<p>1) This report describes findings from the Life After Service Study 2013, which included both Reserve and Regular Force veterans released from 1998 – 2012. Class A/B Primary Reserve veterans were the youngest on average and in general had the best health and well-being. Very few were participating in VAC programmes. Class C Primary Reserve veterans looked more similar to Regular Force veterans than Class A/B veterans. Most were doing well, but they were older on average than Class A/B veterans and were experiencing problems more often. Regular Force veterans who released from 1998 – 2012 were doing well, but of the three groups they had the highest prevalence of health and well-being problems.</p> <p>2) All three veteran groups had similar rates of unemployment and lower rates of low income compared to age- and sex-matched members of the general Canadian population. In terms of health indicators, Class A/B Reserve Force veterans were similar to Canadians in the general population. Class C Reserve Force veterans were more like Regular Force veterans than Canadians in the general population. Regular Force veterans were least like the general Canadian population.</p> <p>See Thompson et al. (2014) [39].</p>
18	<i>Pre- and Post-Release Income: Life After Service Studies</i>	<p>1) This report describes findings from the Income Study component of the Life After Service Study 2013. Class A/B Reserves had much lower incomes than Regular Force and Class C Reserves. However, income increased for both Reserve Class A/B and Reserve Class C veterans comparing the pre-release year and all three years post-release, but decreased for Regular Force veterans. Low income rates were higher for Reserve Class A/B veterans than for both Regular Force and Reserve Class C veterans.</p> <p>2) In general, younger veterans experienced both the greatest increases in income and the highest rates of low income. The findings suggest that VAC programmes are reaching some segments of the cohort with the largest declines in income post-release.</p> <p>See MacLean, Campbell et al. (2014) [40].</p>
19	<i>2013 Synthesis of Life After Service Studies</i>	<p>1) The Life After Service Study 2013 builds on the earlier studies from 2010 by including veterans of the Primary Reserves in two major studies: the survey of health and well-being, and the record linkage for pre- and post-release income trends. This report synthesizes findings from these studies.</p>

	Title	Key Findings
19 (cont'd)	<i>2013 Synthesis of Life After Service Studies</i> (cont'd)	<p>2) Most veterans adjust well to civilian life, with Reserve Class A/B veterans having the least difficulty. Consistent with 2010 findings, prevalence of chronic conditions (both physical and mental) and activity limitations were higher for Regular Force than for the general Canadian population. Prevalence was also higher for Reserve Class C veterans. For Reserve Class A/B veterans, while the prevalence of chronic conditions was similar to Canadians. Income in the pre-release year compared with income for all of the first three years post-release showed a decrease for Regular Force veterans and an increase for both Reserve Class A/B and Reserve Class C veterans. Low income rates for all three groups were lower than Canadians in the general population. In both the 2010 and 2013 income studies, rates of low income were higher among younger veterans.</p> <p>3) There were more health and well-being issues among veterans receiving benefits from VAC than non-recipients. VAC programmes are reaching veterans with the most complex health conditions and those with the largest declines in income.</p> <p>See VanTil et al. (2014) [41].</p>
20	<i>Health-related Quality of Life of Canadian Forces Veterans after Transition to Civilian Life</i>	<p>1) This study involved secondary analysis of Life After Service Study data and aimed to describe health-related quality of life of veterans after transition to civilian life and compares to age- and sex-adjusted Canadian norms. Compared to Canadian averages, physical health score was low and mental health score was similar. Physical health and mental health were lowest for non-commissioned ranks, widowed/divorced/separated, 10 – 19 years of service, physical and mental health conditions, disability, dissatisfaction with finances, seeking work/not working, low social support and difficulty adjusting to civilian life. Health-related quality of life varied across a range of factors, suggesting possible protective factors and vulnerable subgroups that may benefit from targeted interventions.</p> <p>See Thompson et al. (2013) [42].</p>
21	<i>Canadian Forces Personnel Adjusting to Civilian Life: Resources Promoting Successful Adjustment</i>	<p>1) This study was a secondary analysis using data from the Survey on Transition to Civilian Life to examine resources that promote successful adjustment to civilian life. In particular, the role that mastery and social environment (i.e., satisfaction with support and community belonging) play in adjustment to civilian life.</p> <p>2) Results revealed that not only were life stress, health, satisfaction with support, mastery, and community belonging strong predictors of adjustment to civilian life, small moderating effects were also present. The study revealed resources that can potentially aid in the transition to civilian life.</p> <p>3) The results of this study point to the importance of resources, including personal characteristics and aspects of the social environment, in the adjustment to civilian life among military veterans. These intra- and interpersonal characteristics could be enhanced and developed throughout the military career in order to ease later adjustment.</p> <p>See Hachey and Sudom (2013) [43].</p>

	Title	Key Findings
22	<i>Literature Review on Rural-Urban Differences in Well-Being after Transition to Civilian</i>	<ol style="list-style-type: none"> 1) Approximately 20% of CAF veterans live in rural areas. This study reviewed the literature on rural and urban differences in well-being among military veterans to determine whether one geographic group might be more at risk for difficulties in transition to civilian life. 2) Urban veterans generally report better physical functioning, possibly due to reduced access to care. Research on the mental health of veterans, however, has not shown conclusive results, with some studies demonstrating an advantage for rural veterans in psychological well-being, and others indicating that veterans in rural regions are at an increased risk for mental health problems. The generalizability of the existing research is limited, however, by a lack of consistency in defining “rural,” and by a dearth of research on rural-urban differences among veterans of the CAF. <p>See Watkins (2013) [44].</p>
23	<i>Literature Review on Mental Health and Career Challenges after Transition from Military to Civilian Life</i>	<ol style="list-style-type: none"> 1) A review of the literature on the transition from military to civilian life was conducted to determine which factors are associated with mental health and career difficulties after transition, and to examine the methods employed by the CAF, DND, and VAC to treat or, optimally, prevent these problems. 2) Combat exposure, personality traits such as hardiness, and social support were shown to be associated with mental health problems. Difficulties with mental health were often related to poor family functioning, as well as physical health problems, such as obesity and hypertension. Lack of civilian education and training and skill transferability were identified as obstacles in securing civilian employment. 3) CAF and VAC transition assistance programmes are discussed, with suggestions to address their limitations, increase their acceptance, and better meet the needs of releasing military members and veterans. <p>See Watkins (2011) [45].</p>
24	<i>Transitioning Successfully: A Qualitative Study</i>	<ol style="list-style-type: none"> 1) This phase explored the transition process, based on the lived experiences of 15 veterans who were medically released between 2006 and 2014 and who self-identified as having successfully transitioned. Each participant completed an online survey followed by an in-depth telephone interview. 2) The survey results and follow-up interviews with veterans identified the following contributors to success: <ul style="list-style-type: none"> • Being proactive and “owning” their transition; • Support from a spouse; and • Planning ahead for the transition. 3) The most challenging elements reported were: <ul style="list-style-type: none"> • Finding a new sense of purpose outside of the military, including finding a new or different way to serve and be of value to their community; • Stress over financial security; and • Stigma around seeking treatment for injuries, particularly mental health injuries. 4) See Office of the Veterans Ombudsman (2017) [46].

	Title	Key Findings
25	Info briefs: One-page summaries of VAC-led research	<p>“Info Briefs” cover the following subjects: Healthcare use among VAC clients, veterans’ identities, veteran employment, veterans’ hearing problems, veteran income/finances, veteran physical and mental health, veteran well-being, the Life After Service Survey 2016, 2017; and the veterans Suicide Mortality Study.</p> <p>See http://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs.</p>
26	<i>Correlates of Mental Health Problems in Canadian Armed Forces Veterans – 2013 Life After Service Survey</i> (Executive Summary)	<ol style="list-style-type: none"> 1) This report completes the 2014 plan for the analysis of LASS 2013 mental health data by reporting on multivariable regression analysis of the mental health problems findings in LASS 2013 using the new composite Mental Health Problems (MHP) measure. 2) The objectives were to assess the relative importance of factors associated with mental health problems in recent-era CAF veterans using multivariable regression modelling; assess the association of MHPs with difficult adjustment to civilian life adjusting for factors at the time of the survey using multivariable regression modelling; and identify implications for policy, programming, services and further research. 3) The overall findings from this paper cluster into key themes: Well-being multidimensionality, avoiding siloes, screening, targeting limited resources, understanding mental health problems in CAF veterans, and a paradigm shift from “medical release.” <p>See Thompson et al. (2016) [9].</p>
27	<i>Fast Facts on Veterans’ Transition Experiences</i>	<ol style="list-style-type: none"> 1) Most recently released veterans adjusted well to civilian life. 2) Chronic conditions were more common in veterans. 3) The majority of veterans worked after release. 4) Fewer veterans than other Canadians experienced low income. 5) Changes in income post-release differed by type of service and medical status. <p>See VanTil et al. (2015) [47].</p>
28	<i>Profile of Personnel Deployed to Afghanistan</i>	<ol style="list-style-type: none"> 1) In order to support VAC, DND strategic planning, and further research, this study examines the characteristics of the cohort of CAF serving members and veterans who have deployed to Afghanistan and their use of VAC disability and rehabilitation programmes. 2) This study found the following: <ul style="list-style-type: none"> • The existing literature focused on CAF personnel who served during the Afghanistan conflict and did not reflect post-release experiences. • The majority of the Afghanistan cohort were still serving (79%) and have yet to transition to civilian life. • Afghanistan veterans were worse off than other post-Korean War veterans in the areas of adjustment to civilian life and mental health. <p>See MacLean, Campbell, O’Connor et al. (2015) [48].</p>

	Title	Key Findings
29	<i>Research on Military/Veteran Families</i>	<ol style="list-style-type: none"> 1) This study had two objectives: <ul style="list-style-type: none"> • To inform the VAC Family Strategy, currently being developed, • To inform further research on families and in particular the Life After Service Studies (LASS). 2) The report is divided into three sections. The first examines the demographic composition of CAF military and veteran families, the second section reviews more than 20 studies related to military and veteran families conducted in Canada, and the third reviews nine broader international military and veteran population health studies focusing on families. 3) Important as they are to the well-being of military members and veterans, families can face challenges. For example, one area in which families are clearly challenged is in supporting veterans with service-related conditions. Despite the growing body of research in this area, knowledge gaps remain. For example, little is known about both the positive and negative impacts for a broad range of families. Qualitative research could explore these impacts, thereby informing both the Family Strategy and further cycles of the LASS. Collecting more information on families within the Veteran Survey as well as the Income Study or other record linkage studies should be explored. <p>See MacLean, Campbell, Macintosh, Lee, and Pedlar (2015) [49].</p>
30	<i>Factors Associated with Work Satisfaction among Veterans</i>	<ol style="list-style-type: none"> 1) In the year after release, 73% of veterans were satisfied with their work. Officers (89%) were the most satisfied, followed by NCMs (77%), and privates and cadets (52%). 2) Factors associated with higher satisfaction rates were release due to reaching retirement age; being older than 50; reporting no work stress; reporting knowledge, skills, and ability transferability; and similar job tasks between military and civilian occupations; reporting easy adjustment to civilian life; and being satisfied with finances. 3) After adjusting for multiple variables, only satisfaction with finances was associated with work satisfaction for NCMs, privates, and cadets. Only involuntary release and years of service were associated with work satisfaction for officers. 4) Work satisfaction rates varied considerably according to military rank and were highest among officers and lowest among privates and cadets. This suggests a need to account for rank when developing strategies to improve work satisfaction rates and reintegration into civilian life among veterans. 5) See MacLean, VanTil, Sweet et al. (2018) [50].
31	<i>Pre- and Post-Release Income: Life After Service Studies 2016</i>	<ol style="list-style-type: none"> 1) This study of veterans' income is part of the Life After Service Studies programme of research aimed at understanding the transition from military to civilian life. This report describes income trends pre- and post-release, for Regular Force veterans and their families. 2) In general, veterans experience little decline in income post-release and few experienced low-income post-release. 3) Some groups, such as older veterans and senior officers, were unlikely to experience low income.

	Title	Key Findings
31 (cont'd)	<i>Pre- and Post-Release Income: Life After Service Studies 2016</i> (cont'd)	<p>1) There were several groups that warrant further research and policy consideration, including females, younger, and medically released veterans and veterans who participated in the Rehabilitation Program.</p> <p>See MacLean, VanTil, Poirier et al., 2018 [51] and http://www.veterans.gc.ca/pdf/about-us/research-directorate/info-briefs/info_brief_income_2016.pdf.</p>
32	<i>Rapid Review of the Literature Since the 2006 New Veterans Charter</i>	<p>1) This paper reviewed the evidence since the launch of the New Veterans Charter (NVC) to aid in the development of a strategic direction for the continued development of an evidence-based approach to policy and practice related to the NVC.</p> <p>2) Evaluations, Auditor General of Canada reports, expert opinions, and the experience of other countries were reviewed for recommendations related to key aspects of the NVC design.</p> <p>3) Findings from several literature reviews on best practices and reports from two cycles of the Life After Service Studies were examined to identify challenges and implications for VAC in the areas of reestablishment/transition supports, compensation, and families.</p> <p>4) Overall, evidence suggests that key aspects of the design of the NVC were still relevant.</p> <p>5) While the NVC was for the most part evidence-based, much of the evidence that has come to light since the NVC was introduced had yet to be considered in the “living charter.”</p> <p>See MacLean and Lockhart (2016) [52].</p>
33	<i>Mental Health and Well-Being of Military Veterans during Military to Civilian Transition: Review and Analysis of the Recent Literature</i>	<p>1) The objective was to synthesize current knowledge about supporting CAF members/veterans undergoing the transition out of their military service and back into civilian life.</p> <p>2) Results are presented for the 306 articles according to their primary research domain.</p> <p>3) An agreed-upon conceptual framework is required to inform knowledge gap analysis, as is an accepted taxonomy for organizing the research.</p> <p>4) It is recommended that a formalized international research institute be established to facilitate dialogue and collaboration.</p> <p>See Shields et al. (2016) [53].</p>

2.7 CONCLUSION

Transition from military service to civilian life has re-emerged as a high priority in Canada over the past two decades. While there is no single military to civilian transition policy, a comprehensive approach has evolved with thirteen transition programmes. A well-defined transition process and model guide the approach. Examples of transition programmes include pre-release transition planning and preparation for all releasing CAF personnel, specialized services, including comprehensive case management for the ill and injured, specialized care for operational stress injuries that includes a national peer support program, job finding and employment

programmes, comprehensive rehabilitation programmes, and education benefits. As transition to civilian life is a process, not a point in time, ongoing follow-up and screening after release from the military will be important elements of ensuring successful adjustment to civilian life. Large-scale research studies have played an important role in defining the need for and the design of programme elements.

Most of the thirteen transition programmes are provided through three federal government departments that have improved their coordination of effort. There is also ongoing coordination and cooperation between the federal government programmes and an increasing number of transition initiatives external to government, led by not-for-profit and philanthropic organizations.

Canada has greatly advanced its efforts to support serving military personnel, veterans, and their families during transition from military service to civilian life. A number of government and third-party studies and reports have helped identify opportunities to improve the Canadian approach to military to civilian transition. The high commitment to continuous improvement will continue.

2.8 REFERENCES

- [1] Neary, P. (2004). The origin and evolution of veterans' benefits in Canada 1914 – 2004. Reference paper prepared for Veterans Affairs Canada and Canadian Forces Advisory Council. Ottawa, ON: Veterans Affairs Canada and Canadian Forces Advisory Council.
- [2] Woods, W.S. (1953). Rehabilitation: A combined operation. Ottawa, ON: Queen's Printer.
- [3] Veterans Affairs Canada. (2018). Facts and figures book, August 21, 2018. Retrieved from <http://www.veterans.gc.ca/eng/about-us/statistics/1-0#a12>.
- [4] MacLean, M.B. (2008). Veteran population estimates. Research Directorate Technical Report. Charlottetown: Veterans Affairs Canada.
- [5] Statistics Canada (2003). Canadian Community Health Survey (CCHS) Questionnaire for Cycle 2.1, January 2003 to November 2003, Revised version – July 2005. Available at: https://www23.statcan.gc.ca/imdb-bmdi/instrument/3226_Q1_V2-eng.pdf.
- [6] VanTil, L., Sweet, J., Thompson, J. M., Poirier, A., McKinnon, K., Sudom, K., Dursun, S., and Pedlar, D. (2017). Well-being of Canadian regular force veterans: Findings from the Life After Service Survey 2016 (Research Directorate Technical Report 23 June 2017). Charlottetown, PE: Research Directorate, Veterans Affairs Canada.
- [7] VanTil, L.D., MacLean, M.B., Sweet, J. and McKinnon, K. (2018). Understanding future needs of Canadian veterans (Health Reports, Statistics Canada, Cat. No. 82-003-X). Retrieved from <https://www150.statcan.gc.ca/n1/pub/82-003-x/2018011/article/00003-eng.htm>.
- [8] MacLean, M.B., Roach, M.B., Keough, J., and MacLean, L. (2019). Veteran income and employment policies in Canada. *Journal of Military, Veteran and Family Health*, 5(S1), 111-119. doi:10.3138/jmvfh.5.s1.2018-0037.

- [9] Thompson, J.M., Sweet, J., VanTil, L., Poirier, A., and MacKinnon, K. (2016). Correlates of mental health problems in Canadian Armed Forces veterans – 2013 Life After Service Survey (Research Directorate Technical Report 14 September 2016). Charlottetown, PE: Research Directorate, Veterans Affairs Canada. Retrieved from <http://www.veterans.gc.ca/eng/about-us/research-directorate/publications/reports/correlates-mental-health-las-2013>.
- [10] Lester, P., Stein, J.A., Saltzman, W., Woodward, K., MacDermid, S.W., Milburn, N., Mogil, C., and Beardslee, W. (2013). Psychological health of military children: Longitudinal evaluation of a family-centered prevention program to enhance family resilience. *Military Medicine*, 178(8), 838-845. doi:10.7205/MILMED-D-12-00502.
- [11] Lester, P., Saltzman, W.R., Woodward, K., Glover, D., Leskin, G. A., Bursch, B., Pynoos, R., and Beardslee, W. (2012). Evaluation of a family-centered prevention intervention for military children and families facing wartime deployments. *American Journal of Public Health*, 102, S48-S54. doi: 10.2105/AJPH.2010.300088.
- [12] True Patriot Love Foundation website. <http://truepatriotlove.com/content/uploads/2018/07/true-patriot-love-annual-report-2017.pdf>.
- [13] Schonert-Reich, K.A., Smith, V., Zaidman-Zait, A., and Hertzman, C. (2012). Promoting children's prosocial behaviors in school: Impact of the "Roots of Empathy" program on the social and emotional competence of school-aged children. *School Mental Health*, 4(1), 1-21.
- [14] Mogil, C., Hajal, N., Garcia, E., Kiff, C., Paley, B., Milburn, N., and Lester, P. (2015). FOCUS for early childhood: A virtual home visiting program for military families with young children. *Contemporary Family Therapy*, 37(3), 199-208.
- [15] Saltzman, W.R., Lester, P., Beardslee, W.R., Layne, C.M., Woodward, K., and Nash, W.P. (2011). Mechanisms of risk and resilience in military families: Theoretical and empirical basis of a family-focused resilience enhancement program. *Clinical Child and Family Psychology Review*, 14(3), 213-230.
- [16] Cox, D. Veterans Transition Network: Overview of Program Evaluation and Research (2018). <https://vtncanada.org/wp-content/uploads/2019/01/vtn-research-overview-1.pdf>.
- [17] Westwood, M.J., McLean, H., Cave, D., Borgen, W. and Slakov, P. (2010). Coming home: A group-based approach for assisting military veterans in transition. *Journal for Specialists in Group Work*, 35(1), 44-68. doi:10.1080/01933920903466059.
- [18] Tackach, J. (2015). Project Healing Waters fly fishing and Hemingway's "big two-hearted river." *Hemingway Review*, 35(1), 102-105. doi:10.1353/hem.2015.0018
- [19] Krasny, M.E., Pace, K.H., Tidball, K.G., and Helphand, K. (2014). Nature engagement to foster resilience in military communities. In M.E. Krasny, K.H. Pace, K.G. Tidball, and K. Helphand (Eds.), *Greening in the red zone*, 163-180. Dordrecht: Springer. doi.org/10.1007/978-90-481-9947-1_13.
- [20] Mood Disorders Society of Canada, Corporate brochure, (2016). <https://mdsc.ca/wp-content/uploads/2016/03/MDSC-CorpBroch2016.pdf>.

- [21] Veterans Affairs Canada (2017). Monitoring the well-being of veterans: A veteran well-being surveillance framework. Charlottetown (PE): Veterans Affairs Canada Strategic Policy Unit; 2017 Aug. Available from: <http://www.publications.gc.ca/pub?id=9.849051&sl=0>.
- [22] Thompson, J., Dursun, S., Lee, J., Skomorovsky, A., Lockhart, W., and Macintosh, S. (2017). Self-assessment of need for assistance with transition to civilian life: Development of the Road to Civilian Life (R2CL) Checklist (VAC Research Directorate Technical Report 26 January 2017). Charlottetown, PE: Research Directorate, Veterans Affairs Canada and Ottawa, ON: Director General Military Personnel Research and Analysis, Canadian Armed Forces.
- [23] Lee, J., Skomorovsky, A., Martynova, E., and Dursun, S. (2016). Pilot study on the well-being of ill or injured CAF members and their families. Director General Military Personnel Research and Analysis Scientific Report DRDC-RDDC-2016-R263. Ottawa, ON: Defence Research and Development Canada.
- [24] Thompson, J.M., Lockhart, W., Roach, M.B., Atuel, H., Bélanger, S., Black, T., Cox, D., Cooper, A., de Boer, C., Dentry, S., Hamner, K., Shields, D., and Truusa, T.T. (2017). Veterans' identities and well-being in transition to civilian life – A resource for policy analysts, program designers, service providers and researchers. Report of the Veterans' Identities Research Theme Working Group, Canadian Institute for Military and Veteran Health Research Forum 2016 (Research Directorate Technical Report 01 June 2017). Charlottetown, PE: Research Directorate, Veterans Affairs Canada.
- [25] Wayne, I., Butler, A., and Budgell, G. (2016). Literature review: Military to civilian transition. Director General Military Personnel Research and Analysis Contract Report DRDC-RDDC-2016-C343. Ottawa, ON: Defence Research and Development Canada.
- [26] Dekker, I. (2016). CAF Transition Program use and satisfaction: Analysis of Exit Survey data. Director General Military Personnel Research and Analysis Scientific Letter DRDC-RDDC-2016-L102. Ottawa, ON: Defence Research and Development Canada.
- [27] Parfyonova, N., Blas, T., and Simpson, S. (2013). The Canadian Forces Exit Survey: Analysis of qualitative data. Director General Military Personnel Research and Analysis CR-2013-009. Defence Research and Development Canada, Ottawa, ON.
- [28] Coulthard, J. (2015). Satisfaction with the Integrated Personnel Support Centre (IPSC)/Joint Personnel Support Unit (JPSU) services: Results from the client and commanding officer satisfaction surveys. Director General Military Personnel Research and Analysis Scientific Report DRDC-RDDC-2015-R101. Ottawa, ON: Defence Research and Development Canada.
- [29] Coulthard, J. (2017a). Integrated Personnel Support Centre (IPSC)/Joint Personnel Support Unit (JPSU) satisfaction survey final results: Canadian Armed Forces clients. Director General Military Personnel Research and Analysis Scientific Letter DRDC-RDDC-2017-L406. Ottawa, ON: Defence Research and Development Canada.
- [30] Coulthard, J. (2017b). Integrated Personnel Support Centre (IPSC)/Joint Personnel Support Unit (JPSU) satisfaction survey final results: Canadian Armed Forces commanding officers. Director General Military Personnel Research and Analysis Scientific Letter DRDC-RDDC-2017-L411. Ottawa, ON: Defence Research and Development Canada.

- [31] Hopman, W.M., Thompson, J.M., Sweet, J., VanTil, L., VanDenKerkhof, E.G., Sudom, K., Poirier, A., and Pedlar, D.J. (2015). Multivariate assessment of health-related quality of life in Canadian Armed Forces veterans after transition to civilian life. *Journal of Military, Veteran and Family Health*, 1, 61-70.
- [32] VanDenKerkhof, E.G., VanTil, L., Thompson, J.M., Sweet, J., Hopman, W.M., Carley, M.E., and Sudom, K. (2015). Pain in Canadian veterans: Analysis of data from the Survey on Transition to Civilian Life. *Pain Research and Management*, 20, 1-7.
- [33] MacLean, M.B., VanTil, L., Thompson, J.M., Sweet, J., Poirier, A., Sudom, K., and Pedlar, D.J. (2014). Postmilitary adjustment to civilian life: Potential risks and protective factors. *Physical Therapy*, 94, 1-10.
- [34] Daugherty, C. (2018). Fall 2017 Your Say Survey results: Programs available to ill and injured Canadian Armed Forces (CAF) members. Director General Military Personnel Research and Analysis Scientific Letter DRDC-RDDC-2018-L194. Ottawa, ON: Defence Research and Development Canada.
- [35] Coulthard, J., and Daugherty, C. (2017). Fall 2016 Your Say Survey results: Programs available to ill and injured Canadian Armed Forces members. Director General Military Personnel Research and Analysis Scientific Letter DRDC-RDDC-2017-L403. Ottawa, ON: Defence Research and Development Canada.
- [36] Peach, J. (2016). Fall 2015 Your-Say Survey results: Programs available to ill and injured CAF members. Director General Military Personnel Research and Analysis Scientific Letter DRDC-RDDC-2016-L061. Ottawa, ON: Defence Research and Development Canada. Retrieved from <http://publications.gc.ca/pub?id=9.808246&sl=0>.
- [37] Butler, A. and Budgell, G. (2015). Task # 155: Your Say Spring 2013 Core and Focus Survey results (Director General Military Personnel Research and Analysis Contract Report DRDC-RDDC-2015-C300). Ottawa, ON: Defence Research and Development Canada.
- [38] Hachey, K.K. (2014). Transition from military to civilian life: Male and female Canadian Armed Forces veterans. Director General Military Personnel Research and Analysis Technical Memorandum 2014-001. Defence Research and Development Canada, Ottawa, ON.
- [39] Thompson, J.M., VanTil, L., Poirier, A., Sweet, J., McKinnon, K., Pedlar, D., Sudom, K., and Dursun, S. (2014). Health and well-being of Canadian Armed Forces Veterans: Findings from the 2013 Life After Service Survey. Research Directorate Technical Report 03 July 2014. Charlottetown, PE: Research Directorate, Veterans Affairs Canada.
- [40] MacLean, M.B., Campbell, L., VanTil, L., Poirier, A., Sweet, J., McKinnon, K., Pedlar, D., Sudom, K., Dursun, S., and Herron, M. (2014). Pre- and post-release income: Life After Service Studies. Research Directorate Technical Report July 2014. Charlottetown, PE: Veterans Affairs Canada.
- [41] VanTil, L., Macintosh, S., Thompson, J.M., MacLean, M.B., Campbell, L., Pedlar, D., Sudom, K., Dursun, S., and Herron, M. (2014). 2013 Synthesis of Life After Service Studies. Research Directorate Synthesis Report. Charlottetown, PE: Veterans Affairs Canada.
- [42] Thompson, J., Hopman, W., Sweet, J., VanTil, L., MacLean, M., VanDenKerkhof, E., Sudom, K., Poirier, A., and Pedlar, D. J. (2013). Health-related quality of life of Canadian Forces veterans after transition to civilian life. *Canadian Journal of Public Health*, 104, e15-21.

- [43] Hachey, K.K., and Sudom, S. (2013). Canadian Forces personnel adjusting to civilian life: Resources promoting successful adjustment. Director General Military Personnel Research and Analysis Technical Memorandum 2013-008. Defence Research and Development Canada, Ottawa, ON.
- [44] Watkins, K. (2013). Literature review on rural-urban differences in well-being after transition to civilian life. In A. B. Aiken and S. A. H. Bélanger (Eds.), *Beyond the line: Military and veteran health research*, 265-280. Kingston, ON: McGill-Queen's U.P.
- [45] Watkins, K. (2011). Literature review on mental health and career challenges after transition from military to civilian life. Director General Military Personnel Research and Analysis Technical Memorandum 2011-027. Defence Research and Development Canada, Ottawa, ON.
- [46] Office of the Veterans Ombudsman. (2017). Transitioning successfully: A qualitative study. Retrieved from <http://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>.
- [47] VanTil, L., Macintosh, S., Thompson, J., MacLean, M., Campbell, L., Sudom, K., Dursun, S., Herron, M., Pedlar, D. (2015). Fast facts on veterans' transition experiences. *Journal of Military, Veteran and Family Health*, 1(1), 7-8. Retrieved from <https://jmvfh.utpjournals.press/doi/pdf/10.3138/jmvfh.1.1.7>.
- [48] MacLean, M.B., Campbell, L., O'Connor, T., VanTil, L., Poirier, A., Sudom, K., Dursun, S., and Pedlar, D. (2015). Profile of personnel deployed to Afghanistan. Research Directorate Technical Report 14 December 2015. Charlottetown, PE: Research Directorate, Veterans Affairs Canada.
- [49] MacLean, M., Campbell, L., Macintosh, S., Lee, J., and Pedlar, D. (2015). Research on military/veteran families. Research Directorate, Veterans Affairs Canada December 14, 2015. Charlottetown, PE: Research Directorate, Veterans Affairs Canada. Retrieved from <http://www.veterans.gc.ca/eng/about-us/research-directorate/publications/reports/2015-research-military-veteran-families>.
- [50] MacLean, M.B., VanTil, L., Sweet, J., Poirier, A., and McKinnon, K. (2018). Factors associated with work satisfaction among veterans. *Journal of Military Veteran Family Health*, 4(1), 33-41. Retrieved from <https://jmvfh.utpjournals.press/doi/pdf/10.3138/jmvfh.2017-0013>.
- [51] MacLean, M.B., VanTil, L., Poirier, A., and McKinnon, K. (2018). Pre- and post-release income of Regular Force veterans: Life After Service Studies 2016. Research Directorate Technical Report April 18, 2018. Charlottetown, PE: Research Directorate, Veterans Affairs Canada. Retrieved from <http://www.veterans.gc.ca/eng/about-us/research-directorate/publications/reports/las-income-study-2016>.
- [52] MacLean, M., and Lockhart, W. (2016). Rapid review of the literature since the 2006 New Veterans Charter. Research Directorate Report November 7, 2016. Charlottetown, PE: Research Directorate, Veterans Affairs Canada. Retrieved from http://publications.gc.ca/collections/collection_2018/acc-vac/V32-341-2017-eng.pdf.
- [53] Shields, D., Kuhl, D., Lutz, K., Frender, J., Baumann, N., and Lopresti, P. (2016). Mental health and well-being of military veterans during military to civilian transition: Review and analysis of the recent literature. Prepared for Veterans Affairs Canada under the Road to Civilian Life Program of Research, April 11, 2016. Retrieved from <https://cimvhr.ca/documents/R2CL-PVVC-Health-and-Wellbeing.pdf> [sic]



Chapter 3 – COUNTRY REPORT: ESTONIA

Tiia-Triin Truusa
University of Tartu
ESTONIA

3.1 INTRODUCTION

When discussing the military to civilian transition, it is clear that there are personal aspects common to this process across nations; however, it is essential to contextualize this process in the national framework when analyzing the policy and support system aspects of the military to civilian transition in a given country. The military model, national social welfare system and socio-cultural perspectives are the factors that influence the kinds of services and support provided to people in service when leaving the military [1].

Estonia has chosen not to duplicate the existing civil services and support accessible for all citizens. An official from the Estonian Ministry of Defence (MoD) commented: “Perhaps Estonia, being a small nation, has chosen to approach the question of military to civilian transition in a different manner. We encourage our military service personnel to stay in touch and connected to the civilian side of life at all times” [2]. However, in reality some additional services and support have been augmented by the Defence Forces especially in the case of veterans [3]; this is related to specific aspects of military life not covered by the general social protection system.

Estonian social protection system is a welfare-mix combining universal solidarity-based measures (1st-pillar pension, health insurance, child benefits), contribution-based schemes (parental benefit, unemployment insurance, etc.), targeted employment and welfare services with free education. Health care services are free for medically insured persons, as well as for, children, seniors and mothers raising small children at home. The welfare system is rather generous, ensuring in most cases the necessary means for economic coping, and a wide variety of activating services is available for the unemployed and job-seekers, and persons with special needs (the disabled). However, the share of social expenditure in terms of GDP (16.4% in 2016) is still one of the lowest in the European Union [4].

3.2 ~~THE~~ ARMED FORCES: STRUCTURE AND PERSONNEL

When it regained independence from the Soviet Union in August 1991, Estonia lacked any defence structures and legislation and had no national military staff or defence capabilities [5] Quite soon after regaining independence, the country’s security policy became oriented towards integration into various international organisations [6]. Applying Western norms, standards and practices formed the foundation of Estonia’s defence and made the country eligible for membership in NATO and the EU. Estonia’s historical experience, geographical position and size, however, led to the establishment of “total defence” as its central defence concept [7].

3.2.1 The Structure of the Armed Forces

With the rise of hybrid threats, the “total defence” concept that is meant to deal with kinetic threats was no longer sufficient and Estonia started exploring comprehensive approach to national defence as security can no longer be limited to military defence alone [8]. Comprehensive approach calls for “government-as-a-whole” and “society-as-a-whole” involvement, meaning that all major state authorities participate in national defence and acknowledgement of the role that civil society carries in national defence [9].

The Estonian Defence Forces (EDF) are structured according to the principle of a reserve force with compulsory service for all male citizens. A military draft has been in place, since the first call-up selectees were taken into service in 1992. Since 2013, female citizens can join the conscript service on voluntary basis. The duration of conscript service is either 8 or 11 months, depending on the conscript's specialty and position within the military [10]. In addition, Estonia relies heavily on the voluntary contribution of citizens to defence preparedness [7], especially through the voluntary militarily organized national defence organization called the Estonian Defence League (EDL) [11].

3.2.2 Personnel

The average size of the Estonian Regular Armed Forces in peacetime is about 6,000, of whom about half (3,000) are conscripts (who will not be the subject of this report) and the rest are full-time military personnel. The professional military serves predominantly in the EDF with a smaller number of officers and non-commissioned officers in the EDL and MoD [7].

Regarding conscripts, the goal is to raise their number up to 4,000 accepted annually. The EDL has also about 15,000 voluntary members. The planned size of the operational (wartime) structure is 60,000 personnel (high-readiness reserve is 21,000 personnel) [12].

The general conditions of employment of military personnel are regulated by various provisions of the Civil Service Act [13]. The specific terms and conditions of military service, such as rights and benefits are stipulated in the Military Service Act [7].

By law, military ranks are divided into three categories – soldiers, NCOs and officers. The number of full-time professional soldiers is very small since the EDF draws personnel in this category from conscripts (see Table 3-1).

Table 3-1: Professional Servicewomen and Servicemen of the EDF [14].

Personnel Category	2016	2017	2018	2019
Total	2778	2783	2794	2912
Officers	879	903	910	931
NCOs	1456	1479	1633	1733
Cadets	159	157	142	139
Soldiers	238	193	53	41

Distribution of professional military service members by gender as of January 1, 2019 is 2,623 men and 289 women [14]. The age distribution is given in Table 3-2.

Table 3-2: Distribution of Active Duty Personnel by Age [14].

Age Group	2016	2017	2018	2019
Total	2778	2783	2794	2912
Up to 20	31	92	41	56
21 – 30	1182	1215	1127	1180
31 – 40	987	951	968	968
41 – 50	511	483	598	646
51 – 60	67	42	60	62

In 2016, the percentage of professional military service personnel released from duty was 9%, which is somewhat higher than in 2015, when the percentage was 7% [15].

There are a number of ways to terminate the service relationship with the EDF:

- 1) An active serviceman shall be released from active service:
 - a) At his or her own request;
 - b) Upon the expiry of the term of active service;
 - c) Upon reaching the age limit;
 - d) In the event of the non-compliance with the requirements for acceptance for active service;
 - e) In the event of the non-compliance with the requirements for a peacetime post;
 - f) Upon the entry into force of the conviction;
 - g) In the event of a disciplinary offence;
 - h) In the event of layoff;
 - i) On the proposal of the Defence Forces;
 - j) Upon exmatriculation before the completion of the study programme;
 - k) Upon the appointment to a post outside military service;
 - l) Upon becoming a member of the riigikogu, the European parliament or local government council;
 - m) When unexpected circumstances become evident [16].

There is no separate category for medical release as this would be stipulated as non-compliance with the requirements of posting unless the medical condition was acquired while discharging duties. In such a case, the servicewoman/serviceman comes under the definition of a veteran (see under veterans).

Professional servicemen and women fill out a questionnaire upon leaving the armed forces where they are also asked to indicate where they will be working after leaving the military. In 2015, a little over a quarter of those leaving the armed forces planned on working in the construction and real estate sector, one-sixth in the law enforcement or rescue services, other fields mentioned are transport-logistics and manufacturing [17].

When discussing military to civilian transition in Estonia, a distinction has to be made between two types of personnel discharged: professional military service members who are not veterans and those who are.

3.2.3 Veterans

Estonia is among the countries where veterans can be seen as a newly emerging social group, much like in other nations that started producing veterans again in the early 1990s. Most often, these so-called ‘new’ or conflict veterans are men and women who gained their veteran status by serving on various UN- and NATO-led military missions [18].

Estonia adopted a rather exclusive definition of veteran in the “Policy regarding veterans of the Defence Forces and the Defence League” document that was ratified by the Estonian Government in May 2012.

According to the policy, veterans are Estonian citizens who meet one of the following conditions:

- They have taken part in the military defence of the country as part of the Defence Forces;
- They have participated as part of the Defence Forces on either an international or collective self-defence operation on the basis of the International Military Cooperation Act;
- They have sustained permanent incapacity for work¹ while discharging duties in the Defence Forces or as an active member of the Defence League [19].

The policy also stipulates a number of exemptions. For example, those who have deployed on the basis of the International Civilian Mission Participation Act (CMPA) are not considered veterans in Estonia. Usually deployments based on CMPA are prepared by the Ministry of the Interior. Also, although incapacity for work is a criterion for receiving veteran status, physical harm due to an occupational disease is not.

Overall the definition is carried by the idea of supporting the national defence model predicated on a reserve army, taking into account the contribution to national defence made by conscripts, Defence League members and reservists [19].

Most Estonian veterans have acquired their status on the basis of having been deployed to missions abroad, meaning that they became veterans already while still serving in the armed forces. Currently there are about 3,000 veterans, of whom 1,500 have transitioned into their civilian lives [20]. Estonian veterans are predominantly men – 2,957 as of June 10, 2019 – and only 115 female veterans. The age distribution of Estonian veterans is given in Table 3-3.

In 2015, the reasons for voluntary release were connected to long commutes, low salaries and rotation plans that did not suit the service member’s family [17]. Siplane brings out that 17% of former service members find employment in the public sector, 44% in the private sector, 30% end up working abroad and 4% elsewhere [20].

¹ Permanent incapacity for work is defined in *Military Service Act* (§ 30) as a serious functional impairment occurring for more than 182 consecutive calendar days as a result of health damage sustained due to the performance of duties in military service and alternative service. (4) A person may be declared permanently incapacitated for work for a period of six months, one year, two years, three years, five years or until attaining a pensionable age provided for in § 7 of the State Pension Insurance Act but not for longer than five years. (5) A person’s permanent incapacity for work may be established retroactively but not later than one year after the submission of an application for establishing permanent incapacity for work.

Table 3-3: Distribution of Veterans by Age Groups [21].

Age Group	2019	% of Total
Total	3073	100
Up to 20	1	0.0
21 – 30	528	17.2
31 – 40	1362	44.3
41 – 50	925	30.1
51 – 60	32	1.0
61 and up	36	1.2

3.3 TRANSITION: POLICIES, PROCEDURES AND ENTITLEMENTS

There are a few procedures and entitlements in place to support the military to civilian transition, but no transition policy as such.

Veterans are entitled to additional support from the EDF for medical services, medical equipment, medication and treatment that are not covered by the Estonian Health Insurance Fund [22]. There is no time limit for this support, unless the condition is cured and has been declared so by the EDF Central Medical Board. In other words, support will continue according to the treatment plan for as long as necessary. There is however a limitation on the sum that can be spent within a calendar year. This provision is not exactly in support of the transition process, but provides for enhanced medical care.

The veterans policy also states that medical care for injured veterans, rehabilitation and multi-faceted support is based on the principle that continuation of service or employment in the Defence Forces will be incentivized as much as possible. To that end, the EDF's personnel and support services center currently has two positions (down from eight during ISAF) for servicemen and women who no longer are able to serve in their previous posting due to medical reasons (recovering from a severe injury or PTSD), until a new suitable posting can be arranged or until they conclude their treatment.

Nevertheless, the policy also aimed to institute some measures that would help to ease integration into the civilian workforce after veterans leave service. These measures included support for purchasing housing, career counselling, compensating for re-training or education, and psycho-social counselling. These measures, however, are available only for veterans [23].

In the measure for supporting purchasing housing, the state guarantees down payments on housing loans taken by veterans. In general, the EDF encourages homeownership, so that it is more common for the service member to commute daily to the place of service or to become a "week-end" [24], living in the barracks during the week and spending the weekend at home with the family. During the period of 2012 to 2015, only around 12% of those who left the service lived in housing owned by the military [17], and of the contingent in military housing, about 10% lived in dormitories and 2% in apartments. According to the MoD, living quarters meant for families are being phased out.

Employment-related measures are in-service training and re-training for veterans pursuant to the plan prepared at the veterans' career counselling sessions. Compensation of tuition can be applied for studies at any educational level [19]. Veterans can also access the civilian employment office for re-training and education.

Siplane [23] analyzed the employment dynamics of Estonian veterans in 2010 – 2015 and determined that veterans are statistically different from the closest comparison group, police officers. Veterans who left the EDF tended to start using employment office services about a year after their release, and police officers did so within two months of leaving service.² In addition, the percentage of police officers contacting the employment office is about 27%, compared to 47% among veterans and about 54% of these veterans do so repeatedly, presumably because the employment they found did not work out [23].

Service leavers who do not have a veteran status can use services offered by the Unemployment Insurance Fund, such as the “Work and study” meant for people who wish to change jobs. They can also take entrepreneurship courses [25].

Another option that could be viewed as a supporting measure for military and civilian transition is the option of suspending but not terminating one's contract with the EDF for a year (though there are variations dependent on the length of service). The suspension can be granted at the request of the serviceman, if the service duties permit [16]. A 14-day notice is needed to resume one's service.

3.4 COMMUNITY AND SOCIETY SUPPORT FOR VETERANS

With regard to the community and society support, the focus is on veterans rather than all service leavers. Veterans policy stipulates recognition from society as one of its goals as it forms the essential part of the veterans support system and that support from society is applied for based on the bottom-up principle and thus veterans policy is used to lay the groundwork for greater involvement of the private sector and NGO sector in the veterans support system [19].

This goal has been only partially achieved. According to the bi-annual public opinion poll on national defence in March 2019 only 31% of respondents knew that veteran status in Estonia is acquired predominantly by having been deployed abroad. Forty-six per cent consider WWII participants to be veterans [26].

Regardless of the discrepancy, media analysis of the two larger daily newspapers in Estonia showed that the image of a veteran and the attribution of issues to veterans have changed over the course of just a few years (see Ref. [27], p. 201). The themes from 2007 – 2010 concentrated on the motives of soldiers who deploy, the lack of state support for the wounded and injured, the poor support and understanding of the needs of veterans, and concerns expressed over the mental health of soldiers returning from deployments. In the later period, 2012 – 2014, the two large daily newspapers shifted towards the new recognition-affirming themes; with more emphasis on introducing the definition of a veteran, explaining who veterans are, what they have given to society, what their stories are, and how they have managed to overcome their hardships [28].

April 23, Saint George's Day, the patron saint of soldiers, was instituted as a Veterans Day and a flag day in Estonia.³ In addition, a Hepatica flower symbol was instituted as the symbol in support of veterans. The

² During this period, there were lay-offs within the police force, and in order to use unemployment insurance, one has to register with the employment office. As most military early service-leavers did so of their own volition, they are not entitled to unemployment insurance (Unemployment Insurance Fund <https://www.tootukassa.ee/eng/content/financial-benefits/unemployment-insurance-benefit>. Accessed June 20, 2018.)

³ A flag day is a day when national flags are compulsory on all public buildings.

proceeds from the annual veteran recognition campaign also known as the Hepatica Campaign in April, have gone to public hospitals for mobility aid devices, but also for raising awareness for mental health issues among young people, especially young men. The Veterans Day and Hepatica flower campaigns are organized jointly by the Estonian Ministry of Defence, the Women's Voluntary Defence Organization, the Defence League and the Veterans of the Estonian Defence Forces, a non-governmental organization.

There are a number of NGOs that receive a small amount of financial support from the MoD, that have been instituted over the years to provide combatants of different eras with an opportunity for meeting and sharing experiences and memories, and to have opportunities for gatherings. However, the NGOs that target specifically the new veterans are not numerous. Those most of note are the Veterans Association, an umbrella organization that aims to unite the various smaller interest groups and veteran groups, in order to better organize support and recognition for veterans and also co-ordinate charity work²⁹. Another larger organization is the Carolin Illenzeer Fund, which aims to collect financial and social assistance resources to support the children of the members of the Estonian Defence Forces who have been killed or severely injured in the line of duty [29].

3.5 EMERGING CHALLENGES AND INITIATIVES

Estonia started deploying to missions abroad in 1995, but the veterans policy came into effect only in 2012, meaning that a large number of those veterans that had already transitioned out of the military were and probably still are not aware of any policy measures including psycho-social counselling. The measures are used little, with the exception of the option of going to a wellness center together with the family. There is a significant difference in use of policy measures and the general awareness of these measures among the veterans still in the military, as opposed to those who have transitioned to civilian life [30].

However, perhaps the more pressing issue is that military to civilian transition is not perceived as a possible challenge, and those who are not veterans hardly receive any support for their transition process from the military or the society.

3.6 TRANSITION-RELATED RESEARCH

Hitherto there has not been any systematic research conducted with regards to military to civilian transition in Estonia.

The MoD in cooperation with the Defence Forces sends out a survey to veterans six months after deployment. However, the survey is designed more as a monitoring tool rather than allowing for intervention measures.

3.7 CONCLUSION

Militaries in Europe and also in Estonia struggle to recruit and retain personnel, so support for transition from the military to civilian life is not something that the EDF or the policy makers at the MoD are much concerned with. The central argument seems to be that as a small reserve-based military, the service personnel is encouraged to be in touch with the civilian side of life at all times. In addition, the social welfare system is accessible for all citizens.

Military personnel being discharged from the armed forces mostly do so at their own request, often because they have lined up a civilian job. At the same time, there is some evidence that ex-military feel that it is a little more challenging to enter and stay in the civilian workforce than, for example, ex-police do.

The few transition services that do exist are meant for veterans, leaving out those servicewomen and men who do not have veteran status.

Public support and recognition is steadily growing for veterans, as evidenced by the growing awareness of Veterans Day. Despite that, the wider public is still not very familiar with the definition of an Estonian veteran and the charities and NGOs that deal with veterans' issues are not very prominent in society.

In conclusion, it needs to be stressed that transition can be a challenging personal experience and the need to support this process and how to do it in Estonia is yet to be developed.

3.8 REFERENCES

- [1] Kasearu, K., and Olsson, A.-M. (2019). A systematic perspective on children's well-being in military families in different countries. In RTG TR-HFM-258 The impact of military life on children from military families. NATO STO Technical Report.
- [2] Sõnum, T. (2019). Personnel policy – military to civilian transition. Presented at seminar: Military career and doctoral studies, May 2019, Võru, Estonia.
- [3] Health Insurance Fund, Drupal (October 16, 2017). <https://www.haigekassa.ee/en/people/health-insurance>. Accessed June 9, 2019.
- [4] Tasuja, M. (2018). Social protection expenditure on the rise – Statistics Estonia. June 2018. <https://www.stat.ee/article-2018-06-18-social-protection-expenditure-on-the-rise>. Accessed June 13, 2019.
- [5] Lill, H. (2018). Eesti riigikaitse 100 aastat. <https://www.apollo.ee/eesti-riigikaitse-100-aastat.html>. Accessed June 9, 2019.
- [6] Archer, C. (2007). New security issues in Northern Europe: The Nordic and Baltic States and the ESDP. Routledge, London and New York.
- [7] Jermalavičius, T. (2018). Military-civilian personnel: Estonia country report. In Civilian and Military Personnel Integration and Collaboration in Defence Organisations, NATO; 2018.
- [8] Estonian Ministry of Defence. National defence strategy, Estonia. http://www.kaitseministeerium.ee/sites/default/files/elfinder/article_files/national_defence_strategy.pdf. Accessed September 6, 2019.
- [9] Jermalavičius, T., Pernik, P., Hurt, M., Breitenbauh, H., and Järvenpää, P. (2014). Avar julgeolek ja riigikaitse. Avaliku sektori ja ühiskonna kaasamise proovikivid. Rahvusvaheline kaitseuuringute keskus, Tallinn, Estonia.
- [10] Truusa, T.-T., Kasearu, K., and Tooding, L.-M. (2018). The effects of conscript service on the recruitment of professional soldiers in Estonia. *Sodob Vojaš Izzivi Contemporary Mil Chall.* 2018;(June 2018), 37-54.
- [11] Kaitseliit. <http://www.kaitseliit.ee/>. Accessed June 13, 2019.
- [12] Estonian Defence Forces – Kaitsevägi. <http://www.mil.ee/en/defence-forces>. Accessed June 9, 2019.

- [13] Riigi Teataja – Civil Service Act. <https://www.riigiteataja.ee/en/eli/509072014003/consolide>. Accessed June 13, 2019.
- [14] Liiv, K. (2019). Military service personnel in the Estonian Defence Forces J1. May 2019. Presented at seminar: Military career and doctoral studies, May 2019, Võru, Estonia.
- [15] J1 of the Estonian Defence Forces, KVPS J1 (2019). Kaitseväe personalistrateegia 2018 – 2026. Draft.
- [16] Riigi Teataja – Military Service Act (2019). <https://www.riigiteataja.ee/en/eli/511042019005/consolide>. Accessed June 11, 2019.
- [17] Rõõs, H. (2016). Kaitseväe tegevteenistusest vabatahtlikult lahkumise põhjused. http://dspace.ut.ee/bitstream/handle/10062/51969/roos_hannes_ma_2016.pdf?sequence=1&isAllowed=y.
- [18] Baumgärtner, E., and Schultheiss, P. (2018). They have returned and are here to Stay: New veteran organisations in Germany and their struggle for recognition. In M. Daxner, M. Naser-Lather, and S.-L. Nicola, (Eds.) Conflict Veterans: Discourses and living contexts of an emerging social group. Cambridge Scholars Publisher, Newcastle upon Tyne.
- [19] Estonian Ministry of Defence (2012). Policy regarding veterans of the Defence Forces and the Defence League. http://www.kaitseministeerium.ee/sites/default/files/elfinder/article_files/eng_veteranipoliitika.pdf. Accessed August 6, 2019.
- [20] Siplane, A. (2018). Estonian veterans on the labor market. Nordefco Veteran Conference Helsinki, Finland, Sep 25 – 26, 2018.
- [21] Helenurm, J. (2019). Personnel Support Services Centre – Veterans 2019. October 2019. Personal communication.
- [22] Riigi Teataja. Teenistusülesannete täitmise tõttu tervisekahjustuse saanud ja teenistusest vabastatud isiku tervishoiuteenuste, meditsiiniseadmete, ravimite ja raviga seotud kulu katmise tingimused, ulatus ja kord. <https://www.riigiteataja.ee/akt/103092015014?leiaKehtiv>. Accessed June 12, 2019.
- [23] Siplane, A. (2016). Tegevteenistusest lahkunud veteranide toimetulekust tööturul. Sõjateadlane, Est J Mil Stud. 2016, 3, 188-207.
- [24] Jolly, R.A. (1992). Military man, family man: Crown property? Brassey's Defence Publishers, UK, Ltd.
- [25] Eesti Töötukassa. The Estonian Unemployment Insurance Fund. <https://www.tootukassa.ee/eng?lang=en>. Accessed June 9, 2019.
- [26] Turu-uuringute AS (2019). Avalik arvamus ja riigikaitse. 2019. http://www.kaitseministeerium.ee/sites/default/files/elfinder/article_files/avalik_arvamus_ja_riigikaitse_marts_2019_0.pdf. Accessed December 6, 2019.
- [27] Truusa, T.-T. (2015). Supporting the troops: The effects of Estonia's veterans policy. In I. Ra'anana, http://ergomas.ch/files/conference/ERGOMAS-program-full-1_June_15.pdf.

- [28] Duel, J., Truusa, T.-T., and Elands, M. (2019). Public support for veterans leaving the armed forces. In C.A. Castro, S. Dursun, K. Harrison, K. (Eds.), Military veteran reintegration. Elsevier, Academic Press.
- [29] Carolin Illenzeer Fund (2012). <https://www.carolinillenzeerifond.ee/en/about-the-fund/the-carolin-illenzeer-fund/>. Accessed June 12, 2019.
- [30] Truusa, T.-T., Kasearu, K., and Trumm, A. (2019). Estonian veterans in transition. In P. Taylor, K. Albertson, E. Murray, (Eds.) Military past, civilian present: International perspectives on veterans' transition from the armed forces. Switzerland: Springer, Cham.

Chapter 4 – COUNTRY REPORT: THE NETHERLANDS

Jacco Duel
Veterans Institute
THE NETHERLANDS

4.1 INTRODUCTION

We know from international research that military personnel can face problems connected with their experiences during military service and/or during the transition back into civilian life when they leave service. Those problems can manifest themselves in various areas of life, including physical and mental health, social relations, employment and finances. At the end of 2015, NATO set up a Research Task Group with the aim of better identifying those problems and preparing a list of best practices which could be used to support servicemen and servicewomen during their transition from military service. The purpose of this chapter is to provide a wide audience with information on the present situation in this area in the Netherlands. The support servicemen or servicewomen receive when leaving service is nearly always tailored to their needs. There are, of course, some generic schemes, but they often allow for exceptions to be made or are accompanied by more complex implementing rules. This chapter therefore sets out the main features of the situation, and should solely be regarded as a general outline.

We will start with a brief description of the structure of the armed forces, the personnel system, figures on the intake, advancement and outflow of military personnel and the difference between servicemen and servicewomen with veteran status and those without it. We will then outline the tools used by the Ministry of Defence to support servicemen and servicewomen in the transition to civilian society.¹ At the same time, we will deal briefly with the support offered to veterans by society, and the support society offers to anyone Dutch. Next we will describe some of the initiatives which provide support with the transition. Finally, we will present some research data on the transition of servicemen and service women to civilian society and we will end with a conclusion.

4.2 THE ARMED FORCES: STRUCTURE AND PERSONNEL

4.2.1 Structure of the Armed Forces

Since the end of the last century, the Dutch armed forces have been composed of volunteer personnel. As at 1 January 2019, the armed forces numbered approximately 40,000 servicemen and servicewomen (see Table 4-1). Table 4-1 shows that nearly 10% of current military personnel are female. Approximately two thirds of servicemen and servicewomen are below the age of 40; only 19 are aged 60 or older (see Table 4-2).

¹ We will confine ourselves to describing the situation of regular servicemen and servicewomen in this section. The armed forces also use the services of about 5,000 reservists. However, reservists are by definition part of civilian society from which they periodically take their leave to perform a military role. Reservists are in fact in a perpetual state of transition into and out of service. The transition experiences of reservists – which would merit a section of its own – are therefore too specific and apply to a proportionally very small group.

Table 4-1: Servicemen and Servicewomen Forming Part of the Dutch Armed Forces [1].

Personnel category	Male	Female	Total
Troops	11,950	1,197	13,147
Non-commissioned officers	15,625	1,581	17,206
Officers	8,233	1,196	9,429
Total	35,808	3,974	39,782

Table 4-2: Age Structure of Regular Military Personnel [1].

Age group	%
aged 29 or younger	41
ages 30 – 39	24
ages 40 – 49	17
ages 50 – 59	18
aged 60 or older	0

4.2.2 The Personnel System

Since 2008, the armed forces has been operating the Flexible Personnel System (FPS) for the servicemen and servicewomen.² In using this system, the Ministry of Defence focuses expressly on the intake, advancement and outflow of military personnel so as to ensure that the organization has the number and quality of staff that it needs. Through the Flexible Personnel System, the Ministry of Defence also encourages the development of its employees as a means of improving their career opportunities, both within the Ministry and outside. Within the Flexible Personnel System a military career is broken down into three phases.

Phase 1 begins when a person begins his or her career with the Ministry of Defence and lasts until the end of mandatory service (the basic training term and several years in which he or she performs one or more roles). Servicemen or servicewomen automatically enter Phase 2 having completed Phase 1; this phase is the period following the mandatory training in they will be able to perform a variety of roles and prepare for jobs outside the Ministry of Defence, or can opt for a Phase 3 appointment as an officer or non-commissioned officer. Phase 2 begins at the end of the period of mandatory service and servicemen and servicewomen will progress to Phase 3 once they have received a positive decision on their advancement. The decision made by the Ministry of Defence on a serviceman's or servicewoman's advancement is based both on his or her wish to advance and suitability and on the desired staffing structure and composition. Service personnel who are unwilling or unable to continue working for the Ministry of Defence receive in-depth guidance on how to approach the civilian labour market. The Ministry of Defence will usually make a decision on advancement to Phase 3 once the serviceman or servicewoman is aged between 28 and 36.

² Section 4.2.2 is based on Refs. [1], [2], [3], [4].

Servicemen and servicewomen in Phases 1 and 2 may perform in their respective ranks for a limited period.³ Before a serviceman or servicewoman reaches the maximum term, the Ministry of Defence will determine whether he or she can be promoted or advance to Phase 3. Individual suitability and scope for advancement in the organization are determining factors. When a soldier is promoted (e.g., from private to corporal or from corporal to sergeant), the term in the new rank starts again from scratch. Phase 3 starts when the Ministry of Defence has made a positive decision on a serviceman or servicewoman's advancement. An appointment in Phase 3 is equivalent to an appointment for an indefinite period; in principle, the appointment ends when the serviceman's or servicewoman's employment is terminated by reason of age. Only Non-Commissioned Officers (NCOs) and officers are employed in Phase 3. Officers and NCOs in Phase 2 may submit a request to progress to Phase 3; they may submit such requests a maximum of three times. The Ministry of Defence's decision on a request is based on the serviceman's or servicewoman's suitability and the availability of posts in Phase 3. In terms of staff development, the Ministry of Defence uses various tools during the careers of servicemen or servicewomen to improve their employability inside and outside the Ministry. Those tools are presented in Section 4.3.

Table 4-3: Percentage of Regular Servicemen and Servicewomen Per Type of Contract [1].

Type of FPS Contract	%
Phase 1	25
Phase 2	28
Phase 3	47

In addition to the Flexible Pension System, cooperation with civilian Regional Training Centres is also important to the Ministry of Defence's personnel policy. It regards them as key partners for the recruitment, assessment, selection and training of new servicemen and servicewomen. For instance, 22 Regional Training Centres, distributed throughout the country, provide Safety/Security and Skills (VeVa: *Veiligheid en Vakmanschap*) training courses. These training courses are primarily used to teach students a skill and also provide them with an in-depth introduction to the Ministry of Defence. This secondary vocational training includes a variety of specialist courses: ground forces, maritime, logistics, ICT, commercial motor vehicle engineering, mechatronics, maintenance and conversion, healthcare and aircraft maintenance. Depending on the specialist area, the training course will be Level 2, 3 or 4. The Ministry of Defence supports VeVa training courses with instructors who run parts of the courses at the Regional Training Centres (ROCs: *Regionale Opleidingscentra*) and by offering work and work experience placements (practical occupational training) as part of the course. Through the VeVa training courses, the Ministry of Defence invests in preparing personnel for careers within and outside the Ministry.

Of the students who have completed a VeVa training course since 2009, 4,915 were given their first military posting after having completed their initial military training; as at 1 January 2019, some of them are still employed by the Ministry of Defence [1]. This means that all those servicemen and servicewomen have already received civilian training and gained a starting qualification. The Dutch government regards the starting qualification (a senior secondary vocational education (MBO) diploma of Level 2, or a higher secondary one, such as a senior general secondary education (HAVO) and pre-university education (VWO) diploma) as the

³ The maximum term in a rank for privates and corporals (with the exception of corporals in the Royal Netherlands Navy (*Koninklijke Marine*) for example, is eight years and for sergeants (and Royal Netherlands Navy corporals) ten years; exceptions may be made for specific job categories.

minimum level of education required for someone to have a realistic chance of obtaining a lasting skilled job in the Netherlands. As a consequence, thanks to (among other things) the VeVa training courses, a substantial number of prospective troops as well as all prospective NCOs and officers (owing to the acceptance criteria) will have a starting qualification when they enter into military service.

4.2.3 Intake, Advancement and Outflow of Military Personnel

Table 4-4 shows the intake, advancement and outflow figures for servicemen and servicewomen in 2018, when 3,747 servicemen and servicewomen joined the armed forces. That figure was below the planned intake of 4,424 servicemen and servicewomen in 2018. As at 1 January 2019, 80% of military posts were filled and 2,791 servicemen and servicewomen progressed to the next phase. The year 2018 saw 3,945 servicemen and servicewomen leave service, a figure that exceeded the planned outflow of 3,625 servicemen and servicewomen.

The figure for standard outflow on account of employment having been terminated by reason of age or contracts having ended stood at 619 servicemen and servicewomen in 2018. The figure for non-standard outflow – in 2018 – on account of voluntary discharge and/or any form of compulsory discharge was 3,326, of which 884 resulting from training having been abandoned. Voluntary discharge may be the result of someone having personally decided to leave or someone leaving early after having received a negative decision on his or her advancement. Someone may be compulsorily discharged if they have dropped out of initial training, been the subject of a disciplinary measure, for medical reasons or in the case of redundancy. Nearly all the non-standard turnover consists of servicemen and servicewomen with a Flexible Personnel System Phase 1 contract (25%: mainly those who dropped out from training) or a Flexible Personnel System Phase 2 contract (45%: mainly at the person's own request prior to an expected negative decision on their advancement). Table 4-5 shows the outflow figures for servicemen and servicewomen over recent years.

Table 4-4: Intake, Advancement and Outflow Figures for Regular Servicemen and Servicewomen in 2018 [1].

Phase	Number	
Intake	3,747	
Advancement	2,791	
→ Of which progressed to Phase 2		1,685
→ Of which progressed to Phase 3		1,106
Outflow	3,945	
→ Of which standard		619
→ Of which non-standard owing to abandonment of training		886
→ Of which non-standard for other reasons		2,440

Table 4-5: Outflow Figures for Service Personnel Over the Past Eight Years [1].

Year	Number
2011	4,456
2012	4,071
2013	3,668
2014	3,902
2015	3,211
2016	3,565
2017	3,657
2018	3,945
Total	30,474

4.2.4 Veterans

In the Netherlands, not every serviceman or servicewoman who leaves the service is a veteran, as is the case in the United Kingdom, for example. The 2012 Veterans Act (*Veteranenwet*) defines a veteran as ‘a serviceman or servicewoman, former serviceman or servicewoman, or former conscript of the Netherlands Armed Forces, or the Royal Dutch East Indies Army (KNIL: *Koninklijk Nederlandsch Indisch Leger*), as well as any former conscripted members of the Merchant Navy who served the Kingdom of the Netherlands in time of war or who took part in a mission to maintain or promote the international rule of law insofar as that mission was designated by order of Our Minister’ [5]. Essentially, what this means is that deployment during wars and on peacekeeping missions is virtually the only means of acquiring veteran status. It is clear from the definition that to qualify as a veteran a person may be in active service or a former service member. At the end of 2018, there were 111,700 veterans in total, 25,500 of whom were veterans in active service and 86,200 who were former service members [6]; Figure 4-1 shows the age structure of the veteran population.

The definition of a veteran also indicates that the Ministry of Defence determines which missions confer entitlement to veteran status. In 2018, there were about one hundred missions which conferred that status, including the Second World War (1940 – 1945), the Decolonisation War in the former Dutch East Indies (1945 – 1949), deployment in the former Netherlands New Guinea (1945 – 1962), Korea (1950 – 1955), participation in the United Nations Interim Force in Lebanon (1979 – 1985), missions in Cambodia (1992 – 1993), missions in former Yugoslavia (1991 to date), Afghanistan (2002 to date), Iraq (2003 – 2011) and anti-piracy missions for the Horn of Africa (2008 to date) [7]. The distinction between veteran and non-veteran is relevant to this section because veterans have a greater claim to support following military service than non-veterans. We shall return to this later.

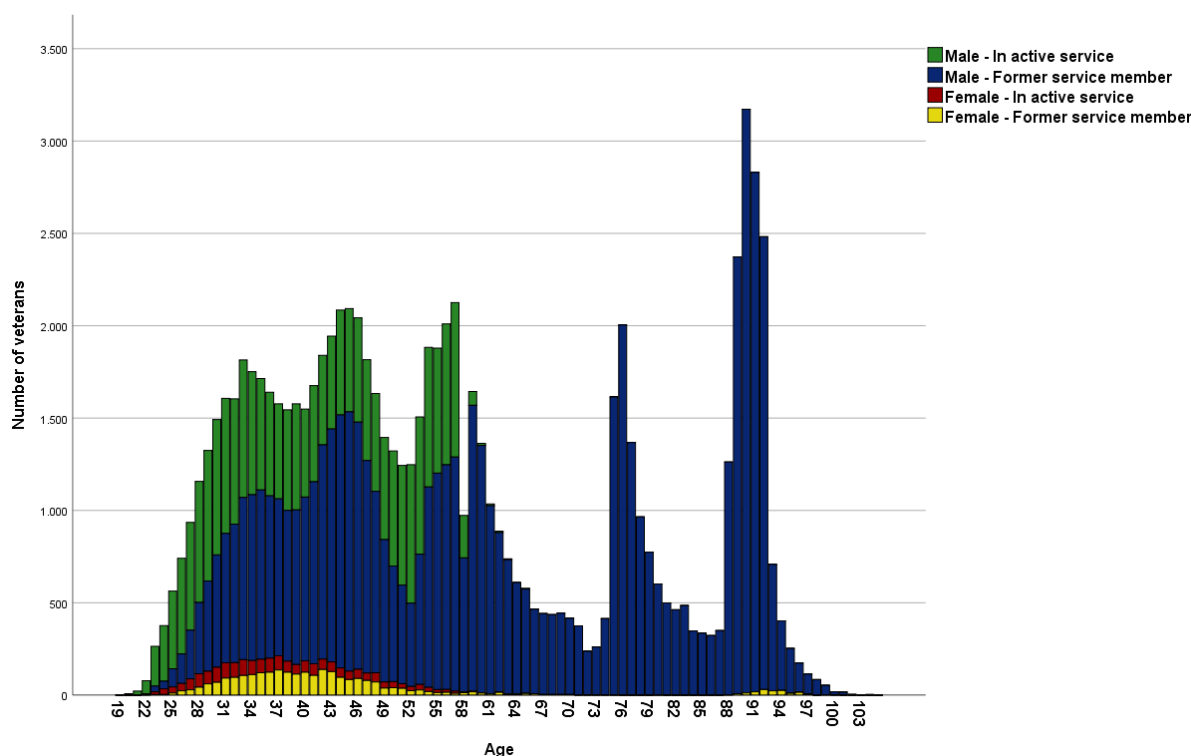


Figure 4-1: Age Structure of the Veteran Population. Data obtained from EXACT in mid-2018. EXACT contains the personal data of all veterans registered with the Veterans Institute, namely about 90% of veterans in active service and about 80% of retired veterans.

4.3 TRANSITION: POLICIES, PROCEDURES AND ENTITLEMENTS

Support for servicemen and servicewomen who are on the point of leaving service and during the period thereafter varies depending on why the serviceman or servicewoman is leaving service and on his or her status upon departure: at someone's own request or because their contract has ended, as a person unfit for work, or as a military war or service victim (hereinafter called service victim) or veteran. A service victim will have been wounded or fallen ill in exceptional circumstances (e.g., participation in a deployment, participation in field exercises or deployment during 'hazardous situations' directly related to the task from which the serviceman or servicewoman cannot withdraw because of his or her role).⁴ Table 4-6 sets out the support available for the various groups.⁵ The various forms of support are explained briefly below.

⁴ Incidentally, an industrial accident is not the same as an accident in the line of duty. In the case of an industrial accident, the serviceman or servicewoman will be unfit for work on account of an illness or disability has its origin in the nature of the duties normally assigned to him or her or owing to special circumstances and factors – not to be confused with *exceptional* circumstances which have the potential to result in an accident in the line of duty – in which the serviceman or servicewoman had to perform his or her duties. These must be circumstances or factors which are of an 'excessive nature' relative to the person's duties. An industrial accident involves 'employment-related unfitness for work' and an accident in the line of duty 'invalidity connected with an accident in the line of duty'. For the legal wording (in Dutch) see Ref. [8].

⁵ See also Ref. [9].

Table 4-6: Simplified Overview of Support Provided by or on Behalf of the Ministry of Defence for Servicemen and Servicewomen Making the Transition.

For Whom is it Available	Transition Support Whilst in Service	Transition Support or Care and Assistance to Help with Social Adjustment Following Discharge
Every serviceman or servicewoman who has been discharged voluntarily or because his or her contract has ended.	Measures through the Flexible Personnel System Employability Centre	Employability support if the person is receiving unemployment benefit.
Unfit for work.	Medical care Psychological support Social work Reintegration	-
Military war and service victim/veteran with deployment-related care needs.	Medical care Psychological support Social work Reintegration	Non-material assistance (National Care System for Veterans; LZV: <i>Landelijk Zorgsysteem voor Veteranen</i>). Material assistance (ABP, the Dutch General Pension Fund for Public Employees).

4.3.1 Every Serviceman or Servicewoman Who has been Discharged Voluntarily or Because His or Her Contract has Ended

Service personnel are responsible for shaping their own careers.⁶ They are assisted by a professional careers counsellors (long-term development) and by their immediate superior officer (for the current or subsequent position). They may request career interviews with their careers counsellors. A careers counsellor will also schedule an interview with a serviceman or servicewoman at various times laid down by regulations and his or her contract: in any event one year before the end of Phase 1 and then at least once every three years during each role performed in Phases 2 and 3. At the request of a serviceman or servicewoman, a career interview will take place if they have been refused permission to progress to Phase 3 and if they have been transferred to the Employability and Reservists Department (see below).

The wishes, the opportunities and possibilities, and the development points pertaining to the career of the serviceman or servicewoman are discussed during the career interview. The careers counsellor also records the serviceman's or servicewoman's career goals and the courses, traineeships or roles they wish to undertake. The careers counsellor records the agreements made during the career interview in the Personal Development Plan, which contains the employee's agreed career goals and sets out the action he or she must take in terms of gaining experience, skills or knowledge in order to achieve those career goals. Supplementary agreements made on training courses, traineeships and/or future roles will also be recorded in the plan. Having been agreed by the serviceman or servicewoman, the plan is passed on to the competent commanding officer, who approves it. At that point, the agreements in the Personal Development Plan will be binding for the Ministry of Defence and

⁶ Section 4.3.1 is based on Refs. [2], [4], [9], [10], [11].

the employee, including when he or she is posted to a new position. If it is not possible to implement the agreements for compelling service reasons, the commanding officer of the Ministry of Defence section will offer an equivalent alternative within one year of the point at which it becomes clear that the original agreement will not be implemented. If the agreements are not honoured and the employee does not think he or she has been offered an equivalent alternative, he or she will have four weeks within which to apply to an advisory committee for a possible solution.

Equipped with a Personal Development Plan, employees can influence their own development and careers, expand their skill sets and enhance their qualities. The Plan gives line managers an insight into the ambitions and skill sets of employees and enables them to deploy them purposively later on. It enables employees to prepare for the next stage in their careers or to advance in their current roles. Line managers support them by making time and resources available. It also means that employees undergo a continuous learning process. Servicemen and servicewomen may dispense with career counselling, giving reasons. Those reasons will be recorded officially.

Several tools have been made available to ensure career counselling is a success; service personnel can access some of those tools on a self-service basis and others are available through the careers counsellor. In addition to the Personal Development Plan, the tools include:

- **Accreditation of prior learning (APL; i.e., EVC: Eerder Verworven Competenties):** an EVC process can be used to determine which competences entitle exemption from training courses or are of value to the civilian labour market. Exemptions are decided on by the training institution.
- **E-portfolio:** this is used to record personal and professional development in a structured way, and focuses on knowledge, skills and practical experience (within the Ministry of Defence and outside it). The E-portfolio fosters personal awareness, supports self-directed learning and provides the opportunity to present evidence of professional and personal development.
- **Individual Training Plan for Employees (IOP: Individueel Opleidingsplan medewerkers):** The IOP contains details of training courses and the status of those to be taken in order to improve knowledge and skills for current and/or future roles.
- **Work experience placements:** These placements are aimed at improving the broad and flexible deployability of the employee by performing temporary duties in another role. Re-Employment (REP) was developed within the Ministry of Defence specifically for this purpose. Through REP, service personnel can perform temporary duties in a different division or with a different Ministry of Defence section. It could mean a work experience placement lasting three to six months or a short assignment which someone can perform alongside their regular work. This way, service personnel can acquire work experience elsewhere and broaden their horizons. Servicemen or servicewomen must apply for REP. Once an application has been submitted, an initial interview will be held to gain a clear idea of the person's aspirations, areas in which he or she shows promise and to align mutual expectations.
- **Rijkstalentencentrum (National Talent Centrum):** Employees can visit the centre's website to obtain information regarding personal and professional development.

In addition to the above schemes and tools, the Employability and Reservists Department is another source of assistance. It supports service personnel with the transition from one job to another. Employability and Reservists cooperate with all Ministry of Defence sections, including the HR organization and career counselling department. It also cooperates with external partners, including businesses in the region. The department is there for service personnel who wish or are obliged to leave the defence organization. A person leaving on account of a situation as described in Box 1 may make use of the services provided by the Employability and Reservists Department. Servicemen and servicewomen who leave the service at the end of Phase 2 (having received a negative decision on

their advancement) receive support from the Employability and Reservists Department; they will be registered at least one year before the end of their contracts for counselling on the transition to employment in the civilian labour market. A serviceman or servicewoman requesting a discharge may receive counselling on the transition to employment in the civilian labour market for a maximum period of one year, prior to the date of discharge.

Box 1: Situations Enabling Someone to Make Use of the Support Provided by the Employability and Reservists Department.

- Owing to redundancy (social policy framework 2004 candidates; including candidates who are now receiving redundancy pay).
- Owing to redundancy (social policy framework 2012 candidates; including candidates who are now receiving unemployment benefit or unemployment benefit over and above the statutory minimum).
- Service personnel in Phase 2 who have received a negative decision on their advancement.
- Service personnel who have submitted a voluntary discharge request.
- Service personnel with the old 'occupational fixed-term' contract.
- Ex-service personnel receiving unemployment benefit.

Registration with the Employability and Reservists Department always takes place through the HR adviser or careers counsellor. Following registration through the HR organization, the serviceman or servicewoman is invited by an Occupational Mobility Adviser to an initial interview. During the outflow process undergone by the serviceman or servicewoman, the designated Occupational Mobility Adviser will be their point of contact and the person who coaches and guides them throughout the process and monitors progress. The initial interview takes place at one of the three employability centres of the Employability and Reservists Department, in Havelte, Oirschot or Amsterdam. The serviceman or servicewoman is assigned an Occupational Mobility Adviser in the region where they live; this is also where the initial interview will take place. During the initial interview, the servicemen or servicewomen discuss a number of matters, such as their CV, career and ambitions with the Occupational Mobility Adviser. The results of that interview are used to determine what is required to make sure that they are ready for the labour market. Together, the Occupational Mobility Adviser and the serviceman or servicewoman draw up a Personal Outflow Plan (PUP: *Persoonlijk Uitstroomplan*) containing all the agreements made, including those to do with job application activities and training or refresher training, if applicable. The Occupational Mobility Adviser draws up agreements on training courses and work placements and helps the serviceman or servicewoman in their search for work, including by advising them on ways of securing work placements. The basic principle is that service personnel should have and maintain control over their careers and the Ministry of Defence is on hand to help ensure that this is the case. Every effort is directed towards making sure that departing servicemen or servicewomen have a new job to go to before their discharge date. The Employability and Reservists Department can also provide support for those wishing to set up their own businesses. A serviceman or servicewoman who, despite every effort, has not found suitable work after his or her discharge date, will continue to receive assistance from the Employability and Reservists Department in the search for alternative employment after being discharged.

Finally, all service personnel – including veterans – who will be taking job-related early retirement (at the end of Phase 3) can attend a service leavers' event where information about the non-material and material consequences of leaving service is provided.

4.3.2 Unfitness for Work

Service personnel who are unable to work owing to sickness have recourse to the Ministry of Defence's healthcare organizations for medical care, psychological support or social work services. They will also have dealings with the Reintegration Services Centre (*Dienstcentrum Re-Integratie*) if they are absent from work in the long term. In principle, absentee service personnel are reported to the Reintegration Services Centre after six months in the reintegration process and placed there if the sickness period is expected to last for more than a year. The Services Centre counsels and advises an absentee serviceman or servicewoman upon their return to their own job, or a move to a suitable civilian position with the same section of the Ministry of Defence or with a different section of the Ministry of Defence, or to a position outside the Defence organisation [9]. Where a serviceman or servicewoman is obliged to leave the service owing to absenteeism, they will be transferred by the Reintegration Services Centre to the General Pension Fund for Public Employees, in consultation with Operational Command Unit to which they belongs [12]. Reintegration processes can sometimes be protracted because people who have been outside the employment process for a lengthy period are difficult to reintegrate [12].

4.3.3 Military War and Service Victim/Veteran with Deployment-Related Care Needs

4.3.3.1 Support for Service Victims and for Veterans with Deployment-Related Care Needs

Like service personnel who are unfit for work, service victims and veterans with deployment-related care needs who are unable to work owing to sickness have recourse to the healthcare organizations of the Ministry of Defence for medical care, psychological support or social work services. They, too, will have dealings with the Reintegration Services Centre if they are absent from work in the long term. Service victims and veterans with deployment-related care needs may avail themselves of specific healthcare services and assistance. The purpose of non-material and material assistance is to provide service victims and veterans with care and enable them to function well in their personal and social lives.

4.3.3.2 Non-Material Care and Assistance

The National Care System for Veterans (LZV: *Landelijk Zorgsysteem voor Veteranen*) provides service victims and veterans with non-material care and assistance on behalf of the Ministry of Defence. It consists of twelve organizations (see Box 2). In addition to spiritual care in line with the Catholic, Protestant, humanist, Jewish, Hindu or Islamic traditions, training and education, the National Care System for Veterans also provides (specialist) social work services and mental healthcare, including addiction treatment, forensic psychiatry and an intensive treatment unit. Together, the participating organizations form a civilian-military care organization chain which provides service victims and veterans with care for deployment-related psychological and psycho-social problems. The organizations are distributed throughout the country, which means service victims and veterans have access to the care best suited to them 'close to home'. Through cooperation and coordination within the chain and by laying down agreements between the participating organizations, the National Care System for Veterans is able to provide uniform care, ensure that high-quality care is provided, transfer knowledge and act efficiently and effectively [13].

The Veterans' Office (*Veteranenloket*), which is part of the Veterans Institute, is where all care and assistance for service victims and veterans can be accessed.⁷ It is available to service victims and veterans 24/7. It directs service victims and veterans to the National Care System for Veterans for non-material help and/or the General Pension Fund for Public Employees (ABP: *Algemeen Burgerlijk Pensioenfonds*) for material help (see below).

⁷ The Veterans Office is also where relatives with requests for help that are related to a veteran's deployment can go for care and assistance. This care will not be covered in the remainder of this section.

The Veterans' Office assigns a care coordinator to service victims and veterans receiving care who will counsel them throughout the care process and be their first point of contact [14]. In 2018, 2,173 service victims or veterans received care through the National Care System for Veterans. Of those, 1,597 were treated by specialist social workers and 935 by a mental healthcare institution [6].

Box 2: The Organizations that Together Form the National Care System for Veterans (LZV: Landelijk Zorgsysteem voor Veteranen)

In addition to a project office and the chair, care chain manager and management support, the National Care System consists of the following **civilian** and **military** organizations.

Access to the care and assistance provided by the following organizations or the General Pension Fund for Public Employees and care coordinators:

- The Veterans' Office within Stichting het Veteraneninstituut (Netherlands Veterans Institute Foundation).

Spiritual care through:

- **Spiritual Care Services (*Diensten Geestelijke Verzorging*)**.

Social work services through:

- **The Ministry of Defence's welfare services (*Bedrijfsmaatschappelijk werk Defensie*)**.
- Welfare services provided by De Basis Foundation (Stichting De Basis).

Mental healthcare through:

- **The Military Mental Healthcare department (*Militaire Geestelijke Gezondheidszorg*)**.
- South Netherlands Psychotrauma Centre (*Psychotraumacentrum Zuid-Nederland*).
- GGZ-Drenthe mental healthcare institution, trauma centre for specialized referrals.
- Centrum '45, trauma centre for specialized referrals.
- Sinai Centrum.

Specialist mental healthcare through:

- Jellinek (addiction treatment).
- *Forensisch instituut de Waag* (De Waag Forensic Institution).
- *Veteranen Intensieve Behandel Unit* (Veterans' Intensive Treatment Unit, part of the Sinai Centrum).

4.3.3.3 Material Care and Assistance

The General Pension Fund for Public Employees (ABP) provides service victims and veterans with material care and assistance. They can access this form of care and assistance through the Veterans' Office. Box 3 contains an overview of the material care available for service victims and veterans [12], [14], [15].

Box 3: Forms of Material Care and Assistance Provided By or On Behalf of the Ministry of Defence.

Financial measures:

- *Military Disability Pension (MIP: Militair Invaliditeitspensioen).*
- *Special supplementary disability benefit (BIV: Bijzondere invaliditeitsverhoging).*
- *Invalidity Pension Supplementary Benefit (Verhoging Arbeidsongeschiktheidspensioen).*
- *Income support scheme.*
- *Full Compensation Scheme (Regeling Volledige Schadevergoeding).*

Schemes:

- *Living support, including financial compensation or assistance with expenses for:*
 - *A wheelchair.*
 - *Rehousing or furnishing or modifying the home.*
 - *Home help.*
 - *Recreation, development or sport.*
 - *A modified bicycle.*
 - *Activities of daily living.*
 - *Childcare.*
 - *Family counselling.*
- *Work facilities that enable the veteran to remain prepared for the labour market or that maintain the veteran's fitness for work.*
- *Financial compensation or assistance with expenses for medical care, including:*
 - *A hearing aid.*
 - *A prosthesis.*
 - *A special bed.*
 - *Psychological support.*
 - *Products that veterans can use to treat burn wounds themselves.*
 - *An assistance dog for veterans.*
 - *The excess payable for healthcare insurance.*
 - *A larger contribution for health insurance.*
- *Special facilities if none is provided as intended by a different scheme. An exceptional case can be said to exist if failure to provide special facilities would result in the veteran incurring costs which he or she could reasonably be expected to bear and which would also lead to significant impoverishment of his or her existence or his or her mental decompensation.*

Counselling during the process of finding a new job

Debt counselling

4.3.3.4 Financial Measures

A Military Invalidity Pension is paid for cases of invalidity connected with an accident in the line of duty. The amount depends on the degree of invalidity and amounts to a maximum of 100% of the final income earned as a serviceman or servicewoman. Service personnel in receipt of a Military Invalidity Pension with serious disabilities may claim a Special Supplementary Disability Benefit of a maximum of 40%. The Special Supplementary Disability Benefit has the status of compensation for pain and suffering. The invalidity pension supplementary benefit is paid in cases where accidents in exceptional cases have occurred [12], [14], [15]. In 2018, in total, there were 9,647 former service personnel entitled for a Military Invalidity Pension [6].

The income support scheme guarantees veterans who drop out owing to sickness (where it is suspected that this is employment-related) an income of 80% of their final salaries to enable them to concentrate on recovery. In the evaluation of the veterans policy (2016) it was indicated that, owing to the interaction with other schemes (usually municipal schemes) little use has been made of the scheme since its introduction in 2014. The fact is, awarding income support can lead to other (civilian) support being reduced, resulting on balance in a negative financial impact on the veteran [12]. Income support was awarded 12 times, totalling €166,785, in 2017 [6].

The Full Compensation Scheme entered into effect at the end of 2014.⁸ Once a service victim's or veteran's stabilized condition has been determined and he or she is found to be experiencing residual loss (following the award of pensions, benefits, schemes and benefits in kind), in certain circumstances they may be eligible for an additional payment under the Full Compensation Scheme; this may be the case, for example, where someone has lost the ability to work or has had their career progression curtailed. In 2017, some 44 Full Compensation Scheme cases were settled and a total of €9.2 million paid out [6].

4.3.3.5 Assistance

Assistance is a means by which the detrimental effects of the restrictions experienced by a serviceman or servicewoman owing to his or her disability are directly or indirectly offset or reduced or which provides a financial contribution towards or financial compensation for the resultant costs. Eligibility is conditional upon the assistance being required for medical or sociomedical reasons, personal, required for a fairly long time and not being general practice [16]. If there are statutory schemes to which a service victim or veteran is entitled, those civilian schemes will be used first [12]. The assistance scheme is complex, comprehensive and labour-intensive in its implementation (there are more than 200 forms of assistance available and 800 diagnosis codes) [12]. A number of forms of assistance, the hobby scheme, for example, is almost always awarded while others hardly ever are [12]. Box 3 provides an overview of the main forms of assistance.

4.3.3.6 Counselling During the Process of Finding Work

Just like other citizens, retired service victims or veterans who are unemployed or partially unfit for work have recourse to the Employee Insurance Agency (UWV: *Uitvoeringsinstituut Werknemers Verzekeringen*), the municipal authority or their last employer for assistance with reintegration or finding paid work. If those agencies are unable or insufficiently able to help a service victim or veteran, he or she may turn to the General

⁸ The Debt of Honour scheme (*regeling Ereschuld*) entered into effect in 2012. It was a measure aimed at according sufficient recognition to veterans who were discharged before 1 July 2007 and who had submitted their first application for a Military Invalidity Pension before 1 June 2012 and ensuring that they were compensated without delay. The scheme has now largely been wound down [12]. In total, 2,407 veterans received a Debt of Honour payment amounting to a maximum of €125,000 per veteran, and for a total amount of €239,6 million [6]. Following the implementation of this scheme it emerged that approximately 500 veterans (about 20%) had submitted an additional claim to obtain compensation for the full and actual damage they believed they had suffered. Those claims were or will be settled by the Ministry of Defence on an individual basis [12].

Pension Fund for Public Employees (ABP) for assistance with reintegration or counselling during the process of finding work [14]. To that end, the General Pension Fund for Public Employees works closely with a reintegration company. The service victim or the veteran will discuss his or her situation, career, options and expectations in respect of a job with a coach from the reintegration company. The coach will decide on a counselling process with the victim or the veteran which is in line with his or her personal wishes and will help him or her to find a new job. Retraining or refresher training may form part of a counselling process. The ABP can also provide limited support for those wishing to start their own businesses [17].

4.3.3.7 Debt Counselling

Just like other citizens, retired service victims and veterans with financial problems that they are unable to resolve without assistance may turn to their own municipal authority for local debt counselling. In specific situations⁹ they may also apply to the ABP. The ABP offers:

- 1) Advice – to provide individuals with a better understanding of their financial situation;
- 2) Financial support – to enable them to pay the amount owed to creditors; and
- 3) To pay the costs of a budget manager or administrator [18].

4.4 COMMUNITY AND SOCIETY SUPPORT FOR VETERANS

Initiatives stemming from the general public can also help to ensure that veterans making the transition from the service receive support because those initiatives strengthen the position of veterans within society. They mainly involve encouraging appreciation and recognition of veterans within society. In this section we will explain the role of the Netherlands Veterans' Institute, the National Veterans' Day Committee (*Nationaal Comité Veteranendag*) and the Netherlands Veterans' Day Foundation (*Stichting Nederlandse Veteranendag*), the Veterans' Platform Association (*Vereniging Veteranen Platform*) and the National Fund for Peace, Freedom and Veterans' Care (vfonds: *Nationaal Fonds voor Vrede, Vrijheid en Veteranenzorg*) each of which makes its own contribution to generating greater recognition of and appreciation for veterans within society. We will also discuss three organizations which focus more directly on personally supporting veterans. Our description of these organizations is not intended to play down the importance of other initiatives, but rather to illustrate the key forms of support veterans receive from society. We will also deal briefly with public opinion on veterans later in the section. We close this section with information regarding the support for every Dutch person.

4.4.1 The Netherlands Veterans' Institute

The Veterans' Institute implements a key component of the veterans' policy on behalf of the Ministry of Defence. It is committed to encouraging recognition and appreciation of veterans within society and to recognizing and showing appreciation for veterans. The Institute also acquires and shares knowledge on subjects that are important to veterans, policymakers and bodies implementing policy, while also promoting scientific research into veteran-related topics. Lastly, the Institute provides veterans, service victims and their family members with care and services through the Veterans' Office [19]. The Ministry of Defence subsidises the Veterans' Institute's activities (€5.6 million for recognition and appreciation and €5.7 million for healthcare coordination in 2017) [6].

⁹ Examples: the financial situation of the service victim or the veteran is hampering the successful treatment of his or her condition, is either worsening this or hampering reintegration into (paid) employment or resocialisation; the individual has not previously applied for debt counselling through the ABP; they must, in principle, be able to repay an advance payment of their Military Invalidity Pension within a maximum of 60 months to the ABP (for all of the criteria see: [18]).

Three of the activities which the Veterans' Institute carries out to encourage recognition and appreciation of veterans within society are discussed below. First and foremost is the 'Veteran in the Classroom' educational programme which the Institute has been running since 2005 in consultation with the Netherlands Veterans' Day Foundation. Through this programme, veterans give guest talks at primary schools, secondary schools and other educational establishments. They relate their experiences during wars and peacekeeping missions to the pupils and students. The purpose of the programme is to raise young people's awareness of deployment experiences, increase understanding of the challenging circumstances in which veterans are deployed and to foster appreciation for their efforts. The guest talks, a form of living history, are linked to other teaching objectives and themes surrounding civic education. In 2017, the programme reached 36,228 pupils (43,009 in 2016 and 37,653 in 2015) [6], [19]. The second activity involves speed-dating with veterans at the Liberation festivals held on 5 May, Liberation Day. Speed-dating enables veterans to discuss the subject of liberation with hundreds of festival-goers. The third activity entails helping municipal authorities to organize and hold local veterans' days. The Veterans' Institute organized three inspirational events jointly with the Netherlands Veterans' Day Foundation in various regions in order to help municipal authorities to develop an interesting programme for local veteran-related activities in 2017. More than 140 municipal employees and other veterans' days' organizers attended the meeting that year. In 2017, some 352 of the 388 municipal authorities asked the Veterans' Institute for the addresses of the veterans living in their municipalities; a total of 88,070 veterans received an invitation to a local veterans' day [19].

4.4.2 The National Veterans' Day Committee and the Netherlands Veterans' Day Foundation

The Minister of Defence set up the Veterans' Day Committee in 2004 with a view to encouraging recognition and appreciation of Dutch veterans within society. The board of the Netherlands Veterans' Day Foundation and the Netherlands Veterans Day Project Organization assist the Committee with the performance of its tasks. The Committee has been organizing Netherlands Veterans' Day in The Hague on the last Saturday of June since 2005. It also conducts a permanent publicity campaign aimed at increasing recognition and appreciation of veterans, and supports initiatives of and for veterans in municipalities and at schools, such as local veterans' days (see above) and the Veteran in the Classroom programme (see above) [20].¹⁰ Netherlands Veterans' Day attracted approximately 90,000 visitors in 2018. The programme opened in the Ridderzaal¹¹ and – attended by His Majesty the King, the Prime Minister and the Minister of Defence – focused on the accounts of a number of veterans. Following the programme in the Ridderzaal, medals were presented at the Binnenhof¹² by, among others, the Prime Minister and the Minister of Defence. There was also a march past of veterans in the centre of The Hague after which members of the public and veterans had an opportunity to mingle on The Hague's Malieveld [21]. The Ministry of Defence subsidises the activities of the National Veterans' Day Committee and the Netherlands Veterans' Day Foundation (€2.5 million in 2017) [6].

4.4.3 Veterans' Platform Association

The Veterans' Platform Association (VP: *Vereniging Veteranen Platform*) has been promoting the interests of veterans, focusing on 'recognition of and appreciation and care for veterans', since 1989. The VP is an association of veterans' organizations. It now numbers 67 organizations which jointly represent more than

¹⁰ The Committee was given permission to adopt the name National Veterans' Day Committee in 2014.

¹¹ The Ridderzaal is a large hall in the building in the centre of the Binnenhof. Each year, on the third Tuesday in September during the Joint Session of the States General, the King delivers the Speech from the Throne in the Ridderzaal.

¹² The Binnenhof is a complex of buildings in the centre of The Hague which for centuries has been the centre of the politics of Holland and the Netherlands.

70,000 veterans [22]. The motto of the VP's current policy plan is 'The proud veteran'. The VP chose that motto 'because we are trying to convey an accurate picture of veterans to the general public. Veterans should be proud of what they have achieved and have developed skills that are of significant added value for our society.' [23] As well as promoting the interests of all veterans and supporting the affiliated organizations, the VP also coordinates a nationwide peer support system (*Nuldelijnsoudersteuning*). The Ministry of Defence subsidizes the Veterans' Platform's activities (€190,000 for the association and €135,000 for the peer support system in 2017) [6].

4.4.4 National Fund for Peace, Freedom and Veteran Care (vfonds)

The National Fund for Peace, Freedom and Veteran Care (vfonds: *Nationaal Fonds voor Vrede, Vrijheid en Veteranenzorg*) finances initiatives which contribute towards the recognition of and appreciation for veterans and members of other uniformed professions (in public service), keeping memories of wars and peacekeeping missions alive, remembering, commemorating and thinking of victims of conflicts, and celebrating freedom. Contributions from the National Postcode Lottery, the BankGiro Lottery and the Dutch Lottery (€10.5 million, approximately €3.3 million and nearly €0.4 million respectively in 2017) are the vfonds' main sources of income. The vfonds granted 236 applications and rejected 116 in 2017 [24]. Through its successful initiatives in the areas of information provision, education and publicity, the vfonds seeks to obtain respect and appreciation from society for veterans and other members of uniformed professions who have served the Dutch government on international peacekeeping missions anywhere in the world. It also aims to keep the memory of the Second World War alive by, among other things, supporting war and resistance museums and commemoration centres. The vfonds also contributes to knowledge about operations and their consequences for citizens and the people in uniform who provide peace and security. Lastly, the vfonds believes that alongside remembrance, liberation, freedom and above all peace should also be celebrated and safeguarded. To that end, it supports, among other things, a number of remembrance projects on 4 May, and the Liberation festivals held throughout the country on 5 May [25].

4.4.5 Other Social Initiatives

4.4.5.1 *Hulp voor Helden – Stichting Koninklijke PIT Pro Rege* (Help for Heroes – Royal PIT Pro Rege Foundation)

Service personnel, veterans and their relations are heroes because they are prepared to make sacrifices for world security and peace. Hence the name *Hulp voor Helden* (Help for Heroes). 'They have chosen or chose a profession where service and adventure go hand in hand. A profession where loneliness, lack of understanding and traumatic experiences are regular features.' [26] The foundation thinks it is important that this receives proper attention, which is why it seeks to foster the welfare of service personnel, veterans and their relations through projects that provide them with attention, recognition and support. Examples of projects include raising funds for a foundation that provides veterans with PTSD assistance dogs and supporting ECHOS-Homes, or meeting facilities for service personnel, veterans and their relations. *Hulp voor Helden* is a recognized, self-funding charity [26].

4.4.5.2 *Stichting Onbekende Helden* (Unknown Heroes Foundation)

The aim of *Stichting Onbekende Helden* is to provide veterans with practical support from the business community and to create greater support or understanding for veterans among the Dutch population. The foundation achieves this by deploying contacts from the business community and linking them to individual veterans; this way, the foundation helps veterans in their search for paid employment or work experience and work placements. It also provides counselling for veterans who are considering setting up a business. In addition,

the foundation focuses on ensuring that veterans are favoured over other applicants when job opportunities are created by contracts put out to tender by the Ministry of Defence. Lastly, the foundation seeks to encourage public debate on appreciation for veterans within Dutch society and the business community and to encourage interaction to create broader support for them [27].

4.4.5.3 *Stichting Ondersteuning Veteranen Activiteiten* (Veteran Activities' Support Foundation)

Stichting Ondersteuning Veteranen Activiteiten (OVA) helps veterans to connect with each other and with society and raises funds to enable it to support their activities. The OVA can also act as intermediary when other forms of support are required, such as additional manpower to help organize or implement activities, providing organizational advice for the setting up and implementing of activities, or bringing parties together to encourage and support the arranging of veterans' activities. The OVA always does this for and jointly with veterans and their relations. Veterans, those close to them or veterans' organizations organizing an activity for veterans in which several veterans can be brought together or brought together with the public may submit an application to OVA for support, including financial support. The OVA is a recognized, self-funding charity [28].

4.4.6 The Position of Veterans in Society

Several of the organizations discussed above focus on matters such as increasing support for veterans in society and encouraging recognition and appreciation of veterans among the public. We know from research that there is support for veterans in society. Some three quarters of Dutch people (76%) think veterans deserve open appreciation and 60% are interested in veterans and their experiences, while eight in ten Dutch (78%) have a positive attitude towards veterans. Over eight in ten Dutch (85%) believe that veterans deserve optimum after-care. Dutch people see veterans as helpful, dutiful, courageous, brave and proud [29].¹³ Incidentally, 33% of Dutch people regard every ex-serviceman or ex-servicewoman as a veteran and 26% think that a veteran is someone who has served in the army [29]. This means that a substantial part of the population has a broader idea of what constitutes 'the veteran' than expressed in the definition in the Veterans Act.

Despite the positive attitude towards veterans among Dutch people, it turns out that there is greater appreciation for ambulance staff, firefighters and the police than for service personnel and veterans. In addition, seven in ten (68%) think that the Netherlands is doing enough – and in a single case, too much – to recognize and appreciate veterans. The survey also shows that a minority of about 15% does something to show recognition of and appreciation for veterans, such as demonstrating appreciation and support, attending events, listening to accounts, showing an interest and following news in the media [29]. Finally, the surveys of the Dutch public in 2012 and 2013 reveal that Dutch people are divided with regard to the added value of deployment experiences in the labour market [30] (see Figure 4-2). Dutch people are more positive than negative about the added value veterans bring to the labour market, but find their receiving preferential treatment a step too far.

In short, Dutch people have a positive attitude towards veterans but there seems to be some delay in converting that attitude into action. This remains an uphill task for the organizations endeavouring to obtain greater appreciation for and recognition of veterans from society. This includes the promotion of greater recognition of and appreciation for veterans in the media. In general, the print media has a neutral attitude towards veterans, where veterans do not feature prominently and, when they do attract coverage, this will usually be in regional newspapers and in the four-month period surrounding 4 May (Remembrance of the Dead), 5 May (Liberation Day) and the last Saturday of June (Netherlands Veterans' Day) [31], [32], [33].

¹³ This is a survey of 1,001 Dutch adults.

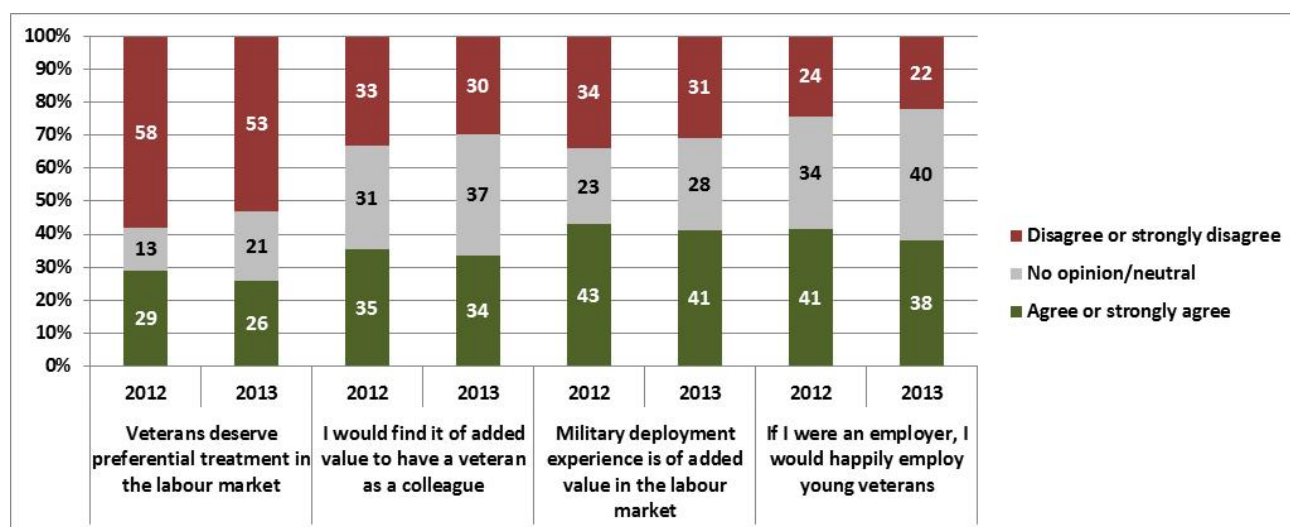


Figure 4-2: Veterans in the Labour Market. Note: number of respondents in 2012 $N = 1,001$; in 2013 $N = 1,097$.

4.4.7 Support for Every Dutch Person

According to the latest World Happiness Report the Netherlands is the world's fifth happiest country, ahead of 151 other countries [34]. The survey shows that residents of the Netherlands are doing well when it comes to income, life expectancy, social support, freedom of choice, generosity, perceptions of corruption within the government and the business community, experiencing positive feelings such as happiness, laughter and enjoyment and not experiencing negative feelings such as worry, grief and anger. Research conducted by the Netherlands Institute for Social Research in 2018 shows that Dutch people enjoy a high quality of life. Most people feel healthy and life expectancy is on the rise [35].

That high quality of life is undoubtedly influenced by the extensive social security system and excellent healthcare available to all Dutch people. The social security system 'is used to help people or families who for one reason or another find themselves in financial difficulties. These will be people who temporarily (or permanently) receive no income or receive insufficient income as a result, for example, of unemployment, unfitness for work, sickness or retirement. There are other support schemes within the system as well, including those relating to healthcare and counselling in the event of sickness, an impairment or unfitness for work. In short, the social security system in the Netherlands provides sufficient support, including financial support, when a personal or family situation requires it. Social security in the Netherlands is based on solidarity and a sense of community: all Dutch people are cared for collectively. People with high incomes contribute more to the system than those with low incomes.' [36]

Everyone living or working in the Netherlands must take out basic health insurance (basic package).¹⁴ The central government determines annually what the basic package must contain; the basic package is the same for all. It provides for the necessary medical care to which everyone is entitled. The basic insurance covers the standard care provided by, for example, a GP, hospital or pharmacy. An excess is payable for most care covered by the basic package; the central government determines the amount of the excess. In some cases personal contributions may also apply; this is also determined by the central government. A health insurer must accept anyone who applies for a basic package. It is also possible to take out supplementary insurance; the individual

¹⁴ For those on low incomes, the government makes a contribution in the form of a healthcare benefit.

health insurer will determine itself which aspects the supplementary insurance covers. The premium paid for a policy is the same for everyone; in other words, everyone with the same policy pays the same amount irrespective of their age or state of health.¹⁵ Health insurers have a duty of care and must ensure that everyone receives the care needed in time and within a reasonable distance [38].

Virtually every Dutch person uses healthcare. For instance, 78% visit a dentist at least once a year, 72% visit a GP at least once a year, 71% have their medicines paid for under the basic package and 39% visit a specialist [39]. There has been an increase in the uptake of many forms of healthcare in recent years [39]. Healthcare facilities are within easy reach for most Dutch people: for example, less than 0.1% of the population is a 10-minute drive away from the nearest GP's practice (2012) or no more than a 30-minute drive away from the nearest hospital (2013) [39]. In addition, waiting times in hospitals fell between 2009 and 2014 [39]. On the other hand, the percentage of people that an ambulance is unable to reach with 30 minutes by road rose between 2008 and 2013 by 0.1% to 0.4%. The closure of a number of accident and emergency departments is a possible explanation for this [39]. Dutch people think that public facilities, such as healthcare and the social security system, are properly managed. They regard healthcare as good, affordable and accessible to all; for people who need one, there is a safety net [39], [40].

This brief outline of the social safety net and healthcare shows that basic provisions for every Dutch person are good in the areas of income, employment and healthcare. It is well to keep in mind that the measures taken by the Ministry of Defence supplement existing schemes applicable to every Dutch person (i.e., people leaving service, service personnel who are unfit for work, service victims or veterans).

4.5 EMERGING CHALLENGES AND INITIATIVES

4.5.1 Societal Trends

In 2016, the Ministry of Defence published a report containing the findings of the evaluation of the veterans' policy. In the report, the Ministry of Defence noted a societal trend that also affects support (in the transitional period) for service personnel.¹⁶ It was stated in the report that in recent years citizens have been expected to participate more in society by taking care of themselves and their environment to a greater extent than before [40], [41]. Greater emphasis has been placed on social participation in the area of social security. This is especially evident in the promotion of longer working lives (by raising the state pension age), promoting participation in the labour market to enable more people – with and without impairments – to find work with a standard employer (introduction of the Participation Act in 2015), shortening the maximum duration of unemployment benefit, limiting the accrual of unemployment benefit rights and tightening the requirements that must be met before a person can claim unemployment benefit. Whilst the focus in recent years has been on making the labour market more flexible, attempts have been made through legislation to limit the adverse effects of this for employees. Since not everyone is able, even with the help of others, to solve their financial and/or medical or sociomedical care problems, the government has retained a safety net which is managed – by shifting government tasks from central government to municipal authorities – at local level [40]. This involves, in particular, tasks in the areas of youth care, employment and income, and care for the chronically ill and the elderly (introduction of the Social Support Act (Wet Maatschappelijke Ondersteuning) in 2015). The impact of the participatory approach on changes in support, including support during the transition period, is discussed below.

¹⁵ The average health insurance premium in 2019 is €119 a month with an excess of €385 on an annual basis. The average is based on 65 health insurance policies of the various health insurers [37].

¹⁶ The paragraph below is adopted almost verbatim from the evaluation report [12].

4.5.2 Developments in the Area of Recognition of and Appreciation and Care for Veterans

The evaluation of the veterans' policy mentioned above produced eight recommendations to improve the recognition of and appreciation and care for veterans. We have picked out three recommendations that pertain to support during the transition. To start with, a prominent representative of the people noted during the evaluation that the Ministry of Defence is not a ministry of healthcare.

Two recommendations could be considered in that light: "Define the boundaries of specific veteran care and organize a successful transition to standard care" and "Emphasize veterans' own responsibility for their recovery and, in addition to specific veteran care, make maximum use of the possibilities available in (civilian) society". Both recommendations underline the fact that the Ministry of Defence views the transition of veterans (especially in the case of veterans requiring care) as a responsibility shared with institutions elsewhere in society and – mindful of the government's participatory approach – veterans themselves.

The third recommendation produced by the evaluation of the veterans' policy of relevance to the transition support theme is: 'Modernise the system of benefits and compensation (including the accompanying examinations) to ensure that it provides wounded veterans with better support for reintegration and (social) participation.' The Ministry of Defence noted in the evaluation that it has been faced with hundreds of legal proceedings brought by veterans in recent years. In the main, these were hundreds of objection and appeal proceedings against decisions concerning the PTSD protocol and approximately 500 claims made by veterans for financial compensation over and above the benefits granted, assistance provided and Debt of Honour scheme payments due for disbursement in 2013. A substantial number of legal proceedings was also brought against rejected applications for the Dutch decoration for the wounded (*Draaginsigne Gewonden*) [12]. The December 2015 ruling of the Central Appeals Tribunal (for the public service and social security matters) (*Centrale Raad van Beroep*) played a part in the settlement of the roughly 500 claims brought by veterans in relation to PTSD. Since the Ministry of Defence is no longer able to demonstrate that it met its duty of care in many cases, it will have to compensate the veterans concerned for the damage or residual damage based on liability [12].

The recommendation from the evaluation of the veterans policy is related to the advice given by the Civil-Military Care and Research Council (*Raad voor civiel-militaire Zorg en Onderzoek*) – the supervisory authority for veteran care and the related research – in 2017 [42].¹⁷ The supervisory authority notes that a comprehensive system of assistance, including assistance with care, and compensation schemes has been put in place over recent years and that that assistance and those schemes turn out to have drawbacks: they can cause a degree of dependency on the part of veterans which impedes their ability to function normally and find work. The supervisory authority also notes the sometimes complicated and drawn-out procedures veterans have to undergo to secure material care which often have a negative impact on their well-being. All of the above can result in a secondary gain and secondary victimisation. The supervisory authority recommends that the Ministry of Defence takes action to prevent aspects of its compensation system from unintentionally impeding the recovery of veterans or even harming them, and to that end has formulated several recommendations. First and foremost, the focus of the compensation system should as far as possible be on supporting the recovery of veterans. It also recommends bringing the approach and processing time of the procedures (including assessment procedures) that veterans have to undergo in order to obtain compensation closer in line with veterans' sense of justice. In addition, the Ministry of Defence should demonstrate more clearly that it only ever seeks a fair settlement and, lastly, it should remain in constant contact with the victim concerned. The latter two recommendations are intended to ensure that veterans feel that they are being taken seriously and to prevent that the Ministry of Defence and the veteran concerned

¹⁷ This is recommendation 24 'Prevent secondary gain and victimisation in veteran care' of the Civil-Military Care and Research Council.

become adversaries, meaning that the problems must be settled on a legal basis. In short, the Ministry of Defence and the authority supervising veteran care agree that benefits and compensation must contribute to a veteran's participation in society.

4.5.3 Developments in Support Provided During the Move from One Job to Another for Service Personnel Making the Transition to Civilian Society

In 2018, the Ministry of Defence researched the opportunities offered by and viability of a system within which personnel can rotate, develop and acquire experience with the Ministry of Defence or with an alternative employer. It also examined shared capacity and temporary deployment from external organizations. That research led to the creation of a network of interested organizations. Tests were carried out and pilots conducted to test partnerships and agreements as well. These forms of cooperation will be followed up in 2019. All of this will take place alongside the standard outflow process directed by the Ministry of Defence's Employability and Reservists Department. Within the process, the Ministry of Defence has concluded agreements with a number of large organizations for long-term processes where the departing serviceman or servicewoman will apply to work for the organization concerned two to three years before leaving Ministry of Defence service. If the organization is willing to accept the candidate, they will be guaranteed a job with that organization when their contract with the Ministry of Defence ends. Any such offer may be conditional upon certain things, including refresher training [43]. The development is intended to help ensure that veterans receive support when they move from one job to another.

4.5.4 Development in the Area of Research into the Transition

Commissioned by the Ministry of Defence, Statistics Netherlands (CBS: *Centraal Bureau voor de Statistiek*) will be performing a baseline measurement between April 2019 and September 2019 to gain insight into the diversity of the organization. A further objective is to obtain insight into the situation before intake and/or after outflow of personnel. The Ministry of Defence will use the results to improve HR policy to do with Retention and Recruitment and Diversity and Inclusivity; the baseline measurement is therefore not aimed at supporting the transition of service personnel but will provide valuable information about part of the outcome of their transition from service. The Ministry of Defence has provided CBS with data for its baseline measurement, including data showing whether a person was a serviceman or servicewoman, civilian or reservist, the rank or scale group, the part of the armed forces if the person was a serviceman or servicewoman or reservist and/or whether the person left Ministry of Defence service because they had reached retirement age. These are the data for the staff employed by the Ministry of Defence in the years 2015, 2016 and 2017. The CBS will link the Ministry of Defence data to other data it has retrieved from its own databases. This is information concerning age cohort, sex and level of training, or whether a person does not have a migration background, has a Western migration background or a non-Western migration background and his or her position in the labour market. The CBS identifies what Ministry of Defence personnel did before they joined, for example whether they had been studying or were drawing benefits, had been in paid employment elsewhere, or had been self-employed. The CBS also identifies the situations of personnel who have left, including whether they are in paid employment (market sector or public sector), are self-employed, drawing benefits or have retired, or whether they are living in the Netherlands or have emigrated [10].

4.6 TRANSITION-RELATED RESEARCH

The Ministry of Defence has for years been surveying service personnel who left initial training prematurely and service personnel who leave the service following initial training. Those surveys deal, in particular, with the

respondents' reflections on working for the Ministry of Defence, their reasons for leaving and how they are performing now in the labour market. Their feelings about transitioning are not addressed, although the support they received is touched on briefly. The surveys of recent years have shifted in focus from those who leave the service after training to those who leave voluntarily.¹⁸ The latest survey contains the responses of 279 people who left Ministry of Defence service in 2017 (20% response) [45]. Of the respondents, 226 had served as military personnel and 154 had left service having been on a Phase 2 contract. Of the respondents (civilians and military personnel) 96% had found alternative employment immediately after their jobs with the Defence organization. The three sectors in which most of those leaving service (civilians and military personnel) find themselves are the technical sector, the health and welfare sector and the public sector. At the time of the survey, 66% of the respondents (civilians and military personnel) were in paid employment, 10% combined work with a training course, 7% worked as self-employed traders and 3% combined work with care tasks. The other respondents (civilians and military personnel) were engaged in a study programme, drawing pensions or pre-pensions, performing care tasks or spending their days in a different way. Seven in ten of the respondents with a new job after having left service view the new job largely as an improvement. That view is based on aspects such as career and development opportunities, the link between the work level and the person's capacities and the salary. Of the military personnel leaving service, 50% (Phase 1), 35% (Phase 2) and 39% (Phase 3) think they were given sufficient time and/or opportunity to take training courses. Of the military personnel leaving service, 69% (Phase 1), 74% (Phase 2) and 75% (Phase 3) are positive or very positive about the impact their experience of working for the Ministry of Defence has had on finding new jobs. The positive impact is the result of, among other things, the knowledge, skills and qualities they have acquired, their work experience and the good reputation of the Ministry of Defence.

The Veterans' Institute has conducted five surveys which provide a picture of the experiences of veterans with regard to the transition from the service. The first survey from early 2012 dealt in depth with finding work after leaving service. Of the 1,386 retired veterans who took part in the survey, 801 looked for work after leaving service [46].¹⁹ Of them, 82% had little to no difficulty in finding a job; the average time taken to find one was three months. Jobs were mainly found in the transport, engineering/construction and healthcare sectors. The 114 veterans who found it very hard or extremely hard to find a job attributed that mainly to the poor labour market (53%) and the absence of a link between their military experience and the civilian job requirements (26%). For 54% of respondents who had looked for work, experience gained from Ministry of Defence service featured in the job application and received a positive response. For 5%, the response was largely critical and for 15% it was neutral. For 23%, experience gained from Ministry of Defence service was not raised and 3% could not remember whether it was discussed. One in three of the 525 veterans who had work at the time of the survey found they had benefited substantially from their deployment experience in the current jobs; one in three also found that they had benefited a little, while the other veterans found that it was of no benefit to them. Roughly one in four veterans (22%) found that deployment experience was a small to major impediment in their current job. An ability to improvise and to work in difficult circumstances and under great pressure were the most frequently mentioned aspects the respondents found to be beneficial (76%), followed by being able to perform well in a team context (71%). "Ability to put things into perspective" was another aspect mentioned by some of the veterans as beneficial and by others it was seen as an impediment. Those who viewed it as an impediment were overly prone to putting things into perspective, becoming annoyed with colleagues who – in the veteran's eyes – made a fuss over "unimportant things". An inadequate ability to put things into perspective is reflected by taking their own experiences during deployment as the norm and believing that civilians have no right to talk, complain or moan when they think they are 'having

¹⁸ Personnel whose discharge was voluntary are invited to take part in a Ministry of Defence Continuous Survey of People leaving service (D3) one month after their departure [44].

¹⁹ The survey's target group was 2,304 members of the Veterans' Panel.

a hard time' because they haven't been through 'anything'. There are also some veterans who miss the directness in communication and mutual trust and therefore feel less at ease in their new work circles.

A second survey of Veterans' Panel respondents conducted at the end of 2012, covered veterans' experiences in the labour market in greater depth [47]. The survey was completed by 1,114 veterans (Table 4-7). Roughly one third of the participants (34%) was 55 years or older upon leaving service; 28% were ages 30 – 55 and 38% were under 30. Two thirds (68%) of the respondents were aged 50 or older at the time of the survey. Roughly half (47%) of the respondents left service on account of job-related early retirement (pre-pension), 20% because their contracts had ended, 15% left service on their own initiative, 1% on account of unfitness for service, 1% were compulsorily discharged and 16% left for other reasons.

Table 4-7: Labour Market Position of Veterans' Panel Respondents at the End of 2012.

N = 1,114 respondents			
N = 232 Never Found Work After Leaving Service		N = 882 Worked After Leaving Service; N = 324 Had One Job; N = 558 Had Several Jobs	
N = 187 (17%) Never looked for work. Main reasons: job-related early retirement (pre-pension); volunteer work.	N = 45 (4%) Looked for a job but did not find one. Main reasons: poor labour market; work experience did not fit in well with jobs available; too old.	N = 708 (64%) Was still employed at the time of the survey.	N = 174 (16%) Was not working or was no longer working at the time of the survey.

Most veterans (60%) who had looked for work had no difficulty in finding a job; 19% found it reasonably to very difficult to find one. The unfavourable labour market (26%), a not particularly helpful match between experience gained from work as a serviceman or servicewoman and the requirements of the labour market (25%) and advanced age (5%) were the reasons most cited to explain the difficulty in finding a job. For 49% of those who had looked for work, experience gained from Ministry of Defence service featured in the job application and received a positive response. For 5%, the response was largely critical and for 13% it was neutral. For 30%, experience gained from Ministry of Defence service was not raised and 3% could not remember whether it was discussed. Three quarters (73%) of the veterans were satisfied or very satisfied with their first jobs after leaving service. The reasons given for dissatisfaction included finding it difficult to deal with cultural differences, the level of work was below the person's capacities, the work was a poor fit with the experience gained from work as a serviceman or servicewoman, being in a worse position financially and not hitting it off with new colleagues. Of the 882 veterans who worked after leaving service, 31% experienced unemployment after their first jobs. For half of them this was for a period of fewer than six months and for the other veterans for a period of more than six months. Of the veterans, one in three (28%) required training or retraining; it was mainly

veterans aged 30 years or below when they left service who needed training or retraining: 43%. Some 13% of the veterans (17% of the veterans below the age of 30 when they left service) actually availed themselves of a form of training or retraining. A quarter of the veterans (35% in the case of veterans below the age of 30 when they left service) indicates having needed support or more support from the Ministry of Defence in finding a new job. Roughly a quarter of the 882 veterans (28%) who worked after leaving service felt that their deployment experience benefited them in their job. The main reasons for this were their ability to work in difficult circumstances and being able to improvise well (both 73%), their ability to work under great pressure (71%) and ability to perform well in a team (69%). Nearly one in five of the 882 veterans (18%) who worked after leaving service find that deployment experience is a small to major impediment in his or her current job. The reasons most frequently cited are difficulty with the 'civilian culture' (46%), missing the camaraderie (44%), missing the atmosphere (39%) and missing the challenges they faced during their time serving (30%). Seven in ten veterans (69%) have a positive view of their careers after their period of service; 9% had a negative or very negative view. Roughly half of the veterans (53%) was slightly to considerably better off financially; a third (30%) was slightly to considerably worse off financially.

A third survey in which 500 veterans that had left the armed forces took part revealed that 392 veterans worked or could have worked after leaving service (because they had not retired or were unfit for work, or partially so) [48]. A quarter of the 392 veterans were unemployed one or more times; on average, a veteran was unemployed for a total of fifteen months. Among the veterans who left service in the period between 1979 and 1987, relatively more were unemployed (40%). The veterans who left service in the period before 1979 and after 2005 were unemployed relatively less frequently (14% and 19% respectively).

Nearly half of veterans find that the experience they gained from work as a serviceman or servicewoman has helped them to find and do a job in the civilian labour market (40% and 49% respectively). Fewer veterans find that deployment experiences help them to find and do a job later on in life (18% and 29% respectively). Younger veterans are more or much more inclined to believe that the experience gained from work as a serviceman or servicewoman and deployment experience has helped them to find and fill a job. In general, the veterans are satisfied with their careers after leaving Ministry of Defence service. Three quarters (75%) say they are satisfied or very satisfied, whilst one in twelve (9%) of respondents are dissatisfied or very dissatisfied.

The fourth survey involved 1,505 veterans that had left the armed forces, including 644 female veterans [49]. Nearly half of the respondents (48%) had found the transition from the military world to civilian society easy or very easy. For roughly one in three (33%) that transition was difficult or very difficult. The younger the veteran the more frequently he or she is likely to report having had difficulty with the transition. The reasons veterans cite for their difficulties with this transition have to do in particular with the fact that they miss being in service: they miss the unity, the way people interact, working on a task together and the feeling that someone is taking care of them. Some 82% of respondents report they ultimately found their place in civilian society. The 18% who reported not yet having found their place were asked to provide an explanation, with the inability to find a suitable job, the feeling of not being understood by people in civilian society, the egoism in civilian society and concomitant absence of camaraderie being the main factors mentioned. Here, too, just like with the transition from the military world to civilian society, a difference among the age groups was found, namely the younger the veteran, the more likely he or she is to report not yet having found their place entirely. Time would appear to be an important factor in the transition to civilian society and finding a place again in civilian society.

And finally, a fifth survey was conducted among 448 veterans that had left the armed forces [50]. This survey revealed that nearly half of the veterans (49%) found the transition to civilian society easy or very easy. Roughly one in three (27%) veterans reports having had some or much difficulty with this transition. An age-related difference is apparent here: veterans below the age of 50 are more likely to report having or having had difficulty

with the transition. Within the various age categories it turns out that veterans who are experiencing or have experienced problems on account of their deployments are more likely to undergo a difficult transition. Veterans having difficulty with the transition cite missing the unity, the way people interact, working on a task together and the feeling that someone is taking care of you. Some 85% of veterans report that they ultimately found their place in civilian society. The main reasons mentioned by the 15% who reported not yet having found his or her place are as follows: the inability to find a suitable job, the feeling of not being understood by people in civilian society, the egoism in civilian society and concomitant absence of camaraderie or being ill or unfit for work. Here, too, just like with the transition from the military world to civilian society, a difference among the age groups was found, namely the younger the veteran, the more likely they were report not yet having found their place entirely. Time would appear to be an important factor in the transition to civilian society and finding a place again in civilian society. Veterans who are still experiencing problems related to their deployments are also less likely to find a place in civilian society. Those who report not yet having found a place in civilian society are also often less positive about their quality of life. This applies within all age categories.

4.7 CONCLUSION

At the time of writing – late 2018, early 2019 – the ‘transition from military to service life’ does not appear to be the main problem facing the Ministry of Defence or service personnel. The fact is, the Ministry of Defence is finding it difficult to recruit and retain people and ensure that the organization has the number and quality of staff that it needs. Most servicemen and servicewomen leaving service are doing so voluntarily, albeit with some departing ahead of a (potentially) negative decision on their advancement. A decent benefits system in the areas of employment, income and care is available to all Dutch people and the Ministry of Defence supplements those benefits by providing employability measures to help people make the transition from one job to another. For service personnel leaving service as a person unfit for work, a service victim or as a veteran with deployment-related care needs, the Ministry of Defence provides non-material and material assistance; a comprehensive package of non-material and material care is available through a single office for the latter two categories, including after they have left service. The Ministry of Defence and various foundations – virtually all of which are subsidised by the Ministry of Defence – and organizations invest heavily in fostering recognition of and appreciation for veterans, thus ensuring that the general public’s attitude towards veterans remains positive. An opinion poll reveals that society appreciates veterans and ascribes positive characteristics to them, although there is little outward expression of recognition and appreciation. That said, the population’s positive attitude towards them will help rather than hinder veterans’ transition from military service and their participation in society. However, despite all the support provided, it is noteworthy that some veterans find the transition from service difficult and that the transition can be and remain primarily a mental challenge. It seems there is still much to be gained by preparing veterans, (and no doubt also service personnel with no deployment experience) mentally for their transition to civilian society and helping them to find a new role as a participating citizen with the prospects, sense of purpose and aims in life that come with that role.

4.8 REFERENCES

- [1] Ministry of Defence (2019). HR monitor 2018. Utrecht, Netherlands: Ministry of Defence, Ministry of Defence HR Division, Trends, Research and Statistics Department.
- [2] Ministry of Defence (October 2007). Flexibel Personeelsysteem (sic). Maximaal maatwerk (Flexible Personnel System. Maximum Customisation. Pamphlet).

- [3] Ministry of Defence (May 2015). Beleidsdoorlichting Flexibel Personeelssysteem (Flexible Personnel System Policy Review). The Hague, Netherlands: Ministry of Defence, Policy Directorate. <https://www.tweedekamer.nl/kamerstukken/detail?id=2015Z09892&did=2015D20248> Accessed on 12 April 2019.
- [4] Ministry of Defence (October 2017). Introductiebundel Defensie (Ministry of Defence Introduction Bundle). The Hague, Netherlands: Ministry of Defence, Policy Directorate. <https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/publicaties/2017/10/27/introductiebundel-defensie/Introductiebundel+Defensie+DEFINITIEF+18-10-2017.pdf>. Accessed on 12 April 2019.
- [5] Staatsblad, (2012) 133, Veteranenwet (Bulletin of Acts and Decrees of the Kingdom of the Netherlands, 2012, 133, Veterans Act). <https://zoek.officielebekendmakingen.nl/stb-2012-133.html>. Accessed on 12 April 2019.
- [6] Ministry of Defence (2018). De veteranennota 2017 – 2018 [2017 – 2018 Policy Document on Veterans]. The Hague, Netherlands: Ministry of Defence. <https://www.rijksoverheid.nl/documenten/rapporten/2018/06/14/de-veteranennota-2017-2018>. Accessed on 12 April 2019.
- [7] Ministry of Defence (2016). De veteranennota 2015 – 2016 [2015 – 2016 Policy Document on Veterans]. The Hague, Netherlands: Ministry of Defence. See: <https://www.rijksoverheid.nl/documenten/rapporten/2016/06/06/veteranennota-2015-2016>. Accessed on 12 April 2019.
- [8] Besluit aanvullende arbeidsongeschiktheids- en invaliditeitsvoorzieningen militairen (Decree on additional measures for military personnel who have been unfit for work or invalidated). <https://wetten.overheid.nl/BWBR0012223/2018-11-24>. Accessed on 12 April 2019.
- [9] Ministry of Defence. Personnel Care. <https://www.defensie.nl/onderwerpen/personeelszorg>. Accessed on 12 April 2019.
- [10] Ministry of Defence. Employability and Reserve Personnel Ministry of Defence. <https://www.defensie.nl/onderwerpen/personeelszorg> Accessed on 11 April 2019.
- [11] Ministry of Defence. Defence talents [Internet web page]. <https://defensietalent.nl>. Accessed on 12 April 2019.
- [12] Ministry of Defence (2016). Evaluatie veteranenbeleid 2011 – 2016 [Evaluation of veterans' policy 2011 – 2016]. The Hague, Netherlands: Ministry of Defence. <https://www.rijksoverheid.nl/documenten/rapporten/2017/01/03/rapport-evaluatie-veteranenbeleid-2011-2016> Accessed on 12 April 2019.
- [13] National Care System for Veterans. Home page. <https://www.lzv-groep.nl> Accessed on 12 April 2019.
- [14] Veterans' Office. Home page. <https://www.veteranenloket.nl> Accessed on 12 April 2019.
- [15] The Dutch General Pension Fund for Public Employees. <https://www.abp.nl> Accessed on 12 April 2019.
- [16] Voorzieningenregeling voor militaire oorlogs- en dienstsachtoffers (The assistance scheme for military war and service victims). <https://wetten.overheid.nl/BWBR0008406/2015-06-24> Accessed on 12 April 2019.

- [17] Veteranenloket (2018). Informatiefolder: Informatie over materiële hulp voor veteranen, militaire dienstslachtoffers en hun relaties (Veterans' Office Information Leaflet: Information about material assistance for veterans, military service victim and their relations). <https://www.veteraneninstituut.nl/wp-content/uploads/2018/05/Info-brochure-MaterieleHulp-Loket2018-DEFlow.pdf>. Accessed on 22 May 2019.
- [18] The Dutch General Pension Fund for Public Employees. Debt counselling. <https://www.abp.nl/pensioen-bij-abp/speciaal-voor/militairen/schuldhulpverlening.aspx>. Accessed on 12 April 2019.
- [19] Veterans' Institute (2018). Jaarverslag Veteraneninstituut 2017 [Veterans' Institute 2017 Annual Report]. Doorn, Netherlands: Veterans' Institute. See: <https://www.veteraneninstituut.nl/publicaties/jaarverslag-2017/>. Accessed on 22 May 2019.
- [20] The National Veterans' Day Committee. About us. <https://www.veteranendag.nl/over-ons/comite/>. Accessed on 12 April 2019.
- [21] The Netherlands Veterans' Day Foundation. Veterans Day 2018 <https://www.veteranendag.nl/editie/veteranendag-2018>. Accessed on 21 May 2019.
- [22] Veterans' Platform Association. Home page. <https://veteranenplatform.nl/>. Accessed on 12 April 2019.
- [23] Veterans' Platform (2015). Beleidsplan 2016 – 2020 “De trotse veteraan” [‘The Proud Veteran’ Policy Plan for 2016-2020]. Doorn, Netherlands: Veterans' Platform. See: <https://veteranenplatform.nl/beleidsplan-vp-2016-2020-de-trotse-veteraan/>. Accessed on 22 May 2019.
- [24] vfonds (2018). Jaarverslag 2017 [2017 Annual Report]. Utrecht, Netherlands: National Fund for Peace, Freedom and Veteran Care (vfonds). See: <https://www.vfonds.nl/assets/Uploads/JV2017vfonds.pdf>. Accessed on 12 April 2019.
- [25] National Fund for Peace, Freedom and Veteran Care. Home page. <https://www.vfonds.nl/>. Accessed on 12 April 2019.
- [26] Help for Heroes – Royal PIT Pro Rege Foundation. Home page. <https://www.hulpvoorhelden.nl/>. Accessed on 12 April 2019.
- [27] Unknown Heroes Foundation. Home page. <http://onbekendehelden.nl/>. Accessed on 12 April 2019.
- [28] Veteran Activities' Support Foundation. Home page. <https://www.stichting-ova.nl/>. Accessed on 12 April 2019.
- [29] Motivaction (2018). Veteranen en de Nederlandse Veteranendag 2018. Monitor [Veterans and Netherlands Veterans' Day 2018. Monitor]. The Hague, Netherlands: Ministry of Defence. https://www.veteraneninstituut.nl/wp-content/uploads/2018/12/B2588-Rapportage-Veteranenmonitor-2018_definitief_v2.pdf. Accessed on 22 May 2019).
- [30] Blauw Research (2013). Veteranenmonitor 2013. Onderzoek naar de Nederlandse opinie over veteranen [Veterans Monitor 2013, Survey to establish the opinion of the Dutch on veterans]. Doorn, Netherlands: Veterans' Institute. <https://www.veteraneninstituut.nl/wp-content/uploads/2015/07/blauw-2013-veteranenmonitor-2013-b16023.pdf>. Accessed on 22 May 2019).

- [31] Van Tilburg, A., and Elands, M. (2013). Veteranen Dagbladmonitor 2012 [2012 Veterans' Newspaper Monitor]. Doorn, Netherlands: Veterans' Institute.
- [32] Van Tilburg, A. (2014). Dagbladmonitor Veteranen 2013 [2013 Veterans' Newspaper Monitor]. Doorn, Netherlands: Veterans' Institute.
- [33] Van Tilburg, A. (2016). Dagbladmonitor Veteranen 2015 – 2016 [2015-2016 Veterans' Newspaper Monitor]. Research into reporting on veterans in Dutch newspapers (1 August 2015 – 31 July 2016). Doorn, Netherlands: Veterans' Institute. <https://www.veteraneninstituut.nl/wp-content/uploads/2016/12/Dagbladmonitor-Veteranen-2015-2016-in-huisstijl.pdf>. Accessed on 22 May 2019).
- [34] Helliwell, J.F., Layard, R., and Sachs, J.D. (2019). World Happiness Report 2019. New York: Sustainable Development Solutions Network.
- [35] Wennekers, A., Boelhouwer, J., Van Campen, C., and Bijl, R. (2018). De sociale staat van Nederland 2018 [The Social State of the Netherlands 2018]. The Hague, Netherlands: Netherlands Institute for Social Research.
- [36] Care Guide. Social security in the Netherlands. <https://www.zorgwijzer.nl/faq/sociale-zekerheid>. Accessed on 9 April 2019.
- [37] Care Guide. Health Insurance Premiums 2019. <https://www.zorgwijzer.nl/zorgverzekering-2019/zorgverzekering-2019-alles-premies-bekend-overzicht>. Accessed on 9 April 2019.
- [38] National Government. Health Insurance in the Netherlands. <https://www.rijksoverheid.nl/onderwerpen/zorgverzekering/zorgverzekeringstelsel-in-nederland>. Accessed on 9 April 2019.
- [39] National Institute for Public Health and the Environment. A healthier Dutch population. <http://www.eengezondnederland.nl> Accessed on 15 February 2016. Website of the National Institute for Public Health and the Environment (RIVM).
- [40] Bijl, R. (2013). Conclusie en nabeschuiving: zorgen over kwetsbare burgers [Conclusion and review: concerns regarding vulnerable citizens]. In R. Bijl, J. Boelhouwer, E. Pommer, N. Sonck (Eds). De sociale staat van Nederland 2013 [The Social State of the Netherlands 2013]. The Hague, Netherlands: Netherlands Institute for Social Research, 307-327.
- [41] Veldheer, V., Jonker, J., Van Noije, L., and Vrooman, C. (Eds) (2012). Een beroep op de burger. Minder verzorgingsstaat, meer eigen verantwoordelijkheid? Sociaal en Cultureel Rapport 2012 [An appeal to citizens. Less welfare state, more personal responsibility? 2012 Social and Cultural Report]. The Hague, Netherlands: Netherlands Institute for Social Research, 2012.
- [42] The Civil-Military Care and Research Council (2017). Recommendation 24. Prevent secondary gain and victimisation in veteran care. Hilversum, Netherlands. <http://rzoveteranen.nl/wp-content/uploads/2017/12/RZO-Advies-nr.-24-secundaire-ziektewinst.pdf>. Accessed on 12 April 2019.
- [43] House of Representatives of the States General (2018). Letter to Parliament 'Report on an adaptive armed forces', dated 8 November 2018 and reply to the Parliamentary questions put by the Minister of Defence following the adoption of the budget statements of the Ministry of Defence (X) for 2019. See: <https://zoek.officielebekendmakingen.nl/kst-35000-X-17.html>. Accessed on 22 May 2019.

- [44] House of Representatives of the States General (2019). Parliamentary papers 35 000 X. Adoption of the budget statements of the Ministry of Defence (X) for 2019. <https://zoek.officielebekendmakingen.nl/kst-35000-X-17.html>. Accessed on 22 May 2019.
- [45] Ministry of Defence (2018). Doorlopend Dienstverlatersonderzoek Defensie (D3). Ongepland verloop [Ministry of Defence Continuous Survey of People leaving service (D3) Unplanned development]. Utrecht, Netherlands: Ministry of Defence, Ministry of Defence HR Division, Trends, Research and Statistics Department, TOS report 18-035.
- [46] Blauw Research (2012). Weer thuis na uitzending. Onderzoek naar de nazorg en re-integratie na terugkeer van een missie [Back at home after deployment. Research into after-care and reintegration upon return from a mission]. Doorn, Netherlands: Veterans' Institute.
- [47] Blauw Research (2013). Aan het werk na dienstverlaten. Onderzoek naar de ervaringen van veteranen op de civiele arbeidsmarkt [Going to work after leaving service. Research into the experiences of veterans in the civilian labour market]. Doorn, Netherlands: Veterans' Institute. <https://www.veteraneninstituut.nl/wp-content/uploads/2015/07/blauw-2012-veteranenpanel-nazorg-en-re-integratie-b13269.pdf>. Accessed on 22 May 2019.
- [48] Duel, J. and De Reuver, Y. (2014). Kerngegevens veteranen 2014 [Veterans Core Data 2014]. Doorn, Netherlands: Veterans' Institute. <https://www.veteraneninstituut.nl/publicaties/kerngegevens-veteranen-2014/>. Accessed on 22 May 2019.
- [49] Dirksen, M. (2015). Kerngegevens veteranen 2015 [Veterans Core Data 2015]. Doorn, Netherlands: Veterans' Institute. <https://www.veteraneninstituut.nl/publicaties/kerngegevens-veteranen-2015/>. Accessed on 22 May 2019.
- [50] Duel, J. and Dirksen, M. (2016). Kerngegevens veteranen 2016 [Veterans' Core Data 2016]. Doorn, Netherlands: Veterans' Institute. <https://www.veteraneninstituut.nl/publicaties/kerngegevens-veteranen-2016/>. Accessed on 22 May 2019.



Chapter 5 – COUNTRY REPORT: NORWAY

Ole Heintz
Defence Staff Norway
NORWAY

5.1 INTRODUCTION

Every year personnel leave the Norwegian Armed Forces for a variety of reasons. Some reach their retirement age, whilst others decide to leave to take up civilian occupations or start higher education. Due to different service contracts certain groups of personnel are obliged to leave due to the end of their contract, which is prior to their retirement age, and will need to take up a civilian career after having finished their service. In addition to this approximately 8,000 conscripts are released from their service and return to civilian life every year. Traditionally there has been relatively little focus on transitioning from the Armed Forces and into a civilian life, and more focus on recruiting and retaining personnel (i.e., officers, NCOs and regular soldiers).

In general, it seems that most personnel leaving the Armed Forces have transitioned into civilian life fairly well, as unemployment figures in general are low for those of working age. Still, research related to former military personnel is for the most lacking as people leaving the service are served by the same health and welfare system as are all other citizens. By and large the Armed Forces do not provide these types of services for the personnel. The same is the case for pensions and compensations which are provided by the Norwegian Public Service Pension Fund.

When it comes to the use of the term veteran it applies only personnel that have served abroad on international operations. This means that personnel having solely domestic service are not considered veterans as such. Currently about one third of the personnel employed by the Armed Forces are veterans, whilst the vast majority of the 100 000 that has served abroad since 1947 have left the service.

5.2 THE ARMED FORCES: STRUCTURE AND PERSONNEL

After the Second World War the Norwegian Armed Forces were rebuilt based on a conscript system and mobilization in case of war. While the Norwegian Armed Forces have been through major transitions and downsizing, primarily after the turn of the century, the conscription-based system has been kept up to the present. Some changes have been introduced to the system as the Armed Forces need far fewer conscripts each year than previous, and female conscription was introduced in 2013. In addition, the shifting focus from an anti-invasion mobilization-based defence force to a more expeditionary force with a focus on participation in international operations has led to an increase in regular forces.

In 2016 the Armed Forces reintroduced a two tier system differing between officers and NCOs. Previous to this the Armed Forces had since the 1970s had a system based solely on officers, and sergeants being the initial rank used for personnel that had completed basic training at an officer candidate course or school. With the reintroduction of OR-ranks the Norwegian Armed Forces are more at par with the system used in most NATO countries.

Currently the Norwegian Armed Forces consist of approximately 15 800 employees of which 11 500 are military personnel and 4 300 are civilians. The group of military personnel includes officers, NCOs and regular soldiers.

In addition to this about 8 000 conscripts are called up every year for their one year service, with women constituting about 25% of the conscripts. Women constitute about 18% of the total number of employees, including civilians.

Broken down into age groups, with the exemption of the conscripts, 32% are between 18 – 29 years old, 22% between 30 – 39 years old, 20% between 40 – 49 years old and 26% above 50 years old. Added to this are the National Guard (Heimevernet) which has a personnel strength of approximately 45 000 but these are predominantly part time soldiers having a civilian occupation.

The reserve is by law made up of all previous personnel and conscripts that have served either as officers, NCOs or private soldiers/conscripts. Officers and NCOs are kept in the reserve until the age of 55, privates up till the age of 44.

5.3 TRANSITION: POLICIES, PROCEDURES AND ENTITLEMENTS

Traditionally most male Norwegians did their conscript service, and while the numbers that now do it has decreased the Armed Forces still experience a relatively large turnover of personnel every year. But being young most started their education after leaving or found work. On the other hand, officers have traditionally stayed on until reaching retirement age. Transitioning of military personnel out of the Armed Forces has therefore not been seen as a very important factor for either the Armed Forces or for civilian society at large. Being a “citizen’s army” the ensured that most people shared a common experience of having served and after that being readily absorbed back into the civil society.

In 2012 the Government released a White Paper “Competencies for a new time” regarding the Armed Forces future needs for personnel, knowledge and competencies given the transitioning of the Armed Forces to a modern more expeditionary based force. One of the things that was noted was that the Armed Forces to a larger extent would need to recruit personnel with education from civilian institutions and universities, and that personnel to a larger extent would not have life long careers in the Armed Forces, but to a larger degree would move between the Armed Forces and civilian employment. Thus one saw the need to focus not only on recruiting, educating, training and retaining personnel in the Armed Forces, but also the need to develop policies for personnel leaving the Armed Forces at different intervals in their professional life. Coupled with this the introduction in 2016 of a new employment structure in the Armed Forces, that also saw the reintroduction of a NCO corps, has had considerable effects for the whole organization. This will presumably also have consequences for the transition process in the future as the Armed Forces gradually increases the amount of NCOs relative to officers, and different service contracts take effect.

As noted in Section 2.2 the Armed Forces employ several different categories of personnel. This has also led to different schemes regarding benefits and entitlements. It is therefore necessary to provide a short overview of the different categories prior to looking at how transition from military to civilian life is carried out.

In the Norwegian Armed Forces officers are educated at the different service academies, where they obtain a bachelor’s degree. Officers having completed their education are in general employed until they are 60. Most are eligible to leave the service when they are 57, with a pension. Officers that choose to leave before retirement age to go on to a civilian career will receive a pension from when they reach the regular civilian pension age at 67, but not from when they leave the service.

It must be added that most officers that leave the Armed Forces prior to their military retirement age do so because they have already gotten a civilian job. Officers have previously tended to be rather attractive on the

civilian job marked, and as such they usually have not taken part in any transition process upon transitioning out of the military but moved directly on to a civilian career.

In addition to officers, the Armed Forces have had a category of personnel known as specialists (being more or less equivalent to warrant officers). They have for the most part been employed on so called “35 year contract”. This mean they can serve until they reach 35 years of age, where after they have to leave the service. As for all other state employed personnel they are free to leave at their own accord before they reach 35 years of age. After transition they will then have to go into a civilian career. During their service they will have earned towards their pensions but they will not receive any service pension on release prior to reaching the civilian retirement age at 67.

As previously stated, the Norwegian Armed Forces reintroduced a regular NCO corps in 2016. Some of the NCOs will be given contracts up till a retirement age of 60, while others will serve under the conditions of the “35 year contract”.

The Armed Forces also employ a limited number of regular soldiers on limited time contracts. These might serve a total of nine years consisting of three 3 year contracts where upon completion they will have to leave the service. For both the so-called specialists (now OR) and regular soldiers’ bonuses on the completion of their full contracts have been used to prevent the personnel resigning early (i.e., early service leavers). The bonuses have also been seen as a means to provide the personnel with an easier transitioning into civilian life giving them a lump sum which might be used for further education,¹ down payment on a house or living expenses as they look for a new job.

On of the challenges that have faced both specialists and regular soldiers is a lack of formal education as their training have been done in the Armed Forces. So, although they might have acquired considerable skills, competencies and experience during their service this is not easily transferable to a civilian career after they must leave the service.

The Armed Forces also sometimes employ personnel; usually officers form the reserve, on short term contracts, both in Norway and for deployment to international operations. The personnel having deployed to international operations are entitled to some benefits. The one on short term contracts that serve in Norway will as a general rule not fall under any transition programme.

Finally, the Armed Forces employ civilians in many different jobs. For all practical purposes they fall under the same laws and regulations and have the same entitlements as any civilian employee working for the Government. The different categories of personnel serving under different contracts have an impact on the transition process and what the Armed Forces provide as personnel leave the service.

The Armed Forces provide personnel leaving the service some relative short transition courses called career change courses. They focus on how to help personnel getting into the civilian labour marked, and cover such things as writing up your résumé, job interview training, “translating” military education, skills and experience to a “civilian” language, career counselling and help in developing a professional network.

Individual counselling might also cover possible further education and help with application procedures. As part of a transition process, especially targeting personnel on time limited contracts (35 years or regulars), the Armed

¹ There are no tuition fees in Norway, so all education is in principle free. This covers both universities and vocational training. Living expenses must be covered by the individual but the state might provide student loans through the Norwegian State Educational Loan Fund.

Forces cooperates with civilian educational institutions that provide amongst other part time educational courses, covering both vocational and university courses. Time might be given of from the service to let personnel follow a part time education while still in the service, as a way to prepare them for when they have to leave. In practice though, this has been seen to be difficult given the demands on the personnel due to their service. Some financial benefits can also be provided for regulars that go on to take a civilian education after they leave the service, limited to 3 years after they leave.

The Armed Forces has to a limited extent provided financial and judiciary counselling for its personnel, but these services have been cut back in recent years. When it comes to housing the Armed Forces do provide housing for some of the personnel currently employed, usually officers. When they leave the service they are required to give up the houses provided by the Armed Forces, but a transition period is allowed to enable them to find new housing. All state employees do also have access to house loans through the Norwegian Public Service Pension Fund.

In general the Armed Forces will provide scholarships for civilian education (bachelor or master) for personnel employed by the Armed Forces, but that is usually restricted to personnel in the service getting a civilian education that the Armed Forces sees the need for. In general grants for personnel leaving the service have been restricted to a few cases of injured personnel that have to retrain as they can no longer pursue a career in the Armed Forces. This has been done on a case to case basis.

During some of the major rounds of layoffs that the Armed Forces experienced during the early 2000's special severance packages were provided with up to three years back payment. Given the current financial strains on the Armed Forces any use of financial incentives to get personnel to leave has been restricted to a minimum.

In addition to the above mentioned the Armed Forces also provide information on support that is provided by other Government agencies. Given the structure of the welfare system, and the universal rights provided for all citizens whether military personnel or not, a lot of the services provided for personnel transitioning out of the Armed Forces are provided by these whether that relates to health, housing, social services, education, work related issues, unemployment benefits or pensions.

For veterans from international operations the Armed Forces do provide a counselling service to help the individual veteran getting in contact with the right Government agencies given their individual needs.

Over all the system to support transitioning from military to civilian life is based on the individual seeking out help according to their own needs, and as such former service personnel must to large extent be able to acquire the help and services they need on their own accord, whether that is from their municipality, county or a state agency.

5.4 COMMUNITY AND SOCIETY SUPPORT FOR VETERANS

As other Scandinavian countries Norway has an extensive welfare system. This means that most services regarding health, social services, unemployment and other benefits and education are provided by the state, funded over the tax bill. This means that these services are universal benefits based on the individual's needs. The Armed Forces does not have a separate system that provides this type of services and personnel still in the service are expected to use the regular welfare system as every other citizen.

One result of this is that there are very little statistics regarding how ex-service members fare after having leaved the service as they are not registered as a group in the statistics.

In 2011 the Government released an action plan "In service for Norway" regarding the following up of veterans (i.e., personnel that have served as part of Norwegian forces on international operations). The driving force

behind this was an increased focus in the society at large on how Norwegian service men and women were coping after having returned from international operations. This again coincided with a shift towards an increased participation in international operations after the Cold War.

In 2014 the action plan was followed by a new plan which focused more on civil society's role and functions in acknowledging and following up the veterans. As the latter plan stated – all veterans live in a municipality which is the primary provider of services. With this the Government sought to raise the awareness of local authorities for the veteran's plight and to focus more on veterans as a group. The plan also put an emphasis on not only the veterans but also the veteran's families.

As a consequence, more and more municipalities and counties have developed local veteran plans. In total 70% of veterans now live in municipalities that have a veteran plan. In addition, many municipalities have established a designated veteran contact where veterans can receive advice and seek help in navigating the different public services that make up the welfare system.

In addition to the regular welfare system several veteran organizations are providing different services for the veterans and their families. Currently there are three major veteran organizations. For the most part they are centred on providing activities, trips, events and creating social arenas for the veterans to meet. This might also include the veteran's families. One of the organizations is predominantly working for the improvement in the treatment provided to veterans that have been injured or wounded during their international service. For the most part the veteran organizations receive funding through grants provided by the Ministry of Defence.

There are a few non-governmental initiatives regarding transition. The Confederation of Norwegian Enterprise (NHO) is Norway's major organization for employers and a leading business lobby. Their current membership of more than 24 000 companies range from small family-owned businesses to multinational companies in most sectors. The NHO has started a veteran programme to help getting personnel that leave the service into the civilian job market. The program covers both veterans without and with problems or disabilities (both physical and/or psychological). The Armed Forces cooperate on this with NHO, as does the Ministry of Defence and the Ministry of Labour and Social Affairs. The latter being responsible for labour and social benefits organized through the Norwegian Labour and Welfare Administration.

As NHO member companies both Adecco and Manpower are part of the veteran's programme and cooperate with the Labour and Welfare Administration.

In addition, the Armed Forces in 2012 developed a project in cooperation with the Norwegian Reserve Officers' Federation and the Norwegian Defence Association called Employer support. The object of the project has been to develop and facilitate transitioning between the Armed Forces and private and public employers or into education. The project has compiled a draft of initiatives that aims help to improve the cooperation between the private and public sector and the Armed Forces. One goal is to ensure that personnel leaving the service more easily can apply the competencies, skills and work experiences that they have acquired in the Armed Forces in a civilian setting.

5.5 EMERGING CHALLENGES AND INITIATIVES

The Armed Forces have traditionally focused on recruitment and retaining personnel for the full duration of their service based on the type of employment contract they have been serving under. Measures like bonuses have traditionally been given to personnel that have completed the full service time of their time limited contracts.

A lack of data regarding previous military personnel makes it difficult to make any postulates as to how this group is managing after having transitioned from the military and into civilian life. For the most part almost all the research done by the Norwegian Armed Forces or other civilian institutions has focused on health-related issues as a consequence of military service, predominantly related to international operations. The combined body of knowledge on how personnel cope with transitioning out of the Armed Forces is therefore limited and predominantly based on data regarding the Norwegian population as a whole. When looking at surveys carried out by Statistic Norway of living conditions, education, employment as a whole one might presume that the vast majority of the personnel leaving the services manage the transition into civilian life well. One study from 2012 found a total of 90 veterans (from international operations) without accommodation. Of these most were living in shelters, serving prison sentences or living temporarily with friends, and only nine were living rough (which might have something to do with the Norwegian climate). Overall the need for new initiatives has been seen as limited as the challenges have been perceived as limited. Still a few new initiatives are being considered.

The Norwegian Armed Forces Department of Veterans Affairs has taken an initiative for a study looking at data from the Norwegian Labour and Welfare Administration. The purpose of the study is to try to see how personnel are doing regarding participation in the labour market after having left the service.

The Norwegian Armed Forces are currently looking into programmes that will provide personnel leaving the service with an updated description of their competences and education based on their service. Given that the military culture and work practice often differ substantially from what is found in a civilian work place. Especially NCOs and regular soldiers have experienced a difficulty in “translating” their skill set into a form that is understood by possible future civilian employers. This initiative is hoped to contribute to the transitioning process by facilitating entrance into a civilian labour market.

Whereas there is limited traditions in Norway for the private sector to actively recruit personnel from the Armed Forces some initiatives have been taken by major companies in concert with the Armed Forces with a thought of developing programmes that can facilitate service leavers entrance into the civilian work market. As of writing these programmes are still under development.

5.6 TRANSITION-RELATED RESEARCH

Very little work has been done concerning transition from military to civilian life. Traditionally most of the personnel leaving the Armed Forces have been officers reaching retirement age. For other categories of personnel that have been obliged to leave due to the end of their contract they have had to rely on the same public welfare, social and educational system as every other citizen.

The only fairly recent research that has been carried out has been with regards to veterans from international operations, and most of this has been focused on health-related issues, mainly regarding psychological and psychiatric health post serving abroad on international operations. For most part the veterans seem to be faring well but about 8 – 10 % do report having problems they relate to their service. These problems do not constitute any form of diagnosis as they are based on self-report surveys. It is therefore not possible to say how the problems reported have affected employment, income or other living conditions after having left the service, or made the transitioning process more difficult for the individual.

In 2013 Statistic Norway carried out a large study on living conditions for Norwegian veterans. The study was based on a sample survey covering personnel that had served between 1978 and 2012. The study showed that veterans on average fared slightly better or comparable to the reference groups from Statistic Norway’s ordinary

surveys on living conditions. On average the veterans had a high participation in the labour market, markedly so for women. Incomes were generally higher for the veteran than the reference groups, as was home ownership and participation in social networks.

One study does not provide grounds to conclude on the situations for either veterans having served on international operations, or other personnel having served in the Armed Forces in Norway. But general studies of living conditions in Norway, unemployment rates, educational levels, health statistics, etc. indicate that for the most part personnel that leave the Armed Forces manage the transition from a military to a civilian life without too much problem.

5.7 CONCLUSION

Other than the transition/career change programme, run by the Armed Forces, and there for being part of the Norwegian MoD's responsibility, personnel leaving the Armed Forces are not really entitled to any service-related benefits. The only benefits that, by law are provided for veterans are a one year follow-up programme after they redeploy from international service abroad, and that personnel having served abroad have an extended compensation scheme in case of death, injury (physical and psychological) which also includes compensation for lost future income. Other than that, all benefits are basically universal.

The responsibilities for transitioning therefore falls under several ministries as all services outside the Armed Forces, like education, employment, social services (including housing) and health in principle are the same as for all other citizens, and this also covers the regular state pension scheme.

Transitioning out of the military has traditionally not been a major focus for either the Armed Forces or for other Government agencies. As the conditions for personnel serving in the Armed Forces are changing due to the reorganization process started in 2016, it is possible that transitioning will need to be looked at more closely as more people will serve for shorter periods and the movement between civilian and military careers will be a more regular feature for the future.

5.8 SOURCES CONSULTED

- [1] The Norwegian Ministry of Defence (2011). In Service for Norway – The Government's plan of action to care for personnel before, during and after serving abroad. Oslo, Norway.
- [2] The Ministry of Defence (2012). Competencies for a new area (Kompetanse for en ny tid). Government White Paper, Oslo, Norway.
- [3] The Norwegian Ministry of Defence (2014). In Service for Norway – The Government's follow-up plan for the support and care of personnel before, during and after international service. Oslo, Norway.
- [4] Norwegian Armed Forces Joint Medical Services (2012). Afghanistanrapporten. Oslo, Norway.
- [5] Norwegian Armed Forces Joint Medical Services (2016). UNIFIL-undersøkelsen. Oslo, Norway.
- [6] Statistics Norway (2013). Veterans living conditions (Veteraners levekår. Forsvars- og politipersonell som har deltatt i internasjonale operasjoner). SSB rapporter 2013/38, Oslo, Norway.

COUNTRY REPORT: NORWAY

- [7] Dyb, E. and Johannesen, K. (2013). Bostedsløse i Norge 2012 – en kartlegging. NIBR-rapport 2013:5, Oslo Metropolitan University, Oslo, Norway.
- [8] Mandal, R. (2009). Å komme hjem – en pilotundersøkelse av levekår blant skadde veteraner. FAFO-rapport 2009:47, Oslo, Norway.

Chapter 6 – COUNTRY REPORT: UNITED KINGDOM

Kate Harrison
Ministry of Defence
UNITED KINGDOM

Matt Fossey
Anglia Ruskin University
UNITED KINGDOM

Linda Cooper, Nick Caddick and Lauren Godier-McBard
Anglia Ruskin University
UNITED KINGDOM

Neil Lewis
Ministry of Defence
UNITED KINGDOM

6.1 INTRODUCTION

The purpose of this chapter is to summarise the latest position in the UK. The UK Government defines a veteran as anyone who has served for at least one day in Her Majesty's Armed Forces (AF), Regular, Reserve or Merchant Mariners who have seen duty on legally defined military operations. Under the definition, veterans have already left the AF. Some non-governmental organisations have other definitions, though these differences are minor. The responsibility of the UK Ministry of Defence (UK MOD) for veterans is mostly delivered by its Veterans UK agency, and covers military or war pensions, compensation for injury suffered, welfare support, medals, transition support (such as the Defence Transition Service, Career Transition Partnership and the Purple Pack support to the bereaved). If veterans need public sector services, these are provided by civilian public sector service providers, such as the National Health Service. 'Service Leavers' (SLs) are Serving Personnel (SP) who are planning to leave, who are still under the direct responsibility of the Ministry of Defence.

In 2011 the UK Armed Forces Act came into Law, within which was a new mandate, the Armed Forces Covenant. The Armed Forces Covenant is a promise by the nation ensuring that those who serve or who have served in the AF and their families should face no disadvantage due to their Service. The Covenant focuses on helping members of the AF community to have the same access to government and commercial services and products as any other citizen. The support provided by MOD, other government departments, local authorities and charities is in a number of areas:

- Education and family well-being;
- Having a home;
- Having a job; and
- Access to healthcare and financial assistance.

Such access to support should result in a smooth transition from military service to civilian life and their integration into civilian society. For many this is the outcome, however, there continues to be a small proportion of veterans who struggle to reintegrate into civilian life. This has led to two further approaches, the development of a comprehensive Veterans' Strategy, "Strategy for our Veterans: Valued. Contributing. Supported" [1] and a holistic, multi-faceted approach to transition, with a single over-arching policy (to be published in Autumn 2019).

COUNTRY REPORT: UNITED KINGDOM

In 2019, with a change in Prime Minister, the UK Government decided to bring the veteran strategy into the heart of government, setting up a small Office for Veterans Affairs (OVA) within the Cabinet Office [2]. This is the first time that veterans' issues will be overseen by dedicated ministers in the Cabinet Office, to ensure the whole of government works together to deliver the life-long support for veterans. The OVA will work with departments to coordinate and drive government policy on veterans' welfare, spanning mental and physical health, education and employment.

6.2 THE ARMED FORCES: STRUCTURE AND PERSONNEL

Since World War 2, the UK AF has changed size and structure many times. In 2019, the UK AF are a fully professional military with 146,560 UK Regulars (including Gurkhas, 36,260 reserves and 7,820 other personnel including military police guard service and other support staff, giving a total population of 190,640 [3]).

Table 6-1 presents the profile of the UK AF. Traditionally the UK AF has been predominantly a young, male, white (Caucasian) population, despite concerted efforts to increase the ethnic diversity (which accounts for approximately 7 – 10 %) and more females (approximately 10%). In 2018, all roles in the military were opened up to women, including ground close combat roles and fighter pilots. In 2019, most of those females in these roles had transferred from within the military.

Table 6-1: UK Armed Forces Regulars and Future Reserves, Demographic Profile, Numbers 1 April 2018.

Demographic Profile		Regulars	Future reserves
ALL		146,560	36,260
Age group	16-19	7,860	540
	20-24	26,850	4,270
	25-29	33,610	6,040
	30-34	27,920	5,500
	35-39	23,210	4,300
	40-44	13,260	4,020
	45-49	8,420	5,000
	50-54	4,640	4,020
	55-59	770	2,130
	60+	20	440
Gender	Male	131,290	31,080
	Female	15,270	5,180
Ethnicity	White	134,310	33,900
	BAME	10,970	1,970
	Unknown	1,270	390
Nationality	UK	140,170	35,700
	Non-UK	6,350	450
	Unknown	40	110
Rank	Officers	27,200	7,100
	Other ranks	119,350	29,160
Service	Naval Service	32,480	3,600
	Army	81,120	29,710
	RAF	32,960	2,950

There are differences in the profile of regulars and reserves, perhaps best highlighted in age and rank comparisons within the charts below (Figure 6-1):

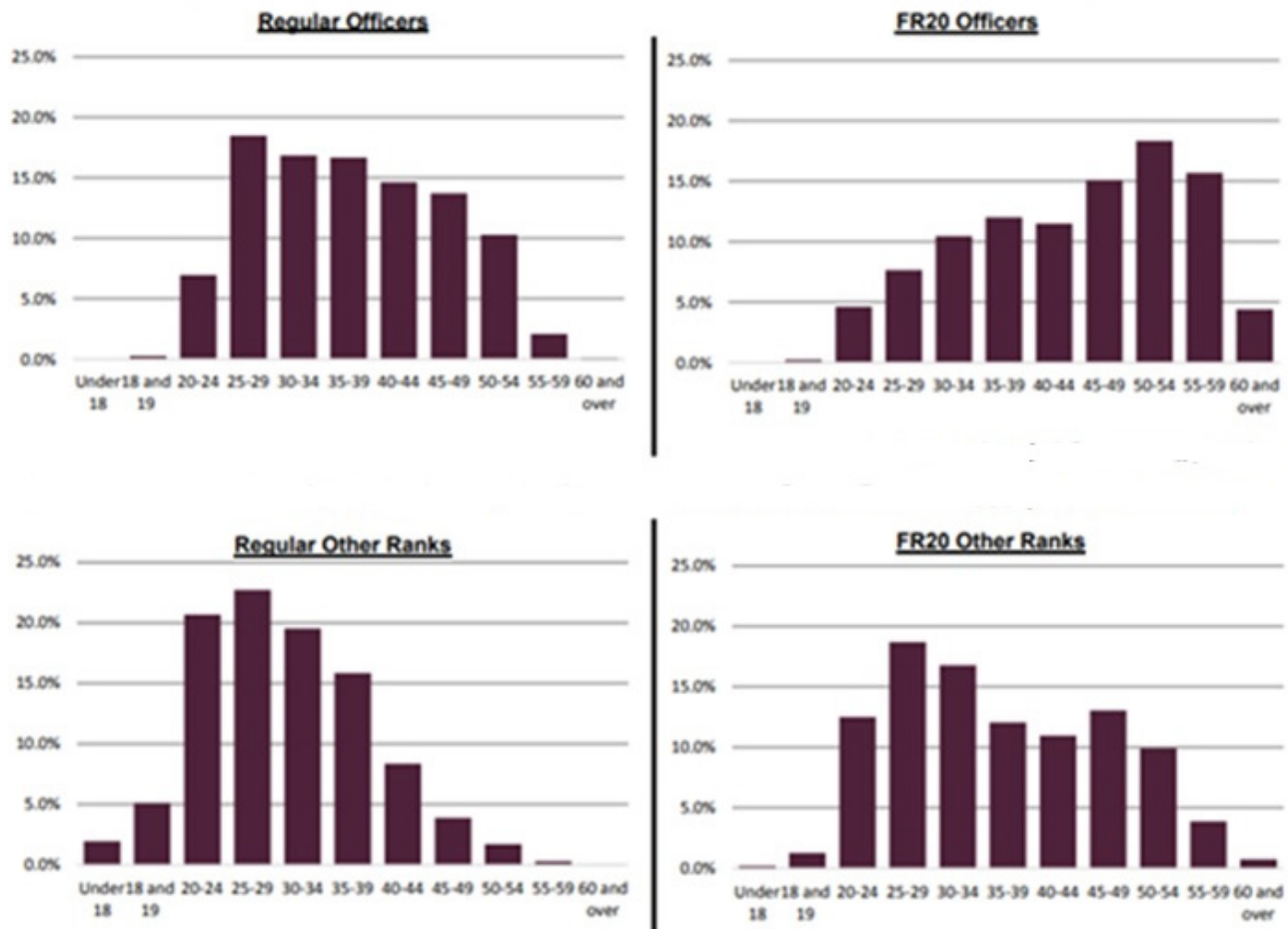


Figure 6-1: Age of Officers and Ranks in the UK Regular Forces and the Future Reserves 2020, Percentages as at 1 April 2019 [4].

In 2019, the UK has a stable economy and low unemployment, resulting in a challenging environment for the recruitment of new military personnel. Over the last five years this has led to the problem of more personnel leaving the military (outflow) than joining the military (inflow), see Table 6-2.

The MOD does not hold comprehensive administrative data for all veterans living in the United Kingdom. In 2014, working with the Office for National Statistics, the MOD included a question in the annual Population Survey [5], to begin to identify UK AF. The question was included in the survey for three successive years. Each survey was administered to approximately 245,000 households in Great Britain, revealing approximately 25,000 veteran households per year. This has enabled MOD to give an estimate of the number of veterans living in Great Britain, including their demographic profile, along with comparisons to the estimated non-veteran population.

COUNTRY REPORT: UNITED KINGDOM

Table 6-2: UK Armed Forces Regulars and Future Reserves Inflow and Outflow, Demographic Profile, Numbers, 1 Sept 2018.

Demographic Profile		Regulars		Future Reserves	
		Intake	Outflow	Intake	Outflow
ALL		12,130	14,760	4,750	5,480
Age group	16 – 19	5,610	1,310	420	120
	20 – 24	4,340	3,200	1,080	900
	25 – 29	1,480	3,670	980	1,170
	30 – 34	440	2,250	650	870
	35 – 39	150	930	340	580
	40 – 44	50	1,570	450	450
	45 – 49	60	840	370	470
	50 – 54	20	710	270	340
	55 – 59	~	270	160	380
	60+	-	10	40	200
Gender	Male	10,820	14,760	3,970	4,730
	Female	1,320	1,290	780	750
Ethnicity	White	10,610	13,800	4,280	5,090
	BAME	750	760	290	300
	Unknown	770	190	180	80
Nationality	UK	11,540	450		
	Non-UK	410	450		
	Unknown	200			
Rank	Officers	1,440	1,780	870	660
	Other ranks	10,700	12,980	3,880	4,820
Service	Naval Service	3,200	3,070	730	660
	Army	6,720	9,270	3,460	4,340
	RAF	2,210	2,420	560	480

Main demographic topics include: people characteristics; regional location; health including smoking status; employment status; education and accommodation (housing). The non-veteran population is defined as those aged 16+ who have not served in the UK AF or are currently serving. The Annual Population Survey (APS) veteran questions were not asked in Northern Ireland due to security concerns. In addition, the APS was only asked of those residing in households and therefore excluded individuals who were homeless or were living in communal establishments such as care homes or prisons. Figure 6-2 illustrates the 2017 veteran profile in the UK.

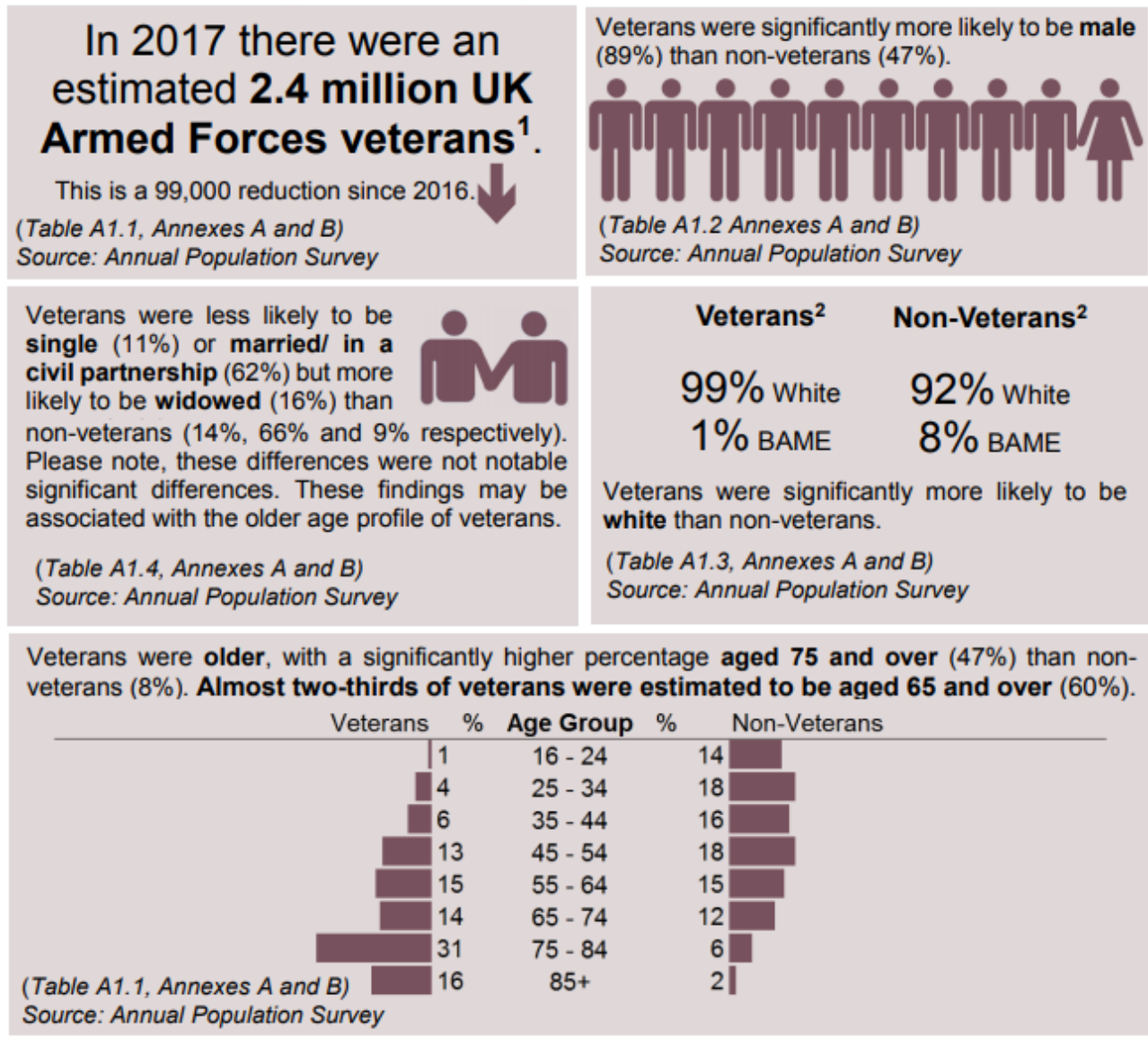


Figure 6-2: The Veteran Profile [6].

The MOD estimates that over 50% of UK veterans are over the age of 75. In order to understand how the demographic profile of veterans will change over the next 10 – 20 years, and thus the potential impact on services required by this population, Defence Statistics generated a population projection [7] to show the changing characteristics of UK AF veterans.

We therefore know that over the next 20 years, proportionately the UK AF veteran is going to be younger, with more women and that the overall numbers of veterans will fall by over 1 million (see Figure 6-3, Figure 6-4, and Figure 6-5).

COUNTRY REPORT: UNITED KINGDOM

2016 to 2028

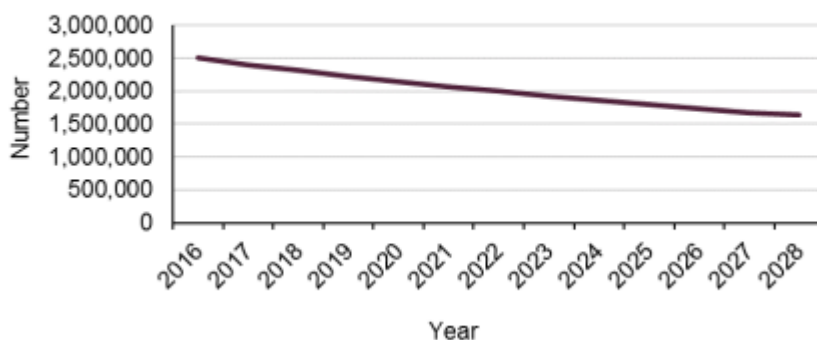


Figure 6-3: UK Armed Forces Veterans Residing in GB by Year, Numbers.

As at 2016 and 2028

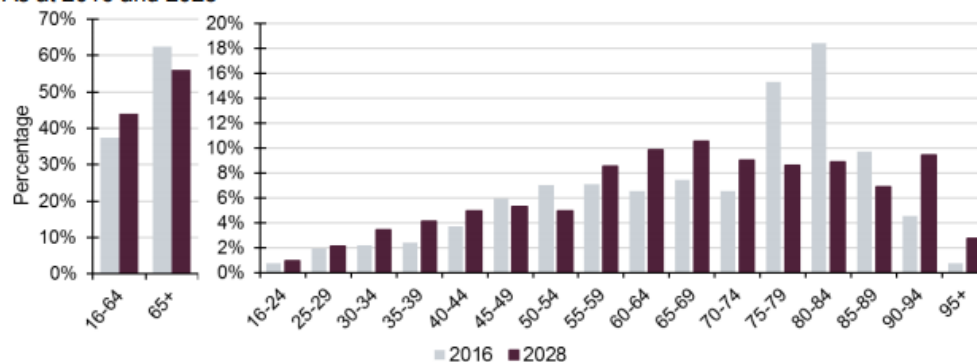
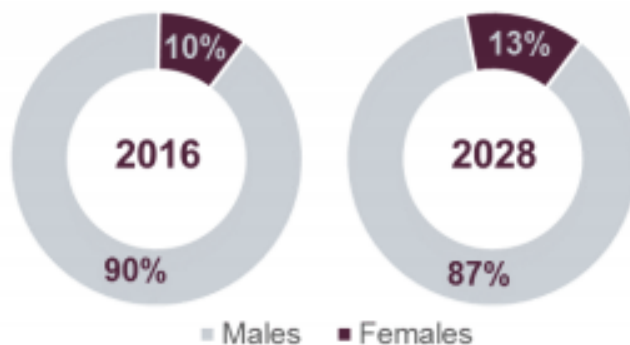


Figure 6-4: UK Armed Forces Veterans Residing in GB by Age Group, Percentages.



Source: 2018 GB Veterans Model.

Figure 6-5: UK Armed Forces Veterans Residing in GB by Gender, Percentage, as of 2016 and 2018.

6.3 TRANSITION: POLICY, PROCEDURES AND ENTITLEMENTS

6.3.1 Covenant

The Armed Forces Covenant is an agreement between the AF community (Regulars Reserves, veterans and their families), the Nation and the Government. The two key principles are:

- 1) Members of the AF community should face no disadvantage compared to other citizens in the provision of public and commercial services; and
- 2) Special consideration is appropriate in some cases, especially for those who have given the most, such as the injured or the bereaved.

The Armed Forces Covenant sets out the framework for how the AF community can expect to be treated and serves as a guide to influence decision making in key areas of Service Personnel (SP) policy including:

- Terms and conditions of service;
- Healthcare;
- Education;
- Housing;
- Benefits;
- Commercial services;
- Transition;
- Support after service; and
- Recognition.

The Armed Forces Act 2011 enshrined these principles in law placing an obligation on the government, through the Defence Secretary, to report annually¹ to parliament on progress against Covenant achievements.

The Covenant is supported by the Community Covenant and Corporate Covenant. The Community Covenant encourages local authorities to support the AF community in their area, promote public understanding and awareness with the aim to embed and sustain activity and to ensure that members of the AF community receive the support they need in their local communities. Every Local Authority at district level in Great Britain has signed a Community Covenant and they are expected to develop individual plans after signing. The Corporate Covenant is a publicised voluntary pledge from businesses and other organisations who wish to demonstrate their support for the AF community. Interested businesses and other organisations are encouraged to offer support in ways most appropriate to their situation and capacity. A Corporate Covenant can be adopted by a business/organisation of any size, and from any industry, whether they are an employer of a member of the AF community or simply wish to acknowledge publicly their support for the AF. Over 600 companies/organisations large and small have signed a Corporate Covenant.

Veterans are encouraged to declare themselves when using the services of their local council, as this helps to ensure they receive the support the council has signed up to deliver in recognition of their Service. Understanding the number of veterans in each council area is important to assist them in making improvements to the services they provide as they gain a better understanding of the AF community's requirements.

COUNTRY REPORT: UNITED KINGDOM

In 2018, the MOD, working with the Office for National Statistics, undertook a data linkage study using the MOD's SL database and the 2011 Census [8]. For the first time, this provided key statistics for veterans, albeit at a single point in time (Figure 6-6). The key limitation of this data was that it was restricted to only providing estimates for veterans of working age (those aged under 65). This was critical evidence for the three national statistic agencies (the Office for National Statistics, National Records Scotland and Northern Ireland Statistics Research Agency) to include a veterans' question in the next census to be held in 2021, for the purpose of providing comprehensive statistics on veterans for all ages. Questions included key areas of health, education, housing and employment. Post 2021, veteran statistics will be available through data lineage studies, using both the 2021 census and the MOD's SL database which is updated every month from the military pay systems.

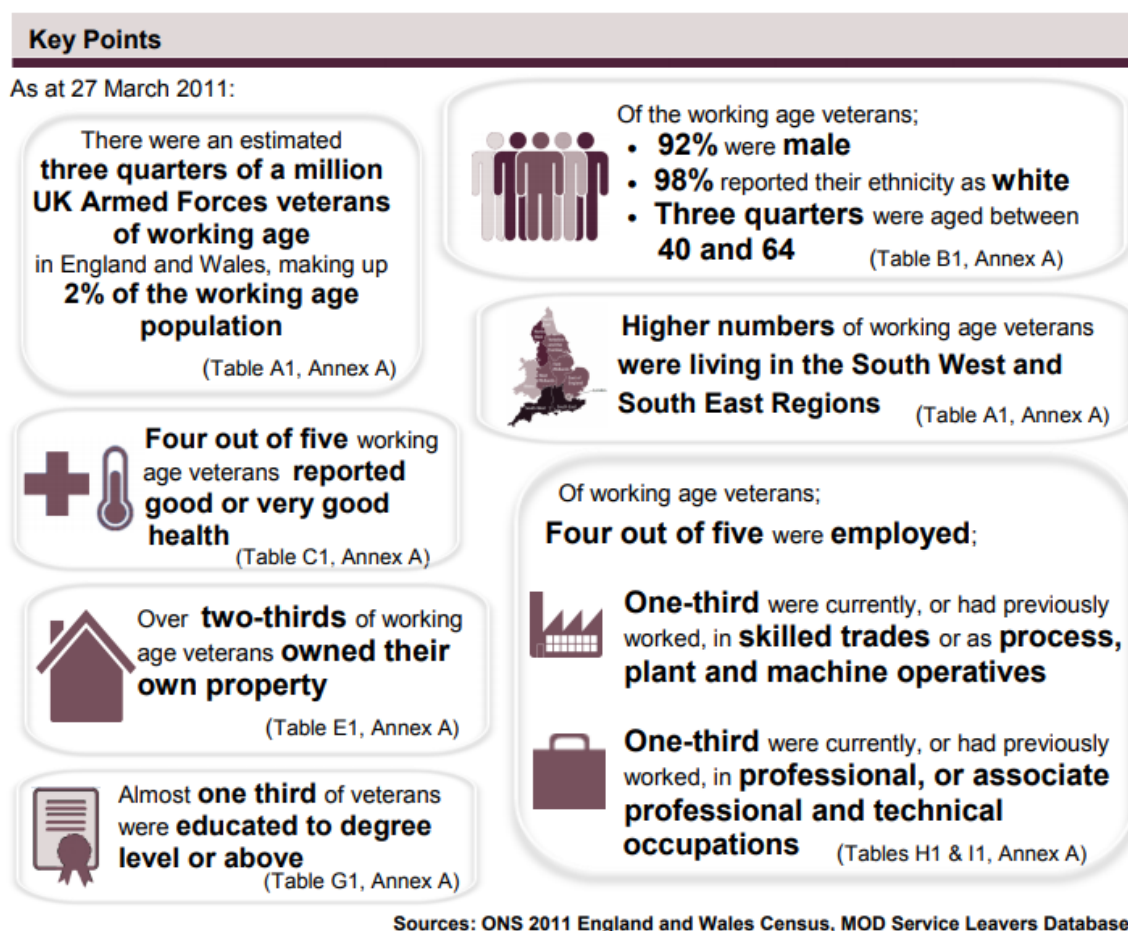


Figure 6-6: Key Points on Service Leavers.

6.3.2 Veterans' Strategy

The Veterans' Strategy takes account of the fact that veterans exist within a wider community of family and friends. It also considers the families of those who have died while serving. The services and provisions in the UK that support and empower veterans and their wider community operate in a complex system. The MOD have identified five cross-cutting factors that provide a backdrop to the overall system. Improvements to these will have a positive impact on veterans' experiences across all aspects of life (Figure 6-7).

- **Collaboration between organisations.** Veterans often receive support from many different organisations, across the public, private and charitable sectors.
- **Coordination of veterans' services.** Effective delivery of services to veterans require the public, private and charitable sectors to work closely together.
- **Data on the veteran community.** Data is essential to understand the veteran community, contributing to a robust evidence base which can inform policy making, enable planning and support service delivery more effectively and deliver good evaluation. Better identification of veterans within and through data can lead to a greater understanding of their needs, trends and geographical distribution.
- **Public perception and understanding.** Public understanding of the AF determines the climate into which individuals return when they leave the Services and establish a civilian life.
- **Recognition of veterans.** Everyone who has served in the UK AF should feel that their service is valued and recognized by the nation they have served.

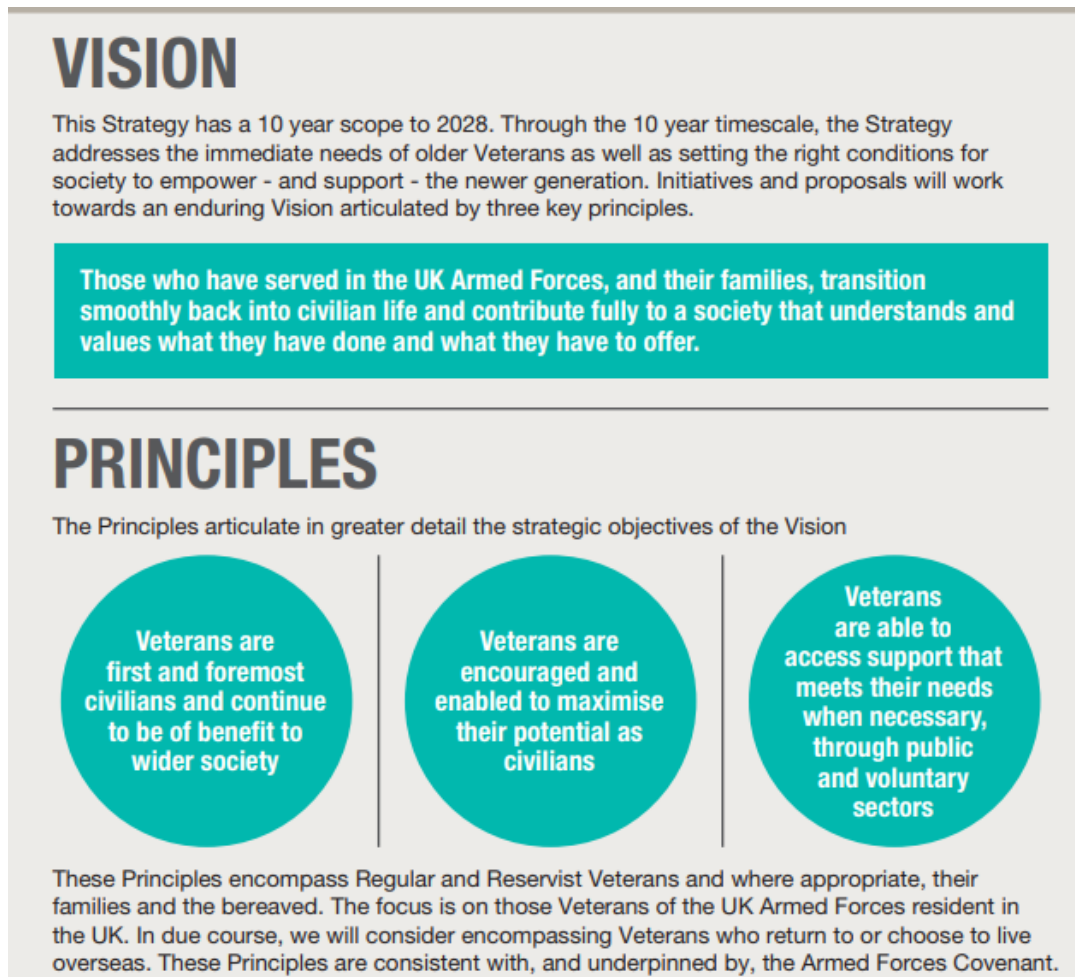


Figure 6-7: Veteran Strategy.

6.3.3 Resettlement Policy and Procedures [9]

The entitlement to resettlement support is not based on rank or commendations, but rather time spent in Service. The greater the length of Service the greater the provision of resettlement and employment support. However, the MOD also recognizes the need for specific support for those being medically discharged, leaving early in an individual's Service or as part of administrative action.

The following six principles lay the foundation for the UK tri-Service resettlement policy:

- To provide all AF personnel with access to timely and accurate resettlement information and advice.
- To provide SLs with access to resettlement provision and allowances based on best practice, which meets individual needs.
- To provide resettlement assistance to all SLs on a graduated basis, both in terms of provision and time available, according to length of Service.
- To provide contracted resettlement services, which include advice, workshops, training and job finding, which are flexible, responsive and effective so that they meet the individual needs of SP, both in terms of accessibility and content. Where these meet the appropriate training outcomes, these should be considered as courses of first choice.
- To ensure that appropriate resettlement activities receive quality assurance and attracts the minimum Travel and Subsistence (T&S) expenditure necessary.
- Non-local or overseas training should only be agreed as an exception and to meet training outcomes not available locally in the UK.

6.3.3.1 Types of Service Leavers (SLs)

Within the UK AF, transition begins when eligible military personnel initiate “resettlement”¹ – the formal procedures, processes and supports put in place to facilitate transition – and continues up to two years after they are discharged [10], [11]. While in resettlement, military personnel are referred to as “SLs” and are only considered veterans once they discharge.

There are three types of SLs, including normal, early, and medical discharge. Normal SLs are those personnel who are discharged after at least four years of Service and have: completed their term of Service; submitted a notice to leave or received notice of discharge under redundancy. Early Service Leavers (ESLs) are those personnel who are discharged from either due to having completed less than four years of Service (of their own choice) or substance misuse, criminal acts, inefficiency or personal unsuitableness (not of their own choice).

Personnel can be medically discharged if they are medically unable to continue serving, including while training. Many medical discharges from the UK AF are not from operational injuries, but from injuries incurred while on training [12]. The expectation is that if an individual is being medically discharged a multi-disciplinary team will provide advice on the options for the individual and their family. The military person leaving on a medical discharge would receive the full package of resettlement from CTP.

¹ This can occur up to two years before discharge depending on the circumstances.

6.3.3.2 The Transition Process

For ESLs, resettlement begins immediately prior to discharge. For normal SLs, resettlement begins up to two years before they are due to discharge (or from the age of 50 or after 30 years' Service) or when they are made redundant. For those personnel who served in Full-Time Reserve Service, they are entitled to the same support as Regular Force personnel [13]. For medically discharged SLs, resettlement begins as soon as they are identified as likely to be medically discharged. Support continues for an extended period after until discharge, based on physical and mental capacity to participate meaningfully. In extreme cases, if a medically discharged SL is unable to make use of their resettlement entitlements, they may be transferred to their spouse/partner.

Within the resettlement process, there are three steps or "lines" of support beginning at the unit/local level and through to the national level:

- At the unit/local level, the SL contacts their Unit's Resettlement Information Staff, including the Unit Resettlement Officer, and Resettlement and Education Coordinator, who provide information as well as administrative support and direct the SL to additional resources.
- At the regional level, the SL contacts a network of Service Resettlement Advisors, including Resettlement Information Officers, Individual Education and Resettlement Officers, and Regional Resettlement Advisors, who provide advice and guidance on different resettlement packages through the use of one-on-one interviews.
- At the national level, the Career Transition Partnership (CTP) provides tri-Service resettlement advice, training and employment assistance to SLs up to two years prior to and after discharge. Formed as the result of a partnership between the MOD and Right Management (a private sector employment firm), the CTP is considered to be the single source for all official resettlement services including pursuing education and employment, and improving life skills. More information is provided on these career resources in the next section.

6.3.3.3 Transition Support Programs and Services

Career resources are available to transitioning members through the CTP. With a Resettlement Training Centre, five Regional Resettlement Centres and four Resettlement Centres in the UK (one Resettlement Centre in Germany),² the CTP assists transitioning personnel with obtaining qualifications by offering courses in four broad categories including: building trades, electrical engineering, management, and information technology. Specialised training not provided by the CTP is also offered through external civilian organisations overseen by Right Management.

The CTP also manages the MOD-funded recruitment service for perspective employers of SLs. This recruitment service includes Employer Relationship Managers who advise and assist employers with determining their recruitment needs, an online job-matching database called RightJob, and participation in employment fairs across the UK to connect employers with potential employees.

Depending on their SL classification (normal, early, medical discharge) and their years of Service, all personnel experience resettlement with varying degrees of entitlements ranging from the CTP Future Horizons programme (CTP FH), a service to improve resettlement provision ESLs, to the CTP Core Resettlement Programme (CRP; see Figure 6-8, extracted from the UK AF Approach to Resettlement).³

² Due to close in 2019.

³ Provided directly by UK MOD TESRR Division, 2019.

COUNTRY REPORT: UNITED KINGDOM

The CRP is for the wounded injured and sick (WIS), those who have already been medically discharged, or normal SLs (with six or more years of Service). Personnel are eligible to participate in the CRP up to two years prior to and after discharge. When participating in the CRP, personnel are entitled to “Graduated Resettlement Time” (GRT) determined by their years of Service (i.e., the minimum amount of GRT is 20 days for at least six years of Service to a maximum of 35 days for 16 or more years of Service). GRT allows personnel to spend time attending briefs, training events, workshops, and related events on a variety of topics that will help them through the transition process (e.g., employment fairs, vocational training). The following outlines some of the essential components of the CRP:⁴

- Access to employment and training fairs;
- Access to a regional employment and training manager;
- Access to vocational training (i.e., Resettlement Centre courses);
- Employment-related workshops (e.g., CV development, interview preparation);
- One-on-one advice/support from a personal consultant;
- Online assessment tools (e.g., Personal Resettlement Plan);
- Online resource tools (e.g., RightJob, webinars);
- Post-discharge consultant support for up to two years;
- Three-day Career Transition Workshop (CTW); and
- Various briefs (e.g., financial, housing).

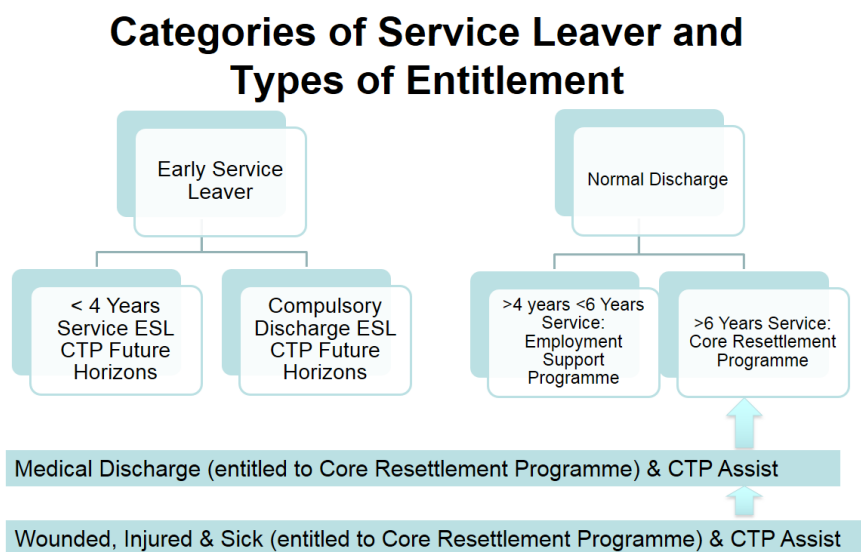


Figure 6-8: Resettlement Entitlements by Service Leaver Category.

The CRP also provides personnel with financial support. For instance, an Individual Resettlement Training Cost (IRTC) Grant, to a maximum of £534, is available to assist with tuition fees and training costs (approximately

⁴ Provided directly by UK MOD TESRR Division, 2019.

20 days of training). The MOD contract funds a range of CTP delivered vocational training that costs the SL only 1/20th of their IRTC per day of training. SLs can also claim portions of additional training/tuition costs as long as the courses being taken are in pursuit of nationally recognized qualifications⁵.

Specifically, for the WIS or those who have already been medically discharged, an enhanced programme called CTP Assist enables the maximisation of the CRP, as the amount of time between Serving and discharging can be quite short. These individuals are also eligible for the Specialist Support Programme that includes services in addition to the CRP such as a Vocational Assessment and access to a Specialist Employment Consultant.

The Employment Support Programme (ESP) is for normal SLs with at least four, but not greater than six, years of Service. Personnel are eligible to participate in the ESP up to six months prior to, and up to, two years after discharge. ESP participants are not entitled to GRT or the IRTC Grant, but can attend (on stand-by status) and pay out-of-pocket for events offered to CRP participants. The following outlines some of the essential components of the ESP:⁶

- Access to employment and training fairs;
- One day Employment Support Workshop;
- One-on-one advice/support from a personal career consultant;
- Online assessment tools (e.g., Personal Resettlement Plan);
- Online resource tools (e.g., RightJob);
- Post-discharge consultant support for up to two years; and
- Various briefs (e.g., financial, housing).

While there are similarities between what is offered to CRP participants and ESP participants (e.g., access to employment and training fairs), there are differences in the breadth of offered advice, support, and training. Specifically, ESP participants do not have access to a regional employment and training manager, reimbursed vocational training, or reimbursed employment-related workshops.

The CTP FH is for all ESLs and is based on a pre-discharge needs assessment conducted by an Employment Advisor who assists with identifying an individual's transitional needs and strengths. Some of the essential components of FH include access to:

- Educational courses;
- Employment support;
- Personal/professional development opportunities;
- Post-discharge consultant for up to two years; and
- Required training.

⁵ Tuition subsidization is also available to eligible currently serving members.

⁶ Provided directly by UK MOD TESRR Division, 2019. See also Ashcroft (2014) [12] and the United Kingdom Ministry of Defence (2015) [13].

6.3.4 New Transition Policy

As part of the Veterans' Strategy, a new Transition Policy will also be published in Autumn 2019 (JSP 100). Transition is far wider than finding employment and relates to the holistic and significant life changing processes which affect both SP and their immediate family through the entire time they are within or connected to the AF. The transition process requires tailored support through to discharge and beyond, which need to be appropriately addressed to ensure successful transition into civilian life.

The new Transition Policy will provide a centrally coordinated policy to ensure that MOD better prepares and transitions its personnel and their families at the end of their Service.

This new policy will include a new bespoke organisation called 'Defence Transition Services' which will also be operational in autumn 2019. It will provide support for those SLs who face the most challenges when leaving the AF. The aim of the new 'Defence Transition Services' is to provide positive resolutions to issues and to develop an individual's personal resilience and independence. This will supplement and enhance the support already available through the CTP.

6.3.5 Health Care and Related Resources for the Wounded, Injured, Sick

The Defence Recovery Capability (DRC) delivers an environment within which all serving WIS personnel get the appropriate support to enable an effective return to duty or transition to a properly supported and appropriately skilled civilian life. The DRC provides command and care for serving WIS personnel, to both improve the deployability of the UK AF and discharge the Chain of Command duty of care to those under Command.

The DRC is an UK MOD owned capability designed to deliver programmed, command-led and coordinated support to WIS personnel. It is delivered through single Service (sS) Recovery Pathways, drawing on the resources of the sS led Personnel Recovery Units (PRUs), Personnel Recovery Centres (PRCs) run in partnership with Service charities and specialist centres such as the Battle Back Centre. The Recovery Pathways are aligned with clinical treatment and rehabilitation, but do not deliver mental or physical treatment, or rehabilitation. While charitable partners may own and/or operate specific Recovery Centres, the capability is a State function for serving WIS and overall ownership of the capability remains a MOD responsibility.

In 2010, in partnership with the charities, Help for Heroes and the Royal British Legion, the UK MOD launched the DRC. The DRC is in place to ensure WIS personnel are fully supported as they either return to duty or transition to civilian life. Each of the three Services provides their own modifications to recovery with the use of 17 specialist recovery units and cells spanning across 21 bases. Recovery includes education, employment opportunities, housing, and medical support [14].

In 2013, under the authority of the DRC, the Recovery Careers Services (RCS) was launched to further assist those WIS personnel likely to be medically discharged. The RCS provides career advice geared toward those who may face additional barriers because of their illness/injury. It also partners with over 200 organisations via a work placement scheme to encourage employer/employee networking opportunities. This service is in addition to the CRP opportunities discussed above [14], [15].

In England, Scotland and Wales, medically discharged individuals are able to access priority treatment for Service-attributable conditions, subject to the clinical needs of others, when accessing National Health Service treatment [12]. For those serving personnel with a mental health-related problem, they are referred to

the Defence Mental Health Social Work (DMHSW) service. The DMHSW service assists personnel and their families through community agency connections, military pension provision and benefit entitlement support, and transition training.

The AF Compensation Scheme provides compensation to current and former SP (and their families) facing Service-attributable illness/injury or death that occurred after April 6, 2005.⁷ In the case of illness/injury, compensation is based on a graduated scale based on severity, while compensation due to a death is provided to eligible spouses/partners and children [12].

6.4 COMMUNITY AND SOCIETY SUPPORT FOR VETERANS

6.4.1 NGOs, Charities

According to recent research published by the Directory of Social Change [16], the military charity sector in the UK is shrinking. As of 2019 there are 1,888 AF charities in the UK, and this is a relatively small number compared to other charity sub-sectors, such as health (est. 6,500 charities) and education (est. 7,650 charities). Since 2012, 65 AF charities have closed, with Scottish charities closing at double the rate of those opening. While there are still 633 membership association branches in the UK, which offer social and comradeship activities, due to closure there are now 152 fewer branches than in 2012. Findings included a high turnover of AF welfare charities opening and closing over the past six years, with close to a third of these charities having an operational lifespan of less than ten years.

Earlier work by the *Directory of Social Change* [17] had highlighted and challenged a number of preconceptions about the UK military charity sector. First, the claims that there are too many AF charities are partly driven by a lack of understanding of the huge diversity of AF charities operating in the sector. These claims have also been boosted by a perception that the AF charity sector has undergone a large expansion in recent years, ostensibly during the conflicts in Iraq and Afghanistan and boosted, in part, by the proliferation of media representations of wounded and killed SP. Contrary to this, the sector has contracted over the last few years a trend which has been identified [16]. Second, it is claimed that new entrants into the sector have created unwarranted competition and have taken income away from more established charities, however, these new charities were having a generally positive effect, creating new growth and benefiting the sector as a whole [17]. Third, that there is little collaboration in the sector. However, the AF charity sector has greater collaboration and cooperation than other charitable sub-sectors [17]. They came across many examples of partnership working in welfare services' provision as well as examples of financial support provided by AF charities to other AF charities. They report that the benevolent grant-making process in particular, appears to be highly coordinated and flexible in responding to the needs of beneficiaries, with most of the casework generally routed through SSAFA (formerly Soldiers, Sailors, Airmen and Families Association) or The Royal British Legion.

6.4.2 Other Government Departments

Listed below are other government departments on whom veterans can, where appropriate, access support:

Severely Injured Personnel: NHS England hosts the veteran trauma network, which aims to provide specialist care for patients with service related traumatic injuries. The network acts as a regional hub for

⁷ For those who endured illness/injury or death prior to April 6, 2005, they are/were compensated via the War Pension Scheme.

veteran care, linking with NHS veteran's mental health services, national centres of expertise and key service charities, to provide a complete package of care.

Veterans' Mental Health: Help from NHS veterans' mental health service – Transition, Intervention and Liaison Service (TILS) or the NHS veteran's mental health Complex Treatment Service (CTS). The TILS service is a local community-based programme for veterans and those transitioning out of Service with a discharge date. TILS provides a range of treatment, from recognizing early signs of mental health problems and providing access to early support, therapeutic treatment for complex mental health difficulties and psychological trauma.

Housing: The Ministry for Housing and Communities and Local Government (MHCLG) in England and the devolved administrations in Scotland, Wales and Northern Ireland have primary responsibility for homelessness policy. The MOD supports a coordinated approach to meet the needs of ex-SP, working with policy leads from across government to ensure that those ex-SP who require support in securing accommodation receive appropriate assistance. The Combined Homelessness And Information Network (CHAIN) has produced a report on the numbers of veterans rough sleeping in London. Their latest report estimated that 3% of those found sleeping rough in London were veterans of the UK AF.

Supported Housing: The MOD has supported the establishment of two supported housing schemes for ex-SP. The focus is on helping individuals in Service to ensure the risk of becoming homeless is minimised through the provision of schemes which offer affordable housing.

6.5 TRANSITION-RELATED RESEARCH

There is very little UK primary research that explores the experiences of SP transitioning out of the military. Although UK based transition research is available and growing in number, there remains a far greater volume of US literature. US research undertaken in 2018 [18] to better understand personal identity within the context of their transition experiences identified that the transition was often far from smooth. Issues included conflicts of personal and social identities, a sense of a loss of identity and a feeling of disconnection from and, occasionally, rejection by general society. With such small numbers, and a non-representative sample, it is not possible to generalise the findings of this work, but this insight into the personal experience gives us some indication of the challenges that require further investigation. Although not exclusively focusing on transition, qualitative work has also been undertaken in the USA probed the experiences of “returning home” after war [19]. Veterans reported similar issues with community reintegration and loss of identity.

The challenges of transition are compounded when the process itself is complex and difficult to navigate [18]. An analysis of policy and practice documents has been undertaken to explore the process of military to civilian transition [20]. The pathway to transition is complex, with a shift in the responsibility for the coordination of transition from the service providers to those in transition. There appears to be little focus on operationalising information-sharing for different Service circumstances. In other words, there is a danger that SP in transition could get lost in the complexity of the process, especially if their discharge is atypical. This has the potential to impact more on those who do not have time to organise their transition because of the rapid nature of their discharge, i.e., administrative discharges or ESLs [21], [22].

Research at Kings College, London [23] looked specifically at the transition experiences of 74 SP being discharged from the military correctional and training facility at the military prison, Colchester, Essex. Analysis of the questionnaire results showed that at 6 months follow-up, disadvantage was associated with having a mental health problem at the point of discharge and having no permanent accommodation. Interestingly, having shorter sentence lengths and having to return to unit before discharge (i.e., an administrative discharge) were also

seen as factors. The authors argue that shorter sentence lengths do not give adequate time for individuals to effectively plan their transition, which is similar to the issues faced by ESLs. Similarly, those discharged for failing the British military's compulsory drugs test [24] not only brings to an end one's military career, but may also make securing subsequent civilian employment more problematic [25]. The combination of a short period to prepare and the potential future consequences of the "reason for discharge" being a "double whammy" can create a multi-layer of issues.

Once discharged from the military it is important that veterans and their families are able to effectively interface with care providers (i.e., the National Health Service (NHS)), housing providers and where appropriate, local authorities and benefits organisations. In the military, much of this support is provided through more integrated systems. Research with veterans with mental health problems accessing NHS and Local Authority support has explored some of the challenges of interfacing with complex systems, including the potential for smartphone apps to help with navigation and communication [26]. Research looking at how veterans access the UK benefits system has also shown issues with the complexity of the system and navigational difficulties as well as problems with military cultural sensitivity [27].

6.5.1 Families and Transition

Given the paucity of UK research on the transition experiences of SP, the impact of transition on families is also not well understood [28], [29], [30], [31] and providing support for families during transition is an area prompting current investigation and research [29], [32]. Søndergaard et al.'s work [31] is frequently cited throughout this section, as their systematic and scoping review highlighted that most of the published literature (both peer-reviewed and grey) originated from the United States, with a paucity from other countries. The review showed an emphasis towards health-related literature, with a particular focus on Post Traumatic Stress Disorder, Intimate Partner Violence, and combat-related trauma. The authors identified a particular lack of research in areas such as family engagement, family breakdown, housing support and spousal employment. They identified that there was very little literature relating to non-traditional families, a finding stressed by others [28], [33].

Although a number of evaluations of family programmes were identified [30], these tended to focus on either provision during or post military Service, with little research or service evaluation conducted on programmes specifically intended to support families during the transition period. The authors also cautioned about the quality of the research and the subsequent impact on attempting to replicate similar outcomes. Poor service description and evaluation design is a particular challenge for programmes that may be implemented across different NATO countries, where a range of geo-political and cultural considerations need to be taken into account [28].

One of the most pressing challenges is understanding the needs of families during transition to ensure that the provision matches the need. Many of the studies reviewed by Søndergaard et al. were undertaken during the peak of the active phases of conflicts in Iraq (Operation Iraqi Freedom, March 20th, 2003 – December 18th, 2011) and Afghanistan (Operation Enduring Freedom, October 6th, 2001 – time of writing). As the operational tempo has significantly lessened towards the latter phases of OEF, this may have an impact on the types of transition interventions from which families may benefit.

In a recent UK mixed-methods study [29] designed to understand the transition needs of Service families, a number of key themes emerged from survey results. 74 people responded to the 'Left' survey and 94 to the 'Leaving' survey, with a further 21 taking part in the in-depth interviews and case study development with respondents. The authors found that, within their sample, families, defined as 'married or cohabiting couples and their children/dependent relatives (rather than extended family)' identified the importance of their engagement in

the transition process and that transition planning should be collaborative and timely. However, the lack of specific transition support for families was identified, with particular family groups recognized as potentially at risk of poor transition, especially those on a medical discharge trajectory and Foreign and Commonwealth personnel serving in the UK AF [34]. Further, it was identified the importance of recognizing vulnerability factors associated with families in transition and, importantly, that any interventions provided should be routinely measured and evaluated [29].

There are only a few international efforts to understand the impact of transition on families, notably the work of the Australian Institute of Family Studies [32]. There are other initiatives to understand the impact of transition on veterans, for instance the US Veterans Metrics Initiative (TVMI) [35], [36] which encompasses a validated measure of well-being (the well-being inventory (WBI)). In the UK, the Armed Forces Covenant Trust Fund have commissioned a programme of work to design and build a framework for methodically gathering data on services for veterans and their families. This tool (the Outcomes Measurement Framework (OMF)) uses a modified version of the WBI and, it is envisaged that this has the potential to systematically gather liminal data on both personnel and families during transition.

6.5.2 Spouse Employment

Research has described military spouses as ‘tied migrants’: those who move around or face frequent relocation due to the employment of their partner or spouse [37]. Tied migrants, such as military spouses, commonly face disadvantages in the labour market and are less able to experience the benefits of having a ‘career’ compared to civilian couplings. They are also considered to be financially less well-off than their civilian counterparts, which is something which has obvious implications for the overall prosperity of military families, along with their prospects for a successful transition to civilian life. Research has found that, at every age, military spouses earn less than their civilian counterparts [38] and the gap can be as much as 20% differential in earnings [39]. Potential reasons for this include fewer opportunities for career progression and the type of employment (often work that is low paid, flexible and part-time) to which military spouses are able to commit [40], [41]. Affordable and reliable childcare is recognized as substantially limiting employment opportunities for spouses, particularly where partners are deployed [42]. Furthermore, military spouses with a higher or university education are also less likely to work full-time than their civilian counterparts [38]. A link between spouse unemployment and decrements in health, well-being and quality of life are reported [40], [43], [44] with spouses sometimes encountering a loss of identity and lowered self-esteem as a result of their low earnings potential and inability to fulfil their potential in terms of their own careers [45]. From the military’s perspective, spouse unemployment is a negative influence on retention. For example, 49% of respondents to the UK Armed Forces Continuous Attitude Survey (AFCAS) in 2016 listed spouse employment as a key factor influencing their intention to leave the military [46]. This finding is echoed by research indicating that spouses’ influence on decisions to retire or leave Service increased with the rate of military spouses working outside the home [40]. Improving employment opportunities for military spouses has therefore been identified in recent years as an important issue for NATO to contend with.

Employment support for military spouses is provided in a number of NATO countries, although this support is not necessarily linked to transition. For instance, in the UK, a package of measures to support military spouses in seeking employment has recently been trialled by the Ministry of Defence. As part of the Trial, spouses were eligible to receive a training grant up to the value of £879 and were able to access job readiness and career support, similar provision to the support that SLs receive when exiting the military [47]. The evaluation of this trial revealed that providing spouses with employment support played an important role in building their confidence to seek work, in developing their skills and qualifications, and enhancing their potential employability [48]. 67% of participating spouses reported increased confidence in their ability to find work and

78% reported that the Trial had a positive impact on their lives. Spouses were also very positive about being given opportunities for training in areas that would benefit their career interests, and many reported feeling valued and invested in by the military as a result of being provided with employment support. Following the Trial and its evaluation, the UK Defence Secretary announced a new package of measures to support spouses in their careers [49]. However, this evaluation was unable to provide an assessment of whether the provision of employment support led to more spouses gaining employment, nor was it able to show any impact on retention as a result of the Trial. Furthermore, the evaluation report's authors cautioned that employment support for spouses must be viewed as one among several factors needed to improve well-being and transition among military families [48]. For instance, if access to affordable childcare, along with the multiple challenges associated with frequent mobility and relocation, are not also addressed, simply providing employment support can only go so far in helping improve the career prospects of military spouses as 'tied migrants' [37].

6.5.3 Housing

There is very little research internationally looking at the challenges associated with securing accommodation for military families following transition. The research that exists focuses on risk factors for homelessness and housing instability for SLs, rather than challenges for the military family as a whole during transition [31].

In the UK, the Veterans' Transition Review [12] identified sustainable housing as one of the most important aspects of a successful transition and this is an important factor that should be taken into account across all of NATO. Prior to discharge, military families have access to subsidised accommodation through the MOD and as such are protected from high market rates. In 2016, the MOD began consultation on how best to provide accommodation to serving personnel and their families. The Future Accommodation Model (FAM) [50] changes the provision of housing to be based on need rather than rank or marital status. It will see increased use of the private market for military personnel and families, although the MOD will continue to protect these families by subsidising rent in expensive locations. The drive behind this model is to encourage family stability, including improving opportunities for home ownership. However, the consultation process was heavily criticized [51]. As the use of FAM is in its early stages, there has yet to be any research looking at the impact of this on Service families in-Service and through transition.

As a result of the subsidies provided for accommodation while in-Service, military families may be unaware of the costs of securing accommodation in the civilian world following transition. Being able to plan for this financially is therefore an important challenge for families. For certain groups of SP and their families, such as ESLs and those discharged for disciplinary reasons, there may be little time for financial planning prior to discharge, putting them at a higher risk of struggling to secure accommodation [51]. Indeed, research has highlighted ESLs concerns regarding accommodation and their financial situation following discharge [22].

6.5.4 Family Engagement with Transition Support

Family engagement with transition support has been highlighted as an area in which further research is required for a better understanding [31][50]. In the UK, a consultation with stakeholders carried out by the Forces in Mind Trust [52] highlighted (anecdotally) a poor participation rate of military families in transition-related events and services provided by the UK MOD and third sector organisations. Reasons given for this included: a lack of communication between the SL and their family regarding these services/events, lack of childcare to enable participation, a lack of understanding of the challenges associated with transition, and an 'information overload' on the preparation for the needs of moving into civilian life, for families prior to transition. This consultation also highlighted the need for better coordination between organisations offering support to enable joined-up support for families in transition, a situation not unique to the UK.

In an international systematic review of military family transition support [31], no research was found that specifically addressed the issue of family engagement with the transition process. The evidence that does exist is heavily US-based and relates to engagement of families during Service and in relation to caregiver engagement with veteran health services. Research in-Service in the US has highlighted a lack of awareness of available support for military families [53]. Following discharge, reported barriers to caregiver engagement with veteran services include: concerns about being involved in veteran care provision, logistical barriers such as geographical distance, and coordinating this with childcare and work commitments [54]. Whilst a number of studies provide a description of support for military families, they do not attempt to evaluate the best approach to engagement [31].

6.6 CONCLUSION

In the UK there has been an increasing emphasis on transition from a policy, service delivery, and research perspective over the past decade. This has led to the design and implementation of new processes, procedures, and services both within and beyond the military to facilitate SLs' transition into civilian society.

Efforts to support the transition process now include the SL's family too, with programmes for spouse employment being trialled by the Ministry of Defence and evaluated independently, along with monitoring more established projects such as Future Horizons for ESLs.

Recognition of transition as a cultural shift, specifically in terms of navigating the differences between military and civilian cultures, has been slower to develop. There is still a reliance on US-based research, due to the lack of information in a UK context for many areas relating to veteran support. Embedding an understanding of transition as an ongoing process that involves a strong emotional and identity-related component is necessary, in order to grasp the meaning of 'transition' from a SL's perspective.

6.7 REFERENCES

- [1] MOD, 2018. Strategy for our Veterans: Valued. Contributing. Supported. Available at <https://www.gov.uk/government/publications/strategy-for-our-veterans>.
- [2] Gov.uk (2019). PM creates new Office for Veterans' Affairs to provide lifelong support to military personnel. Available at <https://www.gov.uk/government/news/pm-creates-new-office-for-veterans-affairs-to-provide-lifelong-support-to-military-personnel>.
- [3] Gov.uk (2019). <https://www.gov.uk/government/statistics/quarterly-service-personnel-statistics-2019>.
- [4] Gov.uk (2019). <https://www.gov.uk/government/statistics/uk-armed-forces-biannual-diversity-statistics-2019>.
- [5] NOMIS Official Labour Market Statistics (2019). Annual Population Survey. <http://www.nomisweb.co.uk/articles/1167.aspx>.
- [6] Gov.uk (2019). Annual population survey: UK armed forces veterans residing in Great Britain. <https://www.gov.uk/government/collections/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain>.

- [7] Gov.uk (2019). Population projections: UK armed forces veterans residing in Great Britain, 2016 to 2028. <https://www.gov.uk/government/publications/population-projections-uk-armed-forces-veterans-residing-in-great-britain-2016-to-2028>.
- [8] Gov.uk (2018). Census 2011: Working age UK armed forces veterans residing in England and Wales: index. <https://www.gov.uk/government/collections/census-2011-working-age-uk-armed-forces-veterans-residing-in-england-and-wales-index>.
- [9] Ministry of Defence (2018). Joint Service Publication 534 The Transition Resettlement and Employment Support Manual. Retrieved from <https://www.gov.uk/government/publications/tri-service-resettlement-manual-jsp-534>.
- [10] Forces in Mind Trust. (2013). *The transition mapping study. Understanding the transition process for service personnel returning to civilian life*. Retrieved from <http://www.fim-trust.org/wp-content/uploads/2015/01/20130810-TMS-Report.pdf>.
- [11] Bowyer, S.J., Jacques, C.L.A., D'Silva, C.J., and Walters, J. (2010). Veterans' resettlement – A study to understand the experiences of veterans during the resettlement process, highlighting any needs not currently provided for (Haldane-Spearman Consortium Contract Report QINETIQ/10/01145/1.2).
- [12] Ashcroft, M. (2014). The veterans' transition review. Retrieved from <http://www.veteranstransition.co.uk/vtrreport.pdf>.
- [13] United Kingdom, Ministry of Defence (2015). Career transition partnership. Retrieved from <https://www.gov.uk/guidance/career-transition-partnership>.
- [14] United Kingdom, Ministry of Defence. (2016). Defence recovery and personnel recovery centres. Retrieved from <https://www.gov.uk/guidance/defence-recovery-and-personnel-recovery-centres>.
- [15] National Health Services. (2017). Defence recovery capability. Retrieved from <http://www.nhs.uk/NHSEngland/Militaryhealthcare/transition/Pages/defence-recovery.aspx>.
- [16] Doherty, R., Robson, A., and Cole, S. (2019). Focus on: Armed Forces charities – Sector trends (Directory of Social Change, Final report). Retrieved from <https://www.fim-trust.org/wp-content/uploads/2019/03/DSC-Focus-On-Sector-Trends-2019.pdf>.
- [17] Pozo, A., and Walker, C. (2014). UK Armed Forces charities: An overview and analysis. Retrieved from <http://www.fim-trust.org/wp-content/uploads/2015/01/DSCFiMTSectorInsightNov2014.pdf>
- [18] Binks, E., and Cambridge, S. (2018). The transition experiences of British military veterans. *Political Psychology*, 39(1), 125-42.
- [19] Demers, A. (2011). When veterans return: The role of community in reintegration. *Journal of Loss and Trauma*, 16(2), 160-79.
- [20] Gray, A., Wilson, R., Jenkins, K.N., Harrison, D., and Martin, M. (2017). Information-sharing in services for military personnel in transition to civilian life. *Public Money & Management*, 37(1), 15-22.

- [21] Buckman, J., Forbes, H., and Clayton, T., Jones, M., Jones, N., Greenberg, N., Sundin, J., Hull, L., Wessely, S. and Fear, N.T., (2013). Early service leavers: A study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early. *The European Journal of Public Health*, 23(3), 410-415.
- [22] Godier, L.R., Caddick, N., Kiernan, M.D., and Fossey, M. (2018). Transition support for vulnerable service leavers in the UK: Providing care for early service leavers. *Military Behavioral Health*, 6(1), 13-21.
- [23] Van Staden, L., Fear, N.T., Iversen, A.C., French, C.E., Dandeker, C., and Wessely, S. (2007). Transition back into civilian life: A study of personnel leaving the UK Armed Forces via “military prison.” *Military Medicine*, 172(9), 925-30.
- [24] Bird, S.M. (2007). Compulsory drug testing in the British Army: Assessing the data. *Royal United Services Institute (RUSI) Journal*, 152(6), 54-58. doi: 10.1080/03071840701863125.
- [25] Tipping, C. (2007). Is it time for the MoD to review its drug policy? A Response to Professor Bird’s Findings. *Royal United Services Institute (RUSI) Journal*, 152(6): 60-63.
- [26] Godier-McBard, L., and Fossey, M. (2018). Evaluation of the Veterans’ Universal Passport: Final report and qualitative supplement (Veterans and Families Institute for Military Social Research). Retrieved from https://www.vfrhub.com/wp-content/uploads/2018/11/Combined-reports-_VUP-evaluation_final-002.pdf.
- [27] Scullion, L., Dwyer, P., Jones, K., Martin, P., and Hynes, C. (2018). Sanctions, support and service leavers. Social Security benefits, welfare conditionality and transitions from military to civilian life. First-wave findings. Retrieved from <http://www.fim-trust.org/wp-content/uploads/2018/04/20180410-FiMT-Sanctions-Support-Service-Leavers-Interim-Report.pdf>.
- [28] Fossey, M., Cooper, L., and Raid, K. (2019). The transition of military veterans from active service to civilian life: Impact of transition on families and the role of the family, support, and recognition. In C.A. Castro and S. Dursun (Eds.), *Military veteran reintegration*, 186-210. Los Angeles: Elsevier, 2019.
- [29] Heaver, L., McCullough, K., and Briggs, L. (2018). *Lifting the lid on transition: The families’ experience and the support they need*. London: FiMT.
- [30] Søndergaard, S., Cox, K., Silfversten, E., Meads, C., Schaefer, A.G. and Larkin, J., (2016a). Supporting UK service leavers and their families in the transition to civilian life (No. RB-9928-FiMT). Cambridge: RAND Europe, Retrieved from https://www.rand.org/pubs/research_briefs/RB9928.html.
- [31] Søndergaard, S., Cox, K., Silfversten, E., Anderson, B., Meads, C., Schaefer, A.G. and Larkin, J., (2016b). Families support to transition: A systematic review of the evidence. Cambridge: RAND Europe, Retrieved from https://www.rand.org/pubs/research_reports/RR1511.html.
- [32] Muir, S. (2018). Family wellbeing study. Part 2: Military family approaches to managing transition to civilian life. Canberra: Australian Institute of Family Studies, Department of Defence and Department of Veterans’ Affairs.

- [33] Gribble, R., Mahar, A., Godfrey, K., Muir, S., Albright, D., Daraganova, G., Spinks, N., Fear, N. and Cramm, H., (2018). What does the term “Military Family” mean? A comparison across four countries. Kingston, ON: Military Families Working Group, Canadian Institute for Military and Veterans Health Research (CIMVHR), Retrieved from <https://cimvhr-cloud.ca/reports/Military-families-definitions.pdf>.
- [34] Pearson, C., and Caddick, N. (2018). Meeting the needs of Commonwealth personnel and families: A map of service provision. Retrieved from <https://www.fim-trust.org/wp-content/uploads/2018/03/20180316-Commonwealth-Final-Report.pdf>.
- [35] Vogt, D., Perkins, D.F., Copeland, L.A., Finley, E.P., Jamieson, C.S., Booth, B., Lederer, S., and Gilman, C.L. (2018). The Veterans Metrics Initiative study of US veterans’ experiences during their transition from military service. *British Medical Journal*, 8(6), e020734.
- [36] Vogt, D., Taverna, E., Nillni, Y.I., Booth, B., Perkins, D.F., Copeland, L.A., Finley, E.P., Tyrell, F.A. and Gilman, C.L., (2019). Development and validation of a tool to assess status, functioning, and satisfaction with life among military veterans. *Health and Well-Being*, 11(2), 328-34.
- [37] Hisnanick, J.J., and Little, R.D. (2015). Honey I love you, but... Investigating the causes of the earnings penalty of being a tied-migrant military spouse. *Armed Forces & Society*, 41(3), 413-39.
- [38] Hosek, J., and Wadsworth, S.M. (2013). Economic conditions of military families. *The Future of Children*, 23(2), 41-59.
- [39] Booth, B. (2003). Contextual effects of military presence on women’s earnings. *Armed Forces & Society*, 30(1), 25-51.
- [40] Harrell, M.C., Lim, N., Castaneda, L.W., and Golinelli, D. (2004). Working around the military: Challenges to military spouse employment and education. Santa Monica, CA: Rand.
- [41] Payne, D.M., Warner, J.T., and Little, R.D. (1992). Tied migration and returns to human capital: The case of military wives. *Social Science Quarterly*, 73(2), 324-39.
- [42] Gribble, R., Goodwin, L., Oram, S., and Fear, N.T. (2019). “It’s nice to just be you”: The influence of the employment experiences of UK military spouses during accompanied postings on well-being. *Health Psychology Open*, 6(1), 1-10. doi:10.1177/2055102919838909.
- [43] Castaneda, L.W., and Harrell, M.C. (2008). Military spouse employment: A grounded theory approach to experiences and perceptions. *Armed Forces & Society*, 34(3), 389-412.
- [44] Treweek, N., and Muller, J. (2014). Unemployment in military spouses: An examination of the latent and manifest benefits, quality of life, and psychological wellbeing. *Australian Journal of Career Development*, 23(2), 47-56.
- [45] Blakely, G., Hennessy, C., Chung, M.C., and Skirton, H. (2014). Adaption and adjustment of military spouses to overseas postings: An online forum study. *Nursing & Health Sciences*, 16(3), 387-94.
- [46] United Kingdom, Ministry of Defence. (2017). UK Regular Armed Forces Continuous Attitude Survey results 2017. Retrieved from <https://www.gov.uk/government/statistics/armed-forces-continuous-attitude-survey-2017>.

- [47] United Kingdom, Ministry of Defence. (2018a). UK Armed Forces quarterly service personnel statistics, 1 October 2018. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755982/1_Oct_2018_SPS.pdf.
- [48] Caddick, N., Godier, L., Sanchez-Vasquez, A., Fossey, M., Ivory, C., and Down, S. (2018). Evaluation of the Ministry of Defence Spouse Employment Support Trial. London: FiMT.
- [49] Gov.uk. <https://www.gov.uk/government/news/defence-secretary-bolsters-support-for-armed-forces>.
- [50] United Kingdom, Ministry of Defence. (2018b). MOD future accommodation model. Retrieved from <https://www.gov.uk/government/collections/mod-future-accommodation-model>.
- [51] Centre for Housing Policy. (2018). Snapshot housing. Retrieved from <https://www.vfrhub.com/wp-content/uploads/2018/07/Snapshot-Housing-180718.pdf>.
- [52] Forces in Mind Trust. (2015). Better understanding of the support needs of service leaver families: Engagement programme report. Retrieved from <https://www.fim-trust.org/wp-content/uploads/2015/03/Families-Engagement-Programme-Report.pdf>.
- [53] Floyd, M.L., and Phillips, D.A. (2013). Child care and other support programs. *The Future of Children*, 23(2), 79-97.
- [54] Sherman, M.D., Blevins, D., Kirchner, J., Ridener, L., and Jackson, T. (2008). Key factors involved in engaging significant others in the treatment of Vietnam veterans with PTSD. *Professional Psychology: Research and Practice*, 39(4), 443-450.

Chapter 7 – COUNTRY REPORT: UNITED STATES

Raun Lazier and Nathan Williamson
United States Department of Veterans Affairs
UNITED STATES

Carl Castro
University of Southern California
UNITED STATES

7.1 INTRODUCTION

The military to civilian transition occurs within a complex and dynamic network of relationships, programs, services, and benefits, which includes transition planning and assistance efforts by individual Service branches, the interagency Transition Assistance Program (TAP), and community resources delivered through local government, private industry, and non-profit organizations. This network or ecosystem delivers a holistic approach to help transitioning Service members and their families succeed at a critical juncture in their life journey.

Military to civilian transition is not a moment in time – it is a process that begins well before service member leaves the military and lasts long after becoming a civilian. Transitioning out of the military often includes a series of adjustments, such as geographic location, career, relationships, family roles, support systems, social networks, and community [1]. No two transitions are the same – every transitioning service member has his or her own individual needs and unique transition journey. While most Service members successfully transition to civilian life, many will experience challenges. In a November 2015 study [2], more than 8,500 Veterans, active duty Service members, National Guard and Reserve members, and military dependents identified their most significant transition challenges:

- Navigating VA programs, benefits, and services (60 percent);
- Finding a job (55 percent);
- Adjusting to civilian culture (41 percent);
- Addressing financial challenges (40 percent); and
- Applying military-learned skills to civilian life (39 percent).

Successful transition begins with adequate education and preparation for service members while they are in the service so that they may develop and act on post-service goals and plans. These plans, which are typically developed during preparation trainings during the military life cycle, will be used to guide efforts to secure employment, housing, education, and physical and mental health care in the civilian world. This is a daunting task for many service members, requiring a collaborative effort between public and private entities to provide supportive benefits and services to ensure transition success.

The following report summarizes key benefits, supports, and services available to U.S. service members to support their transition from military service to civilian status, both on the federal-level and local-level. Additionally, a review of demographic profiles for both members of the active armed forces population and veteran population are outlined to provide insight into the unique backgrounds and needs for members of each as they undergo transition.

The U.S. Department of Veterans Affairs' (VA's) Journeys of Veterans Map (Figure 7-1) outlines the typical flow of a veteran entering the military service, departing, and re-establishing their identity in the civilian world for the remainder of their life.

7.2 THE ARMED FORCES: STRUCTURE AND PERSONNEL

The U.S. armed forces is one of the largest military forces in the world, with roughly 1.3 million service members in active duty and 807,562 service members in the National Guard/Reserve [3], [4]. The U.S. Active Duty and Reserves/National Guard service member population has traditionally been predominantly male (roughly 83 percent), though the representation of female service members has steadily been on the rise since 2000 [5]. Less than a third of active duty service members identify as a racial or ethnic minority; however, representation of minority veterans been increasing in concurrence with overall increase in racial and ethnic diversity in the U.S. population [5]. Over half of enlisted active duty personnel are 25 years old or younger, which has consistently been the case since 2000 [5]. This trend aligns with the rigorous physical health requirements for active duty personnel, whose job duties require rigorous physical activity and optimal physical health.

Few enlisted active duty service members have achieved a bachelor's degree or higher by the time of enrollment in the service; however, the number of service members with a bachelor's degree or higher has been increasing in recent years [5]. This is also reflected in the Reserve/National Guard population as well, with only 11 percent achieved a bachelor's degree or higher [5].

7.2.1 Accession

U.S. service members typically undergo a standard recruiting, screening, and training process when they are first enlisted in the U.S. military. Recruiter entities conduct preliminary screenings of applicants to determine if they meet overall and medical Department of Defense (DoD) enlistment requirements. Applicants are evaluated based on standard qualification determinations including age, citizenship, education, dependency status, and moral character against the service-specific requirements [6]. Screenings are intended to identify potentially disqualifying factors among enlistees, including medical or behavioral factors that impede suitability for military service duties.

Once enlistees are screened and determined suited for military service by recruiters, they are processed at a Military Entrance Processing Station (MEPS) for further review. Physicians at MEPS are responsible for making the final determination as to whether the applicant meets medical standards for military service, based on medical history, the physical examination, and test results. Once applicants receive final processing at the MEPS and swear the second enlistment oath into active duty, they enter basic training camps. Basic training, which may last between seven to 12 weeks, acclimates enlistees to the military culture. Afterwards, enlistees undergo final, technical training anywhere from a few weeks to a full year to gain the technical skills necessary to serve in the military.

7.2.2 Attrition

Attrition, broadly defined as all separations from a component of military service, can be a costly occurrence if a service member leaves before completing their end-of-service obligation [7]. During an enlistee's time during training, they may be separated from military service before their initial time of commitment is finished – known as early attrition. Historically, the leading reasons for six-month service member attrition include medical reasons that make them unsuitable for duty, character or behavioral disorders, fraudulent or erroneous entry into the military, and failure to meet minimum performance criteria [8]. U.S. Code 1176 protects service members, who have been in service for at least 20 years, from being discharged or denied reenlistment without just cause; however, this does not extend to medical cases, leaving military service members who are forced to leave service earlier than their 20 year-mark due to medical reasons without pension.

JOURNEYS OF VETERANS MAP

This map covers ten life stages any Veteran may encounter, from pre-service to end of life. These life stages are organized in three phases in which Veterans' goals and aspirations are distinctly different. Each life stage lists out moments Veterans typically experience and associated VA services, and calls out key "moments that matter" which may have significant impact on Veterans' experiences.

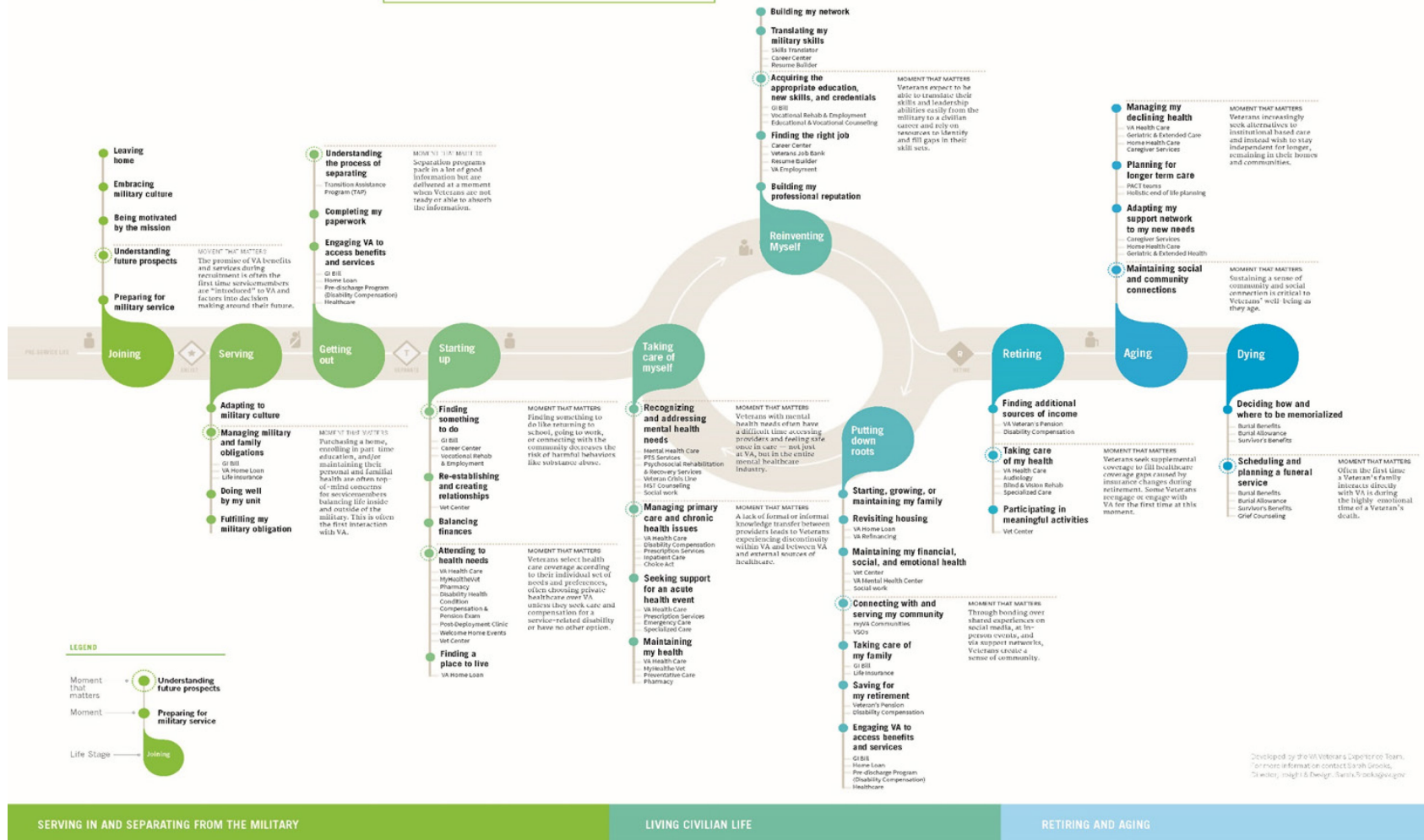


Figure 7-1: Journeys of Veterans Map.

Incomplete medical information or inadequate medical screening by physicians at a MEPS contribute to the high rates of early attrition from service due to medical reasons [6]. RAND Corporation's survey to identify predictive factors and behaviors that contribute to early attrition rates among the military service branches revealed a correlation between early attrition in service members that also had not received their high school degrees [9]. Further research to determine behavioral factors that may predict early attrition in service members is needed to prevent further attrition and subsequent financial loss.

7.2.3 Separation and Transition Home

For service members who fulfill their military obligations, the next integral step in MCT is formal separation from military service and transition into veteran status. Separation typically refers to a service member's leaving active duty but not leaving the service entirely. Separation may also occur when a service member retires from active duty service, requiring adequate supports to facilitate the change between military culture to civilian culture.

As service members return from deployment, separate from the military, and transition into veteran status, they may require a variety of supportive services to adapt from a military culture to a civilian world. A veteran, under federal law, is any person who served honorably on active duty in the armed forces of the United States (38 USC § 2002(b)(1)). Military service members who are discharged from service under any conditions other than honorable are not eligible for any benefits [10]. Organizations use VA eligibility criteria to determine which individuals qualify as veterans that may or may not be eligible to access specific services; depending on the conditions in which they were discharged from the military and their service-connected needs (National Coalition for Housing Veterans [11]. Within VA, the minimum duty requirement for service members is 24 continuous months or the full period of commitment to active duty service to be eligible for benefits [12]. Benefit services typically include employment, education, financial counseling, and housing support. In addition to practical services offered by the VA and other Federal agencies, service members and their family members or peers may require social and relational support as service members return home and begin the process of reintegrating into their communities.

7.3 VETERANS IN THE U.S. (DEMOGRAPHICS)

Over time, the veteran population in the United States has continued to diversify, requiring constant adaptability and flexibility by Federal agencies, such as the VA. The current veteran population, as of September 2017, totals 19.9 million individuals spanning a variety of ages, racial and ethnic backgrounds, and genders [13]. Pre- and post-9/11 cohorts have the greatest number of individuals identifying as a racial or ethnic minority (i.e., Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multi-racial, or Other/Unknown) [14]. In 2014, minority veterans made up about 22.6 percent of the total veteran population [15]. Representation of racial and/or ethnic minority veterans is predicted to increase up to 32.8 percent by 2037, highlighting the need for targeted outreach and research efforts to mitigate racial and ethnic disparities in services [16]. In 2016, Gulf War Era veterans became the largest veteran cohort, raising the median age of male veterans to 65 years of age [16]. This reflects a predominantly male, White and non-Hispanic, older veteran population that is diversifying in racial or ethnic identity and gender representation over time.

Recent changes in the veteran populations' gender and racial or ethnic background profiles have prompted VA to tailor outreach and service provision to meet the unique needs of women and racial or ethnic minority veterans. VA health care, the highest-utilized service offered by VA among veterans, is provided at VA Medical Centers (VAMCs), Community-Based Outpatient Clinics (CBOCs), and other satellite VA health care facilities.

In recent years, the utilization rate of VA health care has increased among racial minority and women Veterans, possibly due to the overall increase in minority and women veteran representation in recent cohorts or to the targeted outreach efforts by VA [15], [17].

As compared to their civilian counterparts, male and female veterans are, on average, older than non-veteran men and women [14]. Regarding education, female veterans are more likely to have some college, bachelor's degree, and/or an advanced degree than male veterans and female non-veterans [14]. It is also important to note that veterans are more likely to live above 400 percent of the poverty level compared to their non-veteran counterparts, despite the concerns for risk of unemployment or homelessness upon a service member's transition to the civilian world [11], [14]. This indicates that while some marginalized service members, who may experience substance-use disorders or complex combat-related injuries, are at-risk for homelessness following the service, overall, veterans are better positioned to achieve high-paying positions upon transitioning into civilian status than civilian counterparts.

As veterans leave military service and begin their transition into civilian life and veteran status, it is critical that all veterans – particularly those who are marginalized in the overall U.S. population – are appropriately connected to benefits and supports to ensure successful reintegration.

The variance in Veteran populations is driven by conflict and war. The Veteran population swelled to its highest numbers because of the Nation's engagement in World War II (WWII), (12/07/1941 – 12/31/1946) and the Korean Conflict (6/25/1950 – 7/27/1953) ([18], pp. 2-4). An estimated 21,832,566 Americans served during these conflicts.¹ As the "Greatest Generation" passes, there has been a slow but steady decline in overall Veteran numbers from an all-time high of nearly 22 million to approximately 19.9 million in September 2017. Veteran population totals are projected to fall to 17.0 million by 2025.²

Despite the projected decrease in the total number of Veterans, VA still provides benefits and care to the same volume of individuals as aging Vietnam Veterans (8/5/1964 to 5/7/1975), Pre-9/11 Persian Gulf War Veterans (8/2/1990 – 4/6/1991), and Post-9/11 Veterans (10/7/2001 to present) enroll in the VA system ([18], pp. 4-9).³ With the higher use of benefits by the younger but more informed Gulf War and Post-9/11 Veteran, VA faces a steady and potentially increasing volume of individuals to serve. Furthermore, these Veterans may use VA services for a longer period because of their earlier entry into the VA system than their predecessors. For instance, a higher percentage of Post-9/11 Veterans used at least one VA benefit or program and almost twice as many have a service-connected disability (34 percent of Post-9/11 Veterans compared to 18 percent of all other Veterans).⁴ *This is a distinctly different pattern from previous Veteran populations.*

Table 7-1 shows that the number of Veterans using at least one VA benefit or service has grown over the last decade, even though the number of Veterans has steadily declined and costs for care, benefits, and services have increased substantially.

¹ 16,112,566 served in the military during WWII and 5,720,000 served during the Korean Conflict [19].

² VA benefits or programs are Compensation and Pension, Education, Home Loan Guarantee, Vocational Rehabilitation and Employment, Life Insurance ([20] pp. 13, 10).

³ Overseas contingency operations since 2001: Iraqi Freedom (OIF), New Dawn (OND), Enduring Freedom (OEF), Inherent Resolve, and Freedom's Sentinel (OFS).

⁴ VA benefits or programs are Compensation and Pension, Education, Home Loan Guarantee, Vocational Rehabilitation and Employment, Life Insurance ([20] pp. 13, 10).

COUNTRY REPORT: UNITED STATES

Table 7-1: Veterans Using at Least One VA Benefit or Service [21]. Estimate for 2005 through 2015 revised based on changes in methodology to remove non-Veterans (Spouses, dependents, Active Servicemembers) from the count.

Number of Veterans Using VA Benefits and Services	2005	2007	2009	2011	2013	2015	2017
	9,102,227	8,989,987	8,579,872	8,908,323	9,240,704	9,526,480	9,828,570
Male	8,534,148	8,388,520	7,967,650	8,231,909	8,463,035	8,690,885	8,882,230
Female	568,079	601,467	612,222	676,414	777,669	835,595	946,340
All Veterans [22]	24,542,219	23,565,983	22,877,618	22,319,248	21,649,655	20,783,555	19,998,799

This reality, coupled with the varying expectations between these very distinct Veteran cohort groups, presents a challenge to the Department as it must find the right balance of clinical, social, and ancillary care and benefits to meet the very different needs of the existing and future populations.

While VA segments Veteran populations into related war cohorts, it is increasingly apparent that this limited view of Veterans fails to capture the complexity and diversity of today's Veteran population. Conflict related cohorts provide an excellent starting point, but additional insight is required for VA to transform into a truly customer focused organization. VA will work to enhance its data on Veterans, understanding not only the conflict in which they served, but also understanding differences between age groups, physical location, what they did while serving in the military, and their education level before entering military service. This detailed understanding of our Veterans, using the Veteran journey map as a guide, will help VA to deliver better needed benefits care and services that enhance Veteran outcomes.

What we do understand about our Veterans is that while many do transition successfully from military service to civilian life, significant numbers do not. The demographic analyses that follow begin to help VA identify potential Veteran populations that may face significant life challenges and may seek additional VA benefits, care, and services.

7.3.1 Veteran Cohorts by Conflict/War

As the very nature of war and conflict evolves, so does the nature of the Veteran population. There are significant differences between the different Veteran cohorts that can be attributed to generational differences as well as the differences in care and benefits offerings by VA and the community. A quick synopsis of the major characteristics of each Veteran war cohort follows:

- **World War II and Korean Conflict Veterans:** 16,112,566 Veterans served during World War II (12/07/1941 to 12/31/1946), and another 5,720,000 served during the Korean Conflict (6/25/1950 to 7/27/1953).⁵ They are the Nation's oldest Veterans, and all are in their eighties or older [22]. In September 2017, an estimated 623,653 WWII and 1,475,383 Korean Conflict Veterans were still living. Most WWII Veterans (52.9 percent) and Korean Conflict Veterans (73.1 percent) used at least one VA benefit or service [23], and 6.4 percent of World War II and 5.6 percent of Korean Veterans live in poverty ([24], p. 18.)

⁵ Number of Veterans retrieved from Ref. [19]. Dates retrieved from Ref. [18], pp. 2-4.

- **Vietnam Veterans:** 8,744,000 Veterans [19] served during the Vietnam War (8/5/1964 to 5/27/1975) ([18], p. 4) and approximately 6,650,524 were living in September 2017 [22]. They are age 55 years and older, and approximately one-third of Vietnam era Veterans are 70 percent or more disabled [25]. The clear majority (89.7 percent) receive VA health care or compensation [23], and 6.3 percent of Vietnam Veterans live in poverty ([24], p. 18.).
- **Pre-9/11 or Gulf War I Veterans:** 6,516,030 Veterans (959,554 females) served during the Pre-9/11 Gulf War era (8/1990 to 9/10/2001). Approximately 1.1 million Veterans deployed to the Persian Gulf region during this time and 763,337 Veterans served in theater during Operations Desert Shield, Desert Storm, or the post-Desert Storm stabilization period (8/1990 to 1/1992) ([26], pp. 5, 20-21). In 2015, 77 percent of these Veterans were under age 55, compared to 26 percent of all other Veterans and 67 percent of non-Veterans, and a higher percentage of this cohort group had a Bachelor's degree of higher (31.7 percent compared to 26.5 percent of all other Veterans). More Pre-9/11 Veterans worked in management or professional occupations, and men Veterans had higher median earnings and personal incomes and women Veterans had higher median personal incomes than all other Veteran cohort groups ([27], p. 11).⁶ However, all Pre-9/11 Veterans did not have a similar level of financial security; 4.1 percent had no income (compared to 3.1 percent of all other Veterans), 5.9 percent had no health insurance (compared to 2.9 percent of all other Veterans), 7.8 percent received food stamps (compared to 6.6 percent) and about the same percentage lived in poverty (6.9 percent Pre-9/11 Veterans compared to 7.0 percent of all other Veterans ([27], pp. 6-10).
- **Post-9/11 or Gulf War II Veterans:** More than 4.4 million Veterans have served in the military since October 2001 [22]. These Veterans are also known as Global War on Terrorism (GWOT) and Gulf War II Veterans. They are the youngest war cohort, more racially diverse than Veterans who served during other eras ([20], pp. 6-8), and more women (33.2 percent of women Veterans) served during the Post-9/11 era than any other period (compared to Peacetime: 24.9 percent; Pre-9/11: 23.3 percent; Vietnam: 13.1 percent; Korea: 3.0 percent, and WWII: 2.5 percent) ([28], p. 4). Nearly half (48 percent) of all Post 9/11 Veterans deployed to Iraq or Afghanistan and many deployed to both Nations ([29], p. 2); and because the GWOT is an ongoing conflict, we expect this cohort of Veterans to grow 25 percent by 2024 to approximately 5.4 million [22].
- In 2016, approximately 75.9 percent of Post-9/11 Veterans (roughly 2.1 million) were under age 45 and 80 percent of all other Veterans were 55 years and over. This cohort group has accessed VA benefits and services much earlier than Veterans from other eras and we expect them to continue to do so and stay with VA for most of their lives [22].

Figure 7-2 shows the age distribution of Post 9-11 Veterans compared to all other Veterans.

7.3.2 Employment

In 2016, 453,000 Veterans were unemployed. Forty percent (approximately 181,200) of all unemployed Veterans were age 18 – 44, the prime working years for adults. The remaining 60 percent (271,800) of unemployed Veterans were age 45 or over. The unemployment rate for men veterans was 4.7 percent, and rates were slightly higher for Veterans with a service connected disability; 4.8 percent men and 5.0 percent women Veterans were unemployed in 2016 ([30], pp. 9-12, [31]⁷).

⁶ Earnings includes salary, wages, and self-employment income. Income includes earnings plus all other income sources, such as pensions, Supplemental Security Income, public assistance, etc.

⁷ Veterans are considered unemployed if they do not have a job, are available for work, and they are actively looking for work.

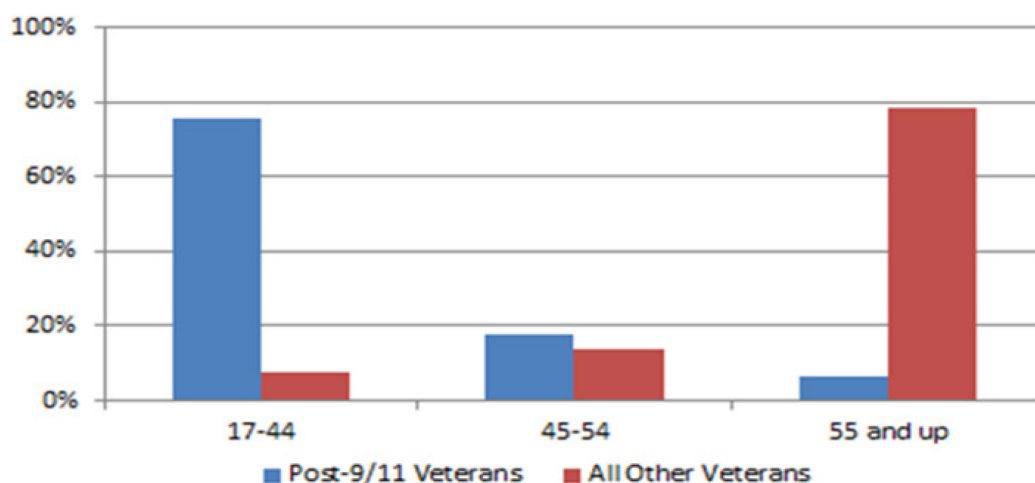


Figure 7-2: Age Distribution of Post 9-11 Veterans Compared to All Other Veterans.

7.3.3 Poverty

In 2017, there were approximately 19.9 million living Veterans [22]. Even though poverty rates were lower for Veterans than non-Veterans in 2014, 9.4 percent of women Veterans and 6.7 percent of men Veterans lived in poverty. Poverty rates were higher for disabled women Veterans (15.3 percent) and disabled men Veterans (9.4 percent), and rates were highest among the youngest Veterans; 14.6 percent of men Veterans and 18.7 percent of women Veterans age 17 – 34 lived in poverty ([24], pp. 4-7).

Poverty rates have been compared among all Veteran cohorts including Veterans who served during peacetime. Poverty rates are highest for Post-9/11 Veterans (8.9 percent) and lowest for Korean War Veterans (5.6 percent) ([24], p. 18).

7.3.4 Aging Veterans

Aging Veterans: As a group, Veterans are older than the U.S. population. More than half (52.3 percent) of all men Veterans and 18.1 percent of women Veterans are age 65 or older, while only 11.5 percent of men non-Veterans and 20.7 percent of women non-Veterans are in the same age group ([24], p. 18). As of September 30, 2017, the number of living Veterans by period of service were [22]:⁸

- World War II: 623,653;
- Korean Conflict: 1,475,383;
- Vietnam War: 6,650,524;
- Pre-9/11 Gulf War I: 4,318,606; and
- Post-9/11 Gulf War: 4,381,474.

Life Expectancy: Thanks to modern medicine and technologic advances, Veterans and their non-Veteran counterparts are living longer. The average life expectancy in the U.S. is 79 years – 76 years for men and

⁸ Veterans who served during more than one war era may be counted in more than one cohort group.

81 years for women [32]. However, increased life expectancy does not necessarily correspond with an improved quality of life and continued independence. More than half (52 percent) of Americans over age 65 are expected to lose the ability to function independently and require long term support services ([33], p. 1), and those with chronic conditions (diabetes, high blood pressure, etc.) or disabilities are more likely to need comprehensive health care and long-term support services to address their challenges ([34], p. 5).

7.3.5 Caregivers

Demand for caregivers in the general population: Many Veterans, as well as non-Veterans, will rely on caregivers to assist with activities of daily living at some point in their lives, and that need will likely increase with their age. In 2010, about 4.8 percent of the non-elderly adult population served as either a formal (paid) or informal (unpaid) caregiver for an elderly person. The demand for caregivers for the elderly could increase to approximately 8 percent by 2030 when 25 percent of U.S adults will be age 65 or over (up from 17 percent in 2010) ([35], p. 8, 31). The increased number of people over age 65 will drive the increased demand for caregivers while caregivers are aging and the pool of available caregivers is shrinking.

Caregivers for Servicemembers and Veterans: Caregivers caring for either Veterans or military Servicemembers provide valuable services to Veterans and society in general, but their contributions and sacrifices are seldom recognized and few resources are available to support them. Nearly 5.5 million caregivers in the U.S. care for 1,900,498 Veterans or Servicemembers. Most caregivers are family members who sacrifice their careers, physical and mental health, and quality of life to care for their loved ones. Those caregivers will age and face similar financial and quality of life challenges as the general population, and they may not have a nest egg to ensure economic security and quality of life ([36], pp. 29-30, 70, 104-105).

- Approximately 25 percent of caregivers for Post-9/11 Veterans are parents and 33 percent are a spouse or partner. About 22 percent of caregivers for Pre-9/11 Veterans are spouses, slightly more than one percent are parents, and 36 percent are children ([36], pp. 33-34). At some point in the Veteran's life, the caregiver may no longer be willing or available, or aging/health complications may impact a caregiver's ability to support the Veteran.

Figure 7-3 shows the aging of caregivers of Post-9/11 Veterans compared to civilian caregivers ([36], p. 118).

Long-Term Care Services: Many people have a narrow view of long-term care services and believe services are limited to medical or nursing home care for the elderly, but long-term care is much more than that. The majority of long-term care services are not related to medical care and 45 percent of all long-term care services provided to community residents (those not living in an institution) are under age 65 ([37], p. 13). Long-term care includes medical care but also specialized housing assistance, social, and/or personal care that helps people of all ages cope with physical or mental challenges [38] that impedes their ability to perform basic Activities of Daily Living (ADL) (bathing, toileting, dressing, and eating) or Instrumental Activities of Daily Living (IADL) (cooking, cleaning, and managing medications and finances) ([37], pp. 11-12). Furthermore, because the number of Americans age 65 and older is expected to increase from 46 million in 2014 to 74 million by 2030 ([39], p. 5) the demand for long-term care services is expected to increase as well. If current utilization trends continue, the need for long term care providers to care for the elderly is expected to increase as much as 79 percent by 2030 ([40], pp. 936-941)⁹.

⁹ The projected need for long-term care providers include: registered nurses, licensed practical or vocational nurses, nursing assistants, home health aides and personal care aides, food preparation and serving workers, office and administrative support, building and grounds maintenance, community and social services workers, managers, counselors and social workers [40].

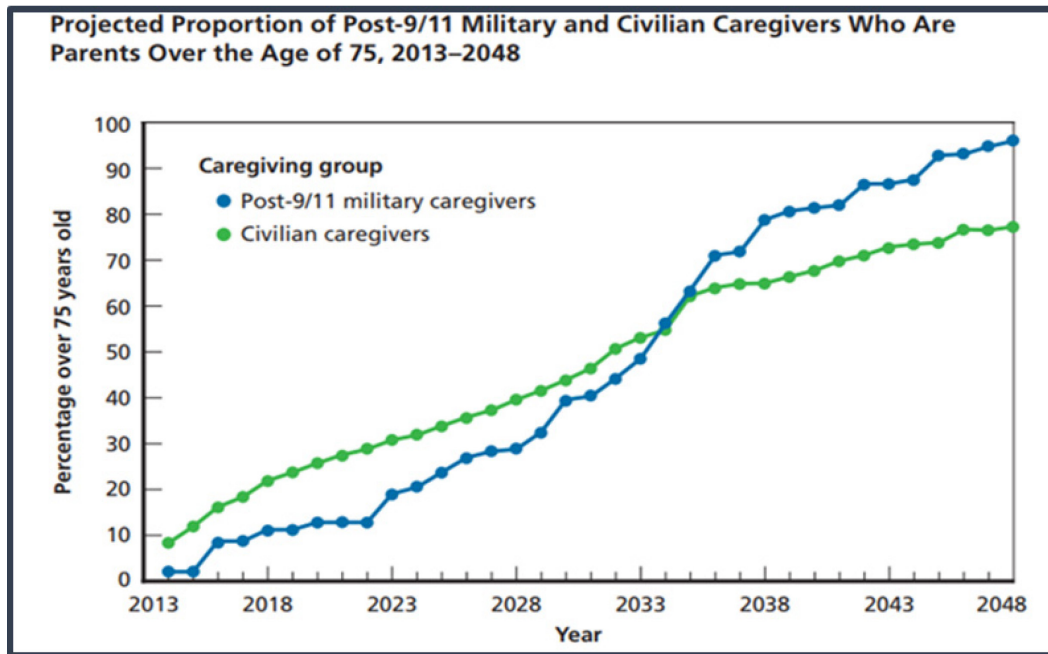


Figure 7-3: Aging of Caregivers of Post-9/11 Veterans Compared to Civilian Caregivers.

7.3.6 Mental Health

Suicide: Suicide prevention is a top priority for VA, and VA has adopted a public health approach to suicide prevention, which is outlined in VA’s National Strategy for Preventing Veteran Suicide 2018 – 2028 [41]. Between 2005 and 2016, the Veteran suicide rate increased by 25.9 percent ([42], pp. 3, 5). In 2016, the majority of Veterans who died by suicide (58 percent) were age 55 and older, and the suicide rate was highest among younger Veterans (age 18 – 34). Additionally, the risk of suicide was 1.8 times higher for female Veterans when compared to non-Veteran adult women. Between 2005 and 2016, after adjusting for age differences, Veterans in VHA care had a higher rate of suicide than Veterans not in VHA care. However, the rate of suicide among Veterans who recently receive VHA services increased at a slower pace than the rate of suicide among Veterans who did not recently receive VHA services ([42], pp. 3, 8, 7).^{10,11}

PTSD: Approximately 10 – 18 percent of Veterans of Iraq or Afghanistan are believed to have PTSD and many are at risk for other mental health challenges [45]; 64 percent of Post-9/11 Veterans with caregivers have a mental health or substance abuse disorder (compared to 36 percent Pre-9/11 Veterans and 33 percent of civilians), and 50 percent of Post-9/11 Veterans with caregivers suffer from depression ([36], p. 47).

- Up to 30 percent of Vietnam Veterans are believed to have PTSD [46]. According to a 2015 study, Vietnam Veterans who were exposed to high levels of war zone stress and a high probability of PTSD had the greatest mortality risk. Male theater Veterans with a high probability of PTSD had a nearly 2-fold higher risk of death than those without PTSD ([47], p. 987).

¹⁰ A person at risk for suicide has certain characteristics common among those who attempt or die by suicide. For example, a family history of suicide, mental or physical illness, alcohol or substance abuse, feeling of isolation, hopelessness, or loss, lack of mental health treatment, and/or child abuse are some risk factors common in suicides [43].

¹¹ The suicide rate is the actual number of deaths by suicide per 100,000 people [44].

Mental Health Services: Veterans living in many regions of the country are more likely to find access to mental health services very difficult. More than half of all counties in the U.S. do not offer mental health services ([48], p. 6) and severe shortages exist in many areas in the U.S., which includes entire States [49]. By 2025, the supply of mental health professionals will fall short of the demand by up to 57,490 ([50], p. 3).¹²

Rural Veterans:

- 5.2 million, or 25 percent, of all Veterans live in rural communities. Fifteen percent of rural Veterans are Post-9/11 Veterans who served in Iraq and/or Afghanistan, and more than half (54 percent) of rural Veterans earn less than \$36,000 per year. Many rural Veterans live in isolated areas with few employment, education, and/or health care options available to improve their health and/or provide economic security [51].
- Rural Veterans are older, have higher poverty and uninsured rates, and are in poorer health when compared to urban Veterans [51]. Mental health services are not available in more than half of all counties in the U.S., and all those counties are in rural areas ([48], p. 6).

Rural Hospitals: Rural hospitals are critical health care resources for 5.2 million Veterans [51] and 62 million Americans ([52], p.5). Unfortunately, reductions in Medicare reimbursements, reductions in reimbursements for treating the uninsured, and problems collecting fees for services from those with high deductible insurance policies are just a few reasons rural hospitals are under financial duress. Since 2010, 80 rural hospitals have closed ([53], pp. 6-8). One-third of closed hospitals are critical access hospitals ([50], pp. 3-4)¹³ and an additional 673 hospitals are at risk of closing ([54], p.7). The rural health care system serves the Nation's most disadvantaged people who are older, sicker, and poorer than their urban counterparts ([53], p. 17).

Women Veterans: In 2016, women represented 56 percent of the general population but only 10 percent (approximately 2 million) of the Veteran population ([29], p. 18). Most women Veterans (56.5 percent) served from 1990 to present (Gulf War I and II eras), 24.9 percent served during peacetime, and 18.6 percent served during WWII, Korea, and Vietnam. Women Veterans are more racially diverse than men Veterans, approximately 34.1 percent of women Veterans are minorities compared to 21.9 percent minority men Veterans, and even though women Veterans have attained higher education levels than men they have lower median incomes, and a higher percentage of women live in poverty and without income and/or health insurance than men Veterans ([28], pp. 4, 7, 9, 11, 13). For women who do not use VA health care, nearly half reported that they were not able to determine their eligibility for VA benefits with information available, 47 percent prefer clinics specific for women, and 30 percent reported the lack of childcare was a significant barrier to VA health care ([55], pp. 30, 58, 73). Despite these challenges, the number of women using VA services has increased by over 45 percent since 2007 even though the number of women Veterans has increased less than 8 percent ([56], p. 7).

Minority Veterans: According to data from the 2016 Veterans Population Model, minorities represented 23.7 percent of the Veteran population (approximately 4.7 million as of September 30, 2017); 52.2 percent are Black, 31.2 percent are Hispanic, 6.7 percent are Asian, and the remainder are American Indian/Alaskan Native, Hawaiian/Pacific Islander and other races [22]. More than 43 percent served in the military since the Gulf War (1990 – 1991). Like the Veteran population in general, minority Veterans are older than the U.S. population; they have a median age of 55 years compared to non-Veterans (median age of 39). Approximately 2 million

¹² Shortage in mental health practitioners includes: Psychiatrists, Mental Health and Substance Abuse Social Workers, Mental Health Counselors, Marriage and Family Therapists, Substance Abuse and Behavioral Disorder Counselors, School Counselors, and Clinical, Counseling, and School Psychologists.

¹³ Critical Access Hospitals are small, rural, Medicare approved hospitals that provide 24-hour emergency care services, have a maximum of 25 inpatient beds, and provide inpatient services for an average of 96 hours.

minority Veterans are enrolled in VA health care; 1.3 million used VA for health care, and about 6.2 percent live without health insurance. Poverty rates for minority Veterans are highest for those age 17 – 24 (15.5 percent) and 55 – 64 (13.5 percent), and 10.9 percent of all minority Veterans live in poverty ([57], pp. vi, vii, 35).

7.3.7 Veteran Access to Health Care

Veteran Migration: Veterans are moving to many regions in the U.S. where access to health care options may be limited or unavailable. Rural hospitals are under financial duress especially in the southern region of the U.S. Many hospitals have already closed and others are vulnerable to closing [58]. Figure 7-4 shows where Veterans are projected to live in 2030. Many of these areas have hospitals at risk for closing, and shortages are projected for health care professionals, especially in primary care and mental health [59].

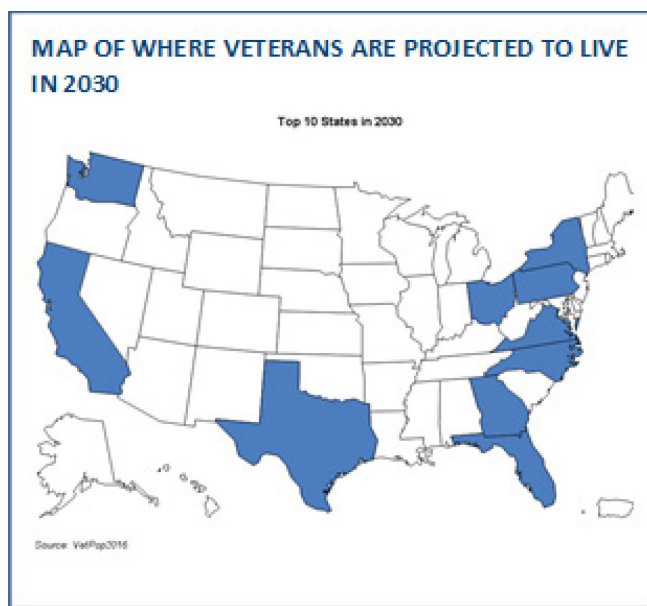


Figure 7-4: Map of Where Veterans are Projected to Live in 2030.

Physician Shortages: The supply of health care providers is not expected to keep pace with the growing demand. By 2025, we can expect a shortage of 46,100 – 90,400 physicians, approximately 12,500 – 31,100 primary care physicians, and twice that number of doctors with surgical specialties ([48], p. 5). Further, shortages in some mental health professions could be as high as 253,000 ([50], p. 20).¹⁴

Nursing Shortages: The supply of Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) is projected to meet demands in 2025, but the distribution of nurses across the country is not expected to align with demand ([60], p. 15). Many states projected to have the highest Veteran populations in 2024 are also projected to have the greatest nursing shortages, particularly in North Carolina and Georgia.

¹⁴ Shortages in mental health practitioners includes: Psychiatrists, Mental Health and Substance Abuse Social Workers, Mental Health Counselors, Marriage and Family Therapists, Substance Abuse and Behavioral Disorder Counselors, School Counselors, and Clinical, Counseling, and School Psychologists.

7.4 TRANSITION: POLICIES, PROCEDURES, AND PRACTICES

The U.S. supplies a number of policies, processes, and practices to support military service members as they transition from military to civilian life. Upon return from military service, veterans require a process and supportive resources to enable their reintegration into their local communities; not unlike their need for a process to support their integration into the military culture during training camp. Recent legislation, such as the Veterans Opportunity to Work Act of 2011 and the Forever GI Bill, has expanded the benefits and services available to veterans to serve their unique needs upon returning home. Programs established under such legislation, such as the Transition Assistance Program (TAP), and within the VA system have evolved over time to address the various areas of a veteran's life that may require support for successful reintegration upon return from deployment.

7.4.1 Transition Assistance Program (TAP)

The Transition Assistance Program (TAP) was established in 2011 under the Veterans Opportunity to Work Act of 2011 to meet the employment assistance and related service needs of service members undergoing transition from military-to-civilian life [61]. The Veterans Opportunity to Work Act of 2011 established a partnership between the U.S. Departments of Defense, Veterans Affairs, Transportation, and Labor to give employment and training information to service members within 180 days of separation or retirement from military service to facilitate civilian workplace transition at less cost to the government.

Among the services offered by TAP, the Transition GPS (goals, plan, success) training for reintegration is offered to separating service members. Transition GPS is TAP's outcome-based, modular curriculum with standard learning objectives offered at various points during the Military Life Cycle to allow for service members to plan for their transition to the civilian workplace [62]. The training provides service members the resources they need to plan and align their current military career goals with their future, civilian career goals. In addition to a briefing of VA benefits, supports, and services offered to service members as they enter the VA health care system, the Transition GPS module integrates financial planning for transition and creation of an individual transition plan to empower service members to take control of their own transition process.

To identify emerging needs, the VA listen to the voices of our Veterans through TAP participant feedback, reports from the VA Center of Innovation, insights from the Veterans Experience Office, and inputs from our Veterans Service Organizations, Military Service Organizations, and Veterans' peer groups. Furthermore, a planned post-separation survey will provide data on long-term outcomes and will foster a deeper understanding of transition assistance needs.

The programs, services, and methodology of military to civilian transition assistance continue to evolve with data-driven research and stakeholder experiences. VA, along with interagency and community partners, is committed to a holistic, integrated approach to support transitioning Service members and their families as they plan for and strive to achieve a successful transition to civilian life.

7.4.2 Overview of Key VA Benefits, Supports, and Services

A survey conducted by Weber and associates for RAND Corporation found that use of federal resources to aid with the reintegration process were found to be most helpful and the most utilized by participants (2013). The VA, dedicated to serving and honoring America's veterans, offers a variety of benefits, supports, and services across areas identified by veterans as needed supports during transition into civilian life. These areas of support include health care (both physical and mental), monetary benefits, education and training, housing,

COUNTRY REPORT: UNITED STATES

employment services, and memorials and burials. In VA's Utilization Profile for FY 2016, 9.7 million veterans reported use of at least one VA benefit or service in 2016, up by 10 percentage points since FY 2007 [17]. A summary of benefits offered by VA is provided in Table 7-2.

Table 7-2: Key Benefits, Supports, and Services Provided by VA.

Benefit Category	Programs or Services	Description
Health Care	<ul style="list-style-type: none"> Medical Benefits Package Dental Benefits Nursing Home Placement Medically-Related Travel Benefits Visual and Hearing Aids Emergency Care 	VA provides eligible veterans with the physical and mental health care required to address their needs.
Monetary Benefits	<ul style="list-style-type: none"> Disability Compensation Reimbursement for Goods to Accommodate Disability (e.g., adaptive equipment, service dog) Pension Aid and Attendance 	VA provides disability compensation and pension to support veterans throughout their transition to ensure they are financially secure despite service-connected disabilities.
Education and Employment	<ul style="list-style-type: none"> VA Education and Career Counseling Program Tuition and Fee Reimbursement Veteran Employment Service Offices (VESOs) 	VA's VESOs and Education and Career Counseling Program Counselors assist veterans in accessing tuition and fee reimbursement and employment assistance services.
Housing	<ul style="list-style-type: none"> VA Home Loan Guaranty Program 	Assist eligible veterans in purchasing homes through provision of home loans.
Financial Management	<ul style="list-style-type: none"> VA Fiduciary Program VA Insurance Service 	Assist veterans requiring assistance in managing their finances, through either appointment of a fiduciary in cases where a veteran is unable to manage their finances due to physical or mental concerns or through personalized financial counseling.
Memorial and Burial	<ul style="list-style-type: none"> VA Burial Benefits Presidential Memorial Certificates Pre-Need Burial Determination Program 	VA provides veterans and their loved ones with burial benefits in the Arlington National Cemetery and in VA national cemeteries.

7.4.3 Health Benefits

VA offers physical and mental health care at over 1,700 VA health care facilities including VA Medical Centers (VAMCs), Community-Based Outpatient Clinics (CBOCs), telehealth clinics, and Vet Centers. Upon application of VA benefits, eligible veterans receive a Medical Benefits Package to provide all necessary hospital care and outpatient services to promote veteran health. Most health care facilities offer additional specialty care services to address veterans' health needs. While all enrolled veterans may access the Medical Benefits package, benefits may vary from individual to individual, depending on the veteran's unique eligibility status.

7.4.4 Monetary and Financial Counseling Benefits

The VA offers monetary benefits to aid service members transitioning to veteran status in the civilian world through disability compensation and pension. Disability compensation, a tax-free monetary benefit available to veterans who acquired chronic, disabling physical or mental health conditions directly attributed to their duties during military service. This compensation, tied to service-connected disabilities, is offered to veterans and, in some cases, their spouses, parents, or surviving family members [12]. The VA claim exam, also known as a C&P exam, occurs when a veteran files for a disability compensation or pension claim. Examiners ask veterans questions, observe their behaviors, and may perform a limited physical exam to assess eligibility for benefits [12]. Veterans who are eligible for compensation may also receive compensation to purchase goods to accommodate their disability (e.g., adaptive equipment for automobiles), service-disabled veterans life insurance coverage, and/or a service dog. Veterans Pension is an additional monetary benefit paid to wartime veterans who have limited or no income and those who are highly disabled may qualify for Aid and Attendance (A&A), an increased monthly pension paid to a veteran or their surviving spouse.

The fiduciary program and financial counseling services available to veterans through the VA protect veterans and beneficiaries who may find themselves unable to manage their VA benefits or personal finances. The VA Fiduciary Program ensures that veterans who are unable to manage their finances – due to injury, disease, or age – may delegate a fiduciary of their choosing to manage their VA benefit payments, typically a friend or family member or, in the even there are no persons available to act as a fiduciary, a qualified third-party. VA's Insurance Service provides veterans and their families with free, professional advice from an independent financial company with experts in advising a wide range of financial matters. VA beneficiaries may access customized financial plans through this site, to ease financial burdens that may challenge various steps of their transition.

7.4.5 Employment and Education Benefits

Many veterans may require further education or training to meet career readiness needs in the civilian world aside from their highly-specialized skills gained during their military careers. To support this transition, the VA offers education and training benefits to veterans under the Post-9/11 GI Bill. Under the Post-9/11 GI Bill, eligible veterans who were discharged honorably from service, may receive tuition and fee reimbursement to schools on their behalf. If an eligible veteran does not choose to use the benefits for themselves, he or she may transfer their entitlement to benefits to a spouse or their children. The Forever GI Bill removes the previous 15-year limitation to use of Post-9/11 GI Bill benefits for specific populations and enhances and expands education benefits. The VA's Education and Career Counseling program affords veterans the opportunity to receive personalized support to guide their career paths and appropriately access VA benefits to achieve career goals as veterans adjust to employment in the civilian world [12]. In providing both monetary and counseling benefits, VA ensures that veterans are adequately supported in mitigating any gaps in education or training that would serve as a barrier to their personal, post-military career goals.

VA also allows for veterans to explore career opportunities with several employment and career management resources available through Veteran Employment Services Offices (VESOs) and the aforementioned VA Education and Career Counseling program. For eligible veterans with service-connected disabilities and employment handicaps, the Vocational Rehabilitation and Employment (VR&E) program is available to connect a Vocational Rehabilitation Counselor (VRC) with a veteran to develop goals and a career plan to maximize independence within a veteran's abilities. The VRC assesses a veterans' aptitude and disabilities to determine what employment opportunities (e.g., reemployment, self-employment, independent living services) are best suited to the veteran.

7.4.6 Housing Benefits

Once separated service members are connected to resources necessary to prepare them for careers in the civilian world, an important next step for them is finding a place to live. Veterans must consider the cost of living, housing options available to them, and community connections for housing during this stage. VA can help veterans with assessing potential locations, securing housing, and establishing social and community connections in their new area. Under the VA home loan guaranty program, eligible veterans may purchase homes from private lenders (e.g., banks, mortgage companies) and VA guarantees a portion of the loan to allow for more favorable terms on financing. To qualify, veterans must have satisfactory credit, sufficient income, and a valid Certificate of Eligibility (COE), which can be obtained through eBenefits or through a lender's application via WebLGY. Additional housing benefits include financial resources for home modifications to improve residence accessibility for veterans with service-connected disabilities.

7.4.7 Memorial and Burial Benefits

The VA continues to support veterans all the way through until the end of a veteran's life. The VA offers memorial benefits to veterans' spouses and dependents through VA burial benefits in a VA national cemetery, Arlington National Cemetery, state veterans cemeteries, or private plot allowance. Presidential Memorial Certificates may also be available, upon request, for veterans who were honorably discharged from military service to recognize their contributions during service. The Pre-Need burial eligibility determination program assists veterans and their eligible family members in planning a final resting place, in advance, to eliminate potential delays and stress on the family.

7.4.8 Connecting Veterans to Services

With a multitude of benefits, programs, and services available to support their transition, service members may feel overwhelmed and unsure of how to best navigate the benefits system to meet their unique needs. The extensive amount of options available serve as a barrier to effective use of these resources and may negatively impact utilization rates [63]. Further, poor service provision, limited dissemination of information about available support and benefits to aid transition, and insensitivity to military culture amongst civilian providers were identified to lead to employment barriers and less successful transition outcomes [64].

The VA offers a range of supportive services to aid in the navigation process, including an online resource that includes self-service capabilities, eBenefits.gov. Additionally, peer counseling is available to veterans through Vet Centers, local organizations that offer confidential peer-to-peer counseling on military-to-civilian transition challenges and advice on resources available to ease the burden of these challenges. The "Coaching into Care" program, formerly known as "Families at Ease," is a telephone-based support service offered by VA to educate and empower family members to serve as advocates in encouraging their veteran to enroll in VA benefits and services. These services enable veterans and their family members to take control over their own care needs by receiving the adequate support and information necessary to make informed choices.

7.5 COMMUNITY AND SOCIETY SUPPORT FOR VETERANS

7.5.1 Military and Veteran Service Organizations (VSOs)

During military service, each branch of the military provides relief organizations to service members and their families with financial assistance in times of need. Emergency financial assistance is typically provided to service members and their families to pay for food, rent, and utilities; emergency transportation; funeral expenses; medical or dental expenses; and/or scholarships for undergraduate-level education for children of service members. Military service organizations offer an array of services for both service members and their family members including casualty assistance, children and youth development programs, counseling, deployment support, education programs, scholarships and tuition assistance, emergency financial assistance, housing and relocation support, and legal assistance. Transition assistance is also provided by DoD for service members within each branch's service organizations. The Army Career and Alumni Program (ACAP) and online resources (e.g., Job Connections for Army Wounded Warriors and MyArmyBenefits.com) connect service members within the Army branch Specific entities, known as veteran service organizations (VSOs), connect veterans, their family members, and survivors to targeted supportive services and to VA care and benefits to further increase access and utilization. These organizations form partnerships with states, counties, and Veteran Service Representatives (VSRs) to help veterans, their family members, and survivors to navigate benefits programs and file disability claims [65]. The organizations – which may be chartered and officially recognized by either the VA, Congress only, or neither – provide a multitude of targeted services including employment, family relationship, financial issue, health care, legal issue, mental health, social network, and social support services. By engaging with VSOs, veterans and their family members experience individualized assistance in accessing benefits and supportive services to facilitate a successful transition from military service to the civilian world.

- VA engages with six, core VSOs through the VSO Liaison in the Office of the Secretary of VA (SECVA). These organizations include:
- Veterans of Foreign Wars (VFW);
- The American Legion (TAL);
- Disabled American Veterans;
- Paralyzed Veterans of America (PVA);
- American Veterans (AMVETS); and
- Vietnam Veterans of America (VVA).

These core organizations represent over five million veterans and lobby Congress on the behalf of the veterans [65]. While pre-9/11 veterans typically engage with VSOs geared towards advocacy and VA policy, more Iraq and Afghanistan veterans are engaging with community engagement [65].

Hire Heroes: As its name suggests, the main goal of this charity is to help veterans find jobs. Many veterans find it difficult to readjust to civilian life. Hire Heroes helps veterans write winning resumes, succeed at interviews, and market themselves. The charity has connections with veteran-friendly companies to make it easier for veterans to find jobs through their program.

Operation Homefront: Operation Homefront provides assistance for veterans and their families who are poor and/or wounded. This charity uses funds to provide food, vision care, auto and home repair, moving assistance, transportation, home goods, and financial assistance to military families in need. Operation Homefront also sets up

COUNTRY REPORT: UNITED STATES

support groups for families with wounded veterans and veterans suffering from Post-Traumatic Stress Disorder (PTSD). For veterans who are waiting for VA benefits, Operation Homefront offers transitional housing.

Intrepid Fallen Heroes Fund: The motto of the Intrepid Fallen Heroes Fund is “paying tribute to and supporting those who have sacrificed for our nation.” 100 percent of donations to this veteran charity go directly to their programs. The Intrepid Fallen Heroes Fund underwrites all administrative costs, so no donations are deducted.

This charity has built health care facilities, referred to as Intrepid Spirit centers, for the purpose of diagnosing and treating veterans who have Traumatic Brain Injury (TBI) and psychological health conditions. They are operating Intrepid Spirit centers in Maryland, Virginia, Texas, North Carolina, and Kentucky. There is an Intrepid Spirit center currently under construction in Washington, so that veterans in need on the West Coast have easier access to one of these facilities.

Hope for the Warriors: This national non-profit organization for veterans provides assistance to wounded service members, families of veterans, and families of veterans killed in action. Hope for the Warriors was founded by military wives in 2006 because they had seen the effect combat could have on service members and their families. They wanted to improve the quality of life for veterans after 9/11 who have suffered from physical and/or psychological injuries in the line of duty. Hope for the Warriors offers health and wellness counseling, career transition and education programs, and community building services for veterans.

Iraq and Afghanistan Veterans of America: Founded by an Iraq veteran, this charity lends support to veterans of Iraq and Afghanistan from the first day they return home. The goal is to provide new veterans of Iraq and Afghanistan with health, employment, education, and moral support. Veterans that receive assistance from IAVA are encouraged to connect with other veterans nearby for moral support and friendship. It’s easier to transition when you have someone to talk to that truly understands what you’ve been through. Over the past 11 years, the Iraq and Afghanistan Veterans of America have linked over 1,270,000 vets with resources and community, as noted on their official website.

Navy-Marine Corps Relief Society: The Navy-Marine Corps Relief Society offers financial and educational assistance to those who have served or are serving in the Marine Corps and Navy. They provide financial assistance and counseling to help veterans and service members gain control over their finances.

United Service Organizations: Founded by Franklin D. Roosevelt in 1941, the United Services Organizations is one of the top veteran charities in the United States. Its focus is different from those of the previous charities on this list. United Service Organizations provides entertainment and recreation-type services for military members in addition to care packages, housing assistance, support groups, family crisis counseling, libraries and reading rooms, nursery facilities, and free Internet and email access.

Wounded Warriors Family Support: Wounded Warriors Family Support was founded in 2003 by retired U.S. Marine Corps Colonel John Folsom. This organization sends veterans and their families to family-friendly retreats where they can reconnect with each other in a tranquil environment. This is especially helpful for wounded veterans who need to heal from emotional and psychological trauma caused by war.

Homes for Our Troops: Homes for Our Troops constructs mortgage-free homes for severely injured veterans returning from Iraq and Afghanistan. They also make existing homes of injured veterans handicap accessible. Homes for Our Troops has been helping veterans who have amputations or traumatic brain injuries since 2003. It’s stressful enough to transition back into civilian life after a severe injury without having to worry about the expenses of making your house handicap accessible.

Disabled American Veterans (DAV) Charitable Service Trust: The Disabled American Veterans (DAV) Charitable Service Trust connects ill, injured, or wounded veterans with physical and psychological rehabilitation programs. They also support driver's rehabilitation programs for veterans suffering from traumatic brain injuries. This charity funnels some of its funds into programs that provide shelter, food, and other essentials to homeless or at-risk veterans.

Fisher House Foundation: The Fisher House Foundation (fisherhouse.org) is a non-profit charity that helps build housing near military and veteran medical facilities. The goal is to have as many veterans conveniently located near the medical centers that will provide them the necessary physical and emotional care they need. The watchdog group, Charity Navigator, argues that Fisher House Foundation is one of the best charities in terms of utilizing their funds to support troop interests directly instead of administrative costs. Another watchdog group, the American Institute of Philanthropy, awarded the Fisher House with an "A+" rating over other veteran and military charities.

Special Operations Warrior Foundation: The Special Operations Warrior Foundation is centered toward giving funds and assistance to veterans who serve in the military's special forces divisions, like the Green Berets or the Navy SEALs. The two forms of assistance this organization gives is the financial assistance needed for medical costs and tuition reimbursement for the children of those soldiers who are attending college. Charity Navigator praised the charity for utilizing around 82 percent of its funds toward medical assistance and education reimbursement.

Like any group, veterans may require funds from charities to help with everything from homelessness to healthcare. It is important that charitable people give their support to charities that most veterans like the best. The question of which charities are the most liked are hard questions to answer, however. Many advocacy and watchdog groups help donors by outlining which charities utilize their donation funds efficiently. For example, many charities may use many of its charitable funds to help pay for costs instead of giving the funds directly to the groups it is aimed to service.

National Military Family Association: The National Military Family Association advertises itself as one of the only charities that focuses all of its funding and programs for all military branches. The main focus of the Association is to help with mental health costs for military families. The money can help soldiers returning home seek mental help, their spouses who are experiencing a myriad of emotions during a soldier's deployment and mental health funding for children who are concerned about their parent. Charity Navigator states that over 91 percent of its funding goes directly to veterans, and the American Institute of Philanthropy gives the Association an "A+" in its services and efficiency.

7.6 EMERGING CHALLENGES AND INITIATIVES

7.6.1 VA Inter- and Intra-Agency Goals

VA ultimately seeks to ensure that all those who served and sacrificed for the sake of the nation receive the best possible quality and choice in care. The priority goals and changes enacted by the VA reflect this ultimate objective, empowering transitioning military service members, veterans, and their families to thrive in the civilian world [13]. VA Strategic Goals include promoting greater choices and easier access to VA care for veterans, ensuring timely and integrated care throughout a veteran's lifetime, increasing VA accountability and transparency with veterans and their dependents, and modernizing VA systems and resources to offer world-class care and services to veterans [13].

With each Presidential Administration's term, a series of Cross-Agency Priority (CAP) Goals are created and used by leadership to drive cross-government collaborative action across Presidential priority areas. The current set of CAP goals established by the Trump Administration includes: modernizing digital services at VA; creating a data strategy and infrastructure for the future to facilitate oversight and promote transparency in analytics; and realigning human capital to serve American priorities [66]. These goals, bringing together the VA and other Federal agencies such as the Office of Management and Budget (OMB), Department of Labor (DOL), and Department of Defense (DOD), aim to create Federal resources that match or exceed in quality of services available in the private sector. Additionally, VA and OMB are intended to come together on a CAP goal to create measurable improvements in customer satisfaction with federal services by integrating efficiency and intuitiveness in services.

The Veteran Customer Experience Office within VA leads the charge to achieve measurable improvement of customer satisfaction with VA care. The Veteran Customer Experience Office seeks to increase veterans' positive responses to "I trust VA to fulfill our country's commitment to Veterans," from 67 percent (as of FY17) to 90 percent by the end of FY 2018 [67]. To increase veteran trust in VA and its services, VA must incorporate veteran experience data in all business processes to ensure that health care and benefits provided to veterans are aligned with veterans' needs.

7.6.2 Federal Reintegration Framework

As National Guard or Reserve service members return from deployment, they experience a period of transition from military culture to a Federal workplace. The government-wide reintegration framework, a systematic approach to facilitate successful workplace reintegration following deployment, delineates clear processes that employers should follow to promote successful transition of service members. These include creating a formal re-boarding process to facilitate return to a Federal agency, offering a "Welcome Back" celebration for the service member, and supporting the service member's resumption of assigned duties (e.g., identifying needed assistance or training to perform duties, conducting follow-up conversations) [68].

The Yellow Ribbon Reintegration Program, a DoD-wide effort to promote the wellbeing of National Guard/Reserve service members throughout the deployment cycle, is an example of a government-wide initiative to support reintegration. The program includes a multitude of events to allow for service members and their families to access information on health care, education, employment, and financial/legal benefits available to them through Federal resources and local organizations.

7.6.3 Drivers that Influence the Military-to-Civilian Transition Ecosystem

- **Changing demographics of transitioning Servicemembers impact the structure, content, and mode of transition assistance.** More than 4.4 million individuals have served in the military since September 11, 2001 – the Post-9/11 cohort of Veterans. They are younger, more racially diverse, and include more women than any other period of military service in history.
- **Increasing populations of at-risk transitioning Service members need proactive support.** In 2015, Veterans accounted for 14.3 percent of all deaths by suicide among U.S. adults (ages 18 and older). In January 2018, President Donald Trump signed Executive Order (EO) 13822: Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life. The EO intends to address gaps in access to care, especially mental health services, as Service members transition to Veteran status.
- **Emerging economic and employment opportunities for Veterans vary across Veteran groups.** Available statistics indicate that certain subgroups – such as women, minorities, Post-9/11 Veterans and younger Veterans (ages 18 – 24), and those with service-related mental disabilities – struggle to transition successfully.

- **Engaging community and public-private partners into the transition ecosystem is important to improve and adapt transition assistance.** No single agency or organization has the manpower, resources, or intellectual capital to provide a lifetime of care and support to our military family. A 2015 study indicated one of the leading gaps in Veterans and military family services is not a lack of resources or capacity, but a lack of collaboration, coordination, and collective purpose. Changing demographics of transitioning Service members impact the structure, content, and mode of transition assistance. More than 4.4 million individuals have served in the military since September 11, 2001 – the Post-9/11 cohort of Veterans. They are younger, more racially diverse, and include more women than any other period of military service in history.

7.7 TRANSITION-RELATED RESEARCH

The nation's veteran and family ecosystem is dynamic, complex and resource rich. It encompasses more than 21 million U.S. veterans, 41,000 registered nonprofit organizations serving the military and veterans and billions of dollars invested annually in a wide variety of programs and services for the military, veterans and their families. Moreover, the policy landscape includes 1,300-plus federal and state policies, executive orders and agency directives that impact – directly or indirectly – veterans and their families.

Research on the experience and needs of service members transitioning from active duty to veteran status is ongoing and complex. A number of research initiatives, including public-private partnerships, clearinghouses, and pilot studies, are currently exploring the complex experience of transitioning service members. Besides the Department of Veterans Affairs, the federal agency charged with a mission to fulfill President Lincoln's promise "To care for him who shall have borne the battle and for his widow, and his orphan" by serving and honoring the men and women who are America's veterans, there numerous organizations in the public, private and non-profit sector that conduct research on veterans. For example, the RAND Corporation has a robust research programs focused a variety of Veteran issues, including on caregivers, education, employment and health care. There also other government organizations, such as the Consumer Financial Protection Bureau that conduct research on military and veteran financial well-being.

The Department of Veterans Affairs (VA) has ranked as one of the nation's leaders in health research. The VA Research program consists of four main research services, which work together to address the full spectrum of Veterans' health needs:

- **Biomedical Laboratory Research and Development** conducts preclinical research to understand life processes from the molecular, genomic, and physiological level in regard to diseases affecting Veterans.
- **Clinical Science Research and Development** focuses on clinical trials and other research involving human volunteers to study new treatments, compare existing therapies, and improve clinical practice and care.
- **Health Services Research and Development** supports research to improve the delivery of health care to Veterans.
- **Rehabilitation Research and Development** conducts research to create innovations that restore Veterans who have become disabled due to injury or disease.

Three notable research studies that can impact the lives of veterans are listed below.

Million Veterans Program (MVP): MVP is a national, voluntary research program funded entirely by the Department of Veterans Affairs Office of Research & Development. The goal of MVP is to partner with Veterans receiving their care in the VA Healthcare System to study how genes affect health. To do this, MVP

COUNTRY REPORT: UNITED STATES

will build one of the world's largest medical databases by safely collecting blood samples and health information from one million Veteran volunteers. Data collected from MVP will be stored in a secure manner and will be coded for researchers so that they cannot directly identify you. Researchers will study diseases like diabetes and cancer, and military-related illnesses, such as post-traumatic stress disorder.

The Cognition, Behavior and Caregiver Burden in ALS study is investigating changes in thinking, behavior and mood that can occur in Persons with Amyotrophic Lateral Sclerosis (PALS). We are also interested in learning about how changes in thinking, behavior and mood in PALS affect their caregivers (e.g., spouse or adult child). Findings from this study may help to develop new ways to slow the progression of ALS and better coping strategies to help caregivers provide effective care for longer periods.

Collaborative Aging (in Place) Research using Technology (CART) The CART study uses technology to assess activity in a home, with the eventual goal of detecting the onset of medical problems that may need a doctor's attention. By participating in this three-year long study, you will be helping researchers find new ways to keep older adults independently in their homes as they age.

In 2015, the VA formed a partnership with the Henry M. Jackson Foundation for the Advancement of Military Medicine and other partners to better understand the experience of veterans reintegrating into their communities after returning from deployment [69]. Through identification of the most helpful programs and services available to transitioning service members, VA can continually improve its benefits and services to facilitate more successful reintegration.

The Veterans Metrics Initiative, a public-private research partnership managed by the Henry M. Jackson Foundation, is a large-scale effort to conduct evidence-based research to better measure factors associated with successful reintegration and to measure the experiences of transitioning service members [70]. This partnership is an important step in furthering research necessary to provide a foundation in evidence for program and service efficacy. Further research is needed to appropriately assess short-, medium-, and long-term outcomes for veterans undergoing transition, as many non-Federal programs and services have yet to develop measurable outcomes to demonstrate efficacy [71], [72]. With a multitude of choices for supportive resources, it is critical to the VA-specific and nation-wide goal to improve overall Veteran health and well-being through evidence-based supports.

Targeted research and outreach efforts among marginalized veteran populations, including women veterans and racial or ethnic minority veterans, are critical to ensuring that VA-provided care is sensitive to the unique needs of these populations. Measurements for perceived access to mental health care; access to specialty care among veterans with complex health conditions residing in rural areas; and racial and ethnic disparities within VA health care are all in development with current VA HSR&D research efforts. Appropriate assessment of access issues may impact the perceived success in patient-centered outcomes during military-to-civilian transition and are critical for VA to pursue.

VA also has research effort focused on understanding the military to civilian transition from a Veteran's perspective and that of their families, caregivers, and survivors provides a unique lens into the most important needs of transitioning Service members. The Transition GPS Participant Assessment collects feedback from transitioning Service members and spouses who complete TAP. Veteran feedback is incorporated into VA programming, such as revising the TAP curriculum and partnering with community organizations to scale programs in communities across the nation.

Listening to the voice of the Veteran sheds light on the challenges that Veterans face as they leave the military and creates opportunities to improve transition assistance. In addition to the Transition GPS Participant Assessment feedback, the interagency partners seek input from transitioning Servicemembers, Veterans, their families, caregivers, and survivors through ongoing dialogue such as listening sessions and Military to Civilian Summits. Numerous studies and reports use Veteran feedback as the basis for their research and subsequent recommendations.

Observations gathered from published studies and reports include:

- Many Veterans find it challenging to identify support services within their community after they have transitioned [1], [73].
- Recent research suggests that Veteran families transitioning to civilian life desire program content that includes assistance for family members and children in the form of information, practical skills, support, and parenting programs [1], [73], [74]).
- A support network of both family and peers is an important foundation for navigating the military to civilian transition [75].
- Mental and physical health issues impede a successful transition and can impact all facets of civilian life, such as obtaining employment or education, finding housing, and accessing necessary care. One-third of Veterans surveyed have experienced suicidal thoughts [1], [73].

Academic institutions also contribute valuable research for VA and other Federal agencies to provide programs and services best suited to the needs of the transitioning service member. The Uniformed Services University's Center for Rehabilitation Sciences Research (CRSR) is dedicated to pursuing research that advances rehabilitative care for military service members and to identify existing barriers to community reintegration upon their return from combat. The clinical research conducted at the CRSR is aimed at improving long-term physical outcomes among returning service members to ultimately ensure a successful reintegration process.

Other academic institutions, such as Yale University and Pennsylvania State University, perform military transition-related research through a variety of forms such as piloting clearinghouse programs for military family readiness throughout the deployment cycle, needs assessments among service members and their families, and projects to facilitate veteran students' transitions into university settings after separating from military service [76]. Additional, innovative initiatives within academic institutions include the Institute for Veterans and Military Families (IVMF) at Syracuse University and the Military Family Research Institute (MFRI) at Purdue University. IVMF establishes a partnership between Syracuse University and JP Morgan Chase & Co., which advances the post-service lives of service members, veterans, and their families through innovative program delivery to support career, vocational, and entrepreneurial education and training to post-9/11 veterans [77]. The IVMF also provides actionable research, policy analysis, and program evaluation to further enhance service delivery to military service members, veterans, and their families. The MFRI, which incorporates outreach and programming that serves military and veteran families alongside military family research, provides educational series, action plan for U.S. policymakers and congress people, and toolkits to support a smooth transition for military and veteran families within their communities [78]. Ongoing research in Federal, state, and academic settings is critical to developing policies, programs, and supports to facilitate successful reintegration throughout the complex journey for service members as they transition back home.

Research on the experience and needs of service members transitioning from active duty to veteran status is ongoing and complex. A number of research initiatives, including public-private partnerships, clearinghouses, and pilot studies, are currently exploring the complex experience of transitioning service members. In 2015,

COUNTRY REPORT: UNITED STATES

the VA formed a partnership with the Henry M. Jackson Foundation for the Advancement of Military Medicine and other partners to better understand the experience of veterans reintegrating into their communities after returning from deployment [69]. Through identification of the most helpful programs and services available to transitioning service members, VA can continually improve its benefits and services to facilitate more successful reintegration.

The Veterans Metrics Initiative, a public-private research partnership managed by the Henry M. Jackson Foundation, is a large-scale effort to conduct evidence-based research to better measure factors associated with successful reintegration and to measure the experiences of transitioning service members [70]. This partnership is an important step in furthering research necessary to provide a foundation in evidence for program and service efficacy. Further research is needed to appropriately assess short-, medium-, and long-term outcomes for veterans undergoing transition, as many non-Federal programs and services have yet to develop measurable outcomes to demonstrate efficacy [71], [72]. With a multitude of choices for supportive resources, it is critical to the VA-specific and nation-wide goal to improve overall Veteran health and well-being through evidence-based supports.

Targeted research and outreach efforts among marginalized veteran populations, including women veterans and racial or ethnic minority veterans, are critical to ensuring that VA-provided care is sensitive to the unique needs of these populations. Measurements for perceived access to mental health care; access to specialty care among veterans with complex health conditions residing in rural areas; and racial and ethnic disparities within VA health care are all in development with current VA HSR&D research efforts. Appropriate assessment of access issues may impact the perceived success in patient-centered outcomes during military-to-civilian transition and are critical for VA to pursue.

Academic institutions also contribute valuable research for VA and other Federal agencies to provide programs and services best suited to the needs of the transitioning service member. The Uniformed Services University's Center for Rehabilitation Sciences Research (CRSR) is dedicated to pursuing research that advances rehabilitative care for military service members and to identify existing barriers to community reintegration upon their return from combat. The clinical research conducted at the CRSR is aimed at improving long-term physical outcomes among returning service members to ultimately ensure a successful reintegration process.

Other academic institutions, such as Yale University and Pennsylvania State University, perform military transition-related research through a variety of forms such as piloting clearinghouse programs for military family readiness throughout the deployment cycle, needs assessments among service members and their families, and projects to facilitate veteran students' transitions into university settings after separating from military service [76]. Additional, innovative initiatives within academic institutions include the Institute for Veterans and Military Families (IVMF) at Syracuse University and the Military Family Research Institute (MFRI) at Purdue University. IVMF establishes a partnership between Syracuse University and JP Morgan Chase & Co., which advances the post-service lives of service members, veterans, and their families through innovative program delivery to support career, vocational, and entrepreneurial education and training to post-9/11 veterans [77]. The IVMF also provides actionable research, policy analysis, and program evaluation to further enhance service delivery to military service members, veterans, and their families. The MFRI, which incorporates outreach and programming that serves military and veteran families alongside military family research, provides educational series, action plan for U.S. policymakers and congress people, and toolkits to support a smooth transition for military and veteran families within their communities [78]. Ongoing research in Federal, state, and academic settings is critical to developing policies, programs, and supports to facilitate successful reintegration throughout the complex journey for service members as they transition back home.

7.8 CONCLUSION

The U.S. government and the citizens of America continue to support the U.S. military and those that served. This is particularly seen in the support that service members receive when they leave the military and transition back to the civilian community. The support for the military veteran provided by the federal government primarily through the Department of Veteran Affairs is extensive, with support ranging from health care, housing, employment, higher education, among many others. Support also provided by the States and local government add to this already extensive federal government support. On top of this governmental support that occurs at every level, there are also a large number of non-profit organizations that support the military veteran throughout the transition process. Indeed, there are many non-profit organizations that focus exclusively on the veteran, with non-profits, while not focusing exclusively on veteran, direct considerable support to veterans. The American military veteran is indeed so fortunate to have such a robust level of support to assist them in their transition back to civilian life. The biggest remaining challenge is to ensure that every military service member leaving the military takes full advantage of this generous support.

7.9 REFERENCES

- [1] Castro, C., Kintzle, S., Hassan, A. and Chicas, J. (2014). The State of the American Veteran: The Los Angeles County Veterans Study
- [2] Zoli, C., Maury, R., and Fay, D. (2015). Missing perspectives: Servicemembers' transition from service to civilian life – Data-driven research to enact the promise of the post-9/11 GI Bill. Institute for Veterans and Military Families, Syracuse University.
- [3] U.S. Department of Defense (DOD) (2018a). Department of Defense selected reserves by rank/grade. https://www.dmdc.osd.mil/appj/dwp/rest/download?fileName=DRS_42486_SelRes_201802.pdf&groupName=resRankGrade.
- [4] U.S. Department of Defense (DOD) (2018b). Department of Defense active duty military personnel by rank/grade. <https://www.dmdc.osd.mil/appj/dwp/rest/download?fileName=rg1802.pdf&groupName=milRankGrade>.
- [5] U.S. Department of Defense (DOD) (2016). 2016 Demographics: Profile of the military community.
- [6] U.S. Government Accountability Office (GAO) (2017). Improvements needed in the management of enlistees' medical early separation and enlistment information. (GAO-17-527). Report to congressional committees.
- [7] Kirby, S.N., Grissmer, D.W., and Schlegel, P.M. (1993). Reassessing enlisted reserve attrition. Santa Monica, CA: RAND Corporation N-3521-RA.
- [8] U.S. Government Accountability Office (GAO) (1997). DOD could save millions by better screening enlisted personnel. (GAO/NSAID-97-39). Report to Congressional Committees.
- [9] Buddin, R. (1984). Analysis of early military attrition behavior. Santa Monica, CA: RAND Corporation, RR-206-OSD, 2013. Accessed 14 September 2018: <https://www.rand.org/pubs/reports/R3069.html>.

COUNTRY REPORT: UNITED STATES

- [10] U.S. Department of Veterans Affairs (VA) (n.d. b). Claims for VA benefits and character of discharge: General information. https://www.benefits.va.gov/BENEFITS/docs/COD_Factsheet.pdf. Accessed 2 October 2018.
- [11] National Coalition for Homeless Veterans (NCHV) (n.d.). Background and Statistics, http://nchv.org/index.php/news/media/background_and_statistic. Accessed 26 September 2018.
- [12] U.S. Department of Veterans Affairs (VA) (n.d. a). VA Benefits I and II: Participant guide. Version 1.1.
- [13] U.S. Department of Veterans Affairs (VA) (2018c). FY 2018 – 2024 Strategic Plan. <https://www.va.gov/oei/docs/VA2018-2024strategicPlan.pdf>. Accessed 11 September 2018.
- [14] U.S. Department of Veterans Affairs (VA) (2018a). Profile of veterans: 2016, Data from the American community survey. Prepared by the National Center for Veterans Analysis and Statistics.
- [15] U.S. Department of Veterans Affairs (VA) (2017b). Minority veterans report: Military service history and VA benefit utilization statistics.
- [16] U.S. Department of Veterans Affairs (VA) (2016a). Veteran population projections, 2017 – 2037. https://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/Vetpop_Infographic_Final31.pdf. Accessed 6 September 2018.
- [17] U.S. Department of Veterans Affairs (VA) (2017a). VA utilization profile, FY 2016. Prepared by the National Center for Veterans Analysis and Statistics.
- [18] Torreon, B. (2017). U.S. periods of war and dates of recent conflicts. Congressional Research Service.
- [19] Defense Manpower Management Center (n.d.). Principal wars in which the United States participated. U.S. Military Personnel Serving and Casualties.
- [20] U.S. Department of Veterans Affairs (2017). Profile of Post-9/11 veterans: 2015.
- [21] U.S. Department of Veterans Affairs (2017). U.S. Veterans eligibility trends and statistics (2017).
- [22] U.S. Department of Veterans Affairs (n.d.). Table 2L: VETPOP2016 living veterans by period of service, gender, 2015 – 2045, 9/30/2017.
- [23] U.S. Department of Veterans Affairs (2015). U.S. veterans' eligibility trends and statistics.
- [24] U.S. Department of Veterans Affairs (2016). Profile of veterans in poverty: 2014.
- [25] U.S. Department of Veterans Affairs (2017). Profile of Vietnam war veterans: From the 2015 American Community Survey.
- [26] U.S. Department of Veterans Affairs (2011). Gulf war era veterans report: Pre-9/11 (August 2, 1990 – September 10, 2001).

- [27] U.S. Department of Veterans Affairs (2017). Profile of pre-9/11 veterans: 2015.
- [28] U.S. Department of Veterans Affairs (2016). Profile of women veterans: 2015.
- [29] Bureau of Labor Statistics (2016). Employment situation of veterans 2016.
- [30] Bureau of Labor Statistics (2016). Employment situation of veterans 2016. https://www.bls.gov/news.release/archives/vet_03222017.pdf.
- [31] Bureau of Labor Statistics (2014). How the government measures unemployment. Veterans are considered unemployed if they do not have a job, are available for work, and they are actively looking for work. Current Population Survey (CPS) Technical Documentation June 2014, Washington, DC.
- [32] Organisation for Economic Co-operation and Development (n.d.). OECD Better Life Index. <http://www.oecdbetterlifeindex.org/topics/life-satisfaction/>.
- [33] Favreault, M. and Dey, J. (2015). Long-term services and supports for older Americans: Risks and financing (2015). U.S. Department of Health and Human Services, Washington DC.
- [34] Anderson, G. (2010). Chronic care: Making the case for ongoing care. Robert Wood Johnson Foundation.
- [35] Congressional Budget Office (2013). Rising demand for long-term services and supports for elderly people.
- [36] Ramchand, R., Tanielian, T., Fisher, M.P., Vaughan, C.A., Trail, T.E., Batka, C. et al., Hidden heroes: America's military caregivers, (2014). Santa Monica, CA: RAND Corporation. https://www.rand.org/pubs/research_reports/RR499.html.
- [37] Kaye, H.S., Harrington, C and LaPlante, M.P. (2010). Long-term care: Who gets it, who provides it, who pays, and how much? Health Affairs 29(1):11-21.
- [38] Family Caregiver Alliance (2015). Selected long-term care statistics.
- [39] Colby, S.L. and Ortman, J.M. (2015). Projections of the size and composition of the U.S. population: 2014 to 2060. Population Estimates and Projections. Current Population Reports. P25-1143, U.S. Census Bureau.
- [40] Spetz, J., Trupin, L., Bates, T. and Coffman, J.M. (2015). Future demand for long-term care workers will be influenced by demographic and utilization changes. Health Affairs 34(6).
- [41] U.S. Department of Veterans Affairs (Feb 2019). National strategy for preventing veteran suicide 2018 – 2028.
- [42] U.S. Department of Veterans Affairs (2018). VA National suicide data report 2005 – 2016.
- [43] Centers for Disease Control and Prevention (2017). Risk factors for suicide.

COUNTRY REPORT: UNITED STATES

- [44] World Health Organization (n.d.). Suicide rate.
- [45] U.S. Department of Veterans Affairs (2015). Mental health effects of serving in Afghanistan and Iraq.
- [46] U.S. Department of Veterans Affairs (2014). Study explores reasons why Veterans seek – or don't seek – PTSD care.
- [47] Schlenger, W., Corry, N., Williams, C., Kulka, R., Mulvaney-Day, N., DeBakey, S. et al. (2015). A prospective study of mortality and trauma-related risk factors among a nationally representative sample of Vietnam veterans. *American Journal of Epidemiology* 182(12).
- [48] American Hospital Association (2017). 2017 AHA Environmental Scan.
- [49] U.S. Department of Health and Human Services (2017). Health Professional Shortage Areas (HPSA) – mental health.
- [50] U.S. Department of Health and Human Services (2016). National projections of supply and demand for selected behavioral health practitioners: 2013 – 2025.
- [51] U.S. Department of Veterans Affairs (2017). Rural veterans' health care challenges.
- [52] iVantage Health Analytics (2015). 2015 Rural health: Vulnerability to value.
- [53] Topchik, M. (2017). Rural relevance 2017: Assessing the state of rural healthcare in America.
- [54] iVantage Health Analytics (2016). Rural Relevance – Vulnerability to value: A hospital strength INDEX study.
- [55] U.S. Department of Veterans Affairs (2015). Study of barriers for women veterans to VA health Care.
- [56] U.S. Department of Veterans Affairs (2017). VA utilization profile FY 2016.
- [57] U.S. Department of Veterans Affairs (2017). Minority veterans report: 2014.
- [58] iVantage Health Analytics (2015). Hospital Vulnerability index: Rural closures and risk of closure.
- [59] U.S. Department of Veterans Affairs (n.d.). Veteran population projection Model 2016: Overview.
- [60] U.S. Department of Health and Human Services (2014). The Future of the nursing workforce: National-and state-level projections, 2012 – 2025.
- [61] U.S. Department of Labor (DOL) (n.d.). Program highlights: Veterans' employment and training Service, https://www.dol.gov/vets/programs/tap/tap_fs.htm. Accessed 17 September 2018.
- [62] U.S. Department of Defense, Transition Assistance Program (DOD TAP) (n.d.). Transition GPS, https://dodtap.mil/transition_gps.html. Accessed 12 September 2018.

- [63] Werber, L., Gereben Schaefer, A. Osilla, K.C., Wilke, E., Wong, A., Breslau, J., and Kitchens, K.E. (2013). Support for the 21st-century reserve force: Insights to facilitate successful reintegration for citizen warriors and their families. Santa Monica, CA: RAND Corporation, RR-206-OSD, 2013. Accessed 12 September 2018: https://www.rand.org/pubs/research_reports/RR206.html.
- [64] Keeling, M., Kintzle, S., and Castro, C.A. (2018). Exploring U.S. veterans' post-service employment experiences. *Military Psychologist*, 30(1): 63-69.
- [65] U.S. Department of Veterans Affairs. (2016b). Presidential transition: Briefing book, 2016. <https://www.oprm.va.gov/docs/foia/2016PresidentialTransitionUserGuide.pdf>. Accessed 4 October 2018.
- [66] United States, Congress, Office of Management and Budget (OMB) (n.d.). Modernizing government for the 21st century. The President's management agenda.
- [67] Performance.gov (2018). Agency Priority Goal Action Plan: Veteran Customer Experience. https://www.performance.gov/veterans_affairs/FY2018_Q1_VA_Veteran_Customer_Experience.pdf. Accessed 4 October 2018.
- [68] U.S. Office of Personnel Management (OPM) (n.d.). Reintegration framework. <https://www.fedshi.gov/hiring-officials/reintegration-framework/>. Accessed 13 September 2018.
- [69] U.S. Department of Veterans Affairs (VA), Office of Research and Development (ORD) (2018b). Research advances: A biennial publication highlighting recent accomplishments by VA investigators, 2017 – 2018. <https://www.research.va.gov/pubs/docs/VAResearchAdvances2017-18.pdf>. Accessed 10 September 2018.
- [70] Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. (HMJF) (2013). The Veteran Metrics Initiative (TVMI): Learning what works for veterans and their families.
- [71] Vogt, D., Perkins, D., Copeland, L.A., Finley, E.P., Jamieson, C.S., Booth, B., Lederer, S., and Gilman, C.L. (2018). The Veterans Metrics Initiative study of US veterans' experiences during their transition from military service. *BMJ Open* 2018; 8:e020734. Doi:10.1136/bmjopen-2017-020734.
- [72] Vogt, D., Taverna, E.C., Nillni, Y.I., and TVMI Study Team. (n.d.). The Veterans Metrics Initiative (TVMI) study: Enhancing understanding of and responsiveness to post 9/11 veterans' needs. http://www.hjfc3.org/site/assets/files/1521/1_the_veterans_metrics_initiative_study_enhancing_understanding.pdf.
- [73] Castro, C.A., and Kintzle, S. (2017). The state of the American military veteran: The San Francisco veterans study. Retrieved from http://cir.usc.edu/wp-content/uploads/2017/05/USC-CIR-SF-VET-2017_FINAL-Pgs.pdf
- [74] Guo, C., Pollak, J., and Bauman M. (2016). Ten frequently asked questions about veterans' Transitions: Results of a decade of RAND work on veteran life. Rand Corporation. https://www.rand.org/pubs/research_reports/RR1095.html
- [75] Ahern, J., Worthen, M., Masters, J., Lippman, S.A., Ozer, E.J., and Moos, R. (2015). The challenges of Afghanistan and Iraq veterans' transition from military to civilian life and approaches to reconnection. *PLoS ONE* 10(7). Doi: 10.1371/journal.pone.0128599.

COUNTRY REPORT: UNITED STATES

- [76] Warrior Scholar Project. About Us, <https://www.warrior-scholar.org/about-us> Accessed 20 September 2018.
- [77] Syracuse University. Institute for veterans and military families: About us, <https://ivmf.syracuse.edu/about-us/>. Accessed 2 October 2018.
- [78] Purdue University. The Military Family Research Institute at Purdue University: Our history, <https://www.mfri.purdue.edu/about-mfri-history/>. Accessed 2 October 2018.

Chapter 8 – SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

Mary Beth MacLean
Veterans Affairs Canada
CANADA

Ole Heintz
Defence Staff Norway
NORWAY

Tiiia-Triin Truusa
University of Tartu
ESTONIA

Matt Fossey
University, Chelmsford
UNITED KINGDOM

8.1 INTRODUCTION

Members of the NATO Human Factors of Medicine Research Task Group 263 (RTG-HMF-263), The Transition of Military Veterans from Active Service to Civilian Life, surveyed and interviewed subject matter experts (SMEs) in NATO and non-NATO countries on their programmes, policies, and processes that support service personnel and their families in the transition from military to civilian life. This chapter tabulates the results of the surveys and interviews with SMEs.

8.2 METHOD

The working group responsible for the survey and interviews of SMEs was chaired by Mary Beth MacLean of Canada, with members Tiiia-Triin Truusa of Estonia, Ole Heintz of Norway, and Matt Fossey of the UK. This group was supported at Veterans Affairs Canada by two data management personnel (Kristopher McKinnon and Alain Poirier) and two students (Allie Ralling and Ryan Murray). Information was gathered using a survey, interviews with SMEs, and thorough literature and document analysis.

Points Of Contact (POCs) within government were identified by RTG contacts in each countries, and POCs were responsible for coordinating the survey responses in their country. The survey and interviews / information gathering were conducted in three phases. Phase 1 was a pilot survey with 51 questions and three countries (Canada, Estonia, and the UK). Phase 2 was the final survey distributed to the remaining NATO and two non-NATO countries (Australia and New Zealand) and included 39 questions. In phase 3, SMEs were contacted for interviews and documents were reviewed (Table 8-1). The survey was designed in Google Surveys, allowing for data capture in Excel.

The survey captured the current program, policies, and processes to support service personnel and their families transitioning from military to civilian life. The survey also covered key concepts and terms to enhance comparison and understanding of each country's context – e.g., who is veteran, how is successful transition defined. SMEs were asked to assist in identifying national policy material, evaluation and research, and, where appropriate, identify other SMEs who may be better placed to comment on specific areas or questions.

In total, 12 countries participated, nine NATO countries – Canada (CAN), Croatia (HRV), Estonia (EST), Latvia (LVA), the Netherlands (NLD), Norway (NOR), Slovenia (SVN), the United Kingdom (GBR), and the United States (USA – and three non-NATO countries – Australia (AUS), New Zealand (NZL), and South Korea (KOR).

The results have been tabulated in Sections 8.3 to 8.10. Further work was conducted to understand disability compensation in each country and details have been tabulated in Section 8.11.

There were several lessons learned during this process. First, RTG contacts were in general unresponsive with only 2 out of 18 countries responding through the RTG panel member contact. Only in a few countries did the RTG contact send the request to the appropriate POC; there was value to the use of the pilot; the questions on the survey were developed with each chapter in mind; of those countries that responded, the survey was fairly complete; the questions were focused on veterans affairs and department of defence programmes, and some countries mentioned that this does not necessarily reflect the complete context in their countries; and some had difficulty interpreting the survey for language and cultural reasons.

Table 8-1: Activity of Survey Working Group.

Date	Activity
Winter 2016	First meeting of working group
Spring 2016	Drafted survey posted to SharePoint site March 10th Presented in Paris/Incorporated comments Completed next draft of survey tool (50 questions) Sent out survey to other panel members for comments Incorporated comments
Summer 2016	Sent to policy analysts in VAC for comments Finalized survey for pilot (51 questions)
Fall 2016	Sent to RTG contacts in Canada, Norway, United Kingdom, Canada, Estonia and Latvia with October 31, 2016 deadline Follow-up with POCs in Canada, UK and Estonia Compiled and reviews results of pilot (3 countries) Meeting in the Netherlands – Reduced the number of questions to 39 and some questions modified
Winter 2017	Finalized survey: https://docs.google.com/forms/d/e/1FAIpQLSd1hKbE6a3TmdJuGC5ZDCfuZNvfMbth3Gd61uA5fpMbvPMjg/viewform?c=0&w=1 Sent out final survey on February 15th Assigned each person on panel 2 or 3 countries for follow-up
Spring 2017	Received responses from 8 additional countries for a total of 11
Spring 2018	Received responses from 1 additional country for a total of 12

8.3 RESULTS

8.3.1 Terminology and Definitions for Former Service Member

NATO countries differ in the terminology for describing former service members. Some countries use the term *veteran*. Sometimes *veteran* means former service members who have deployed on missions abroad, and sometimes it is used more broadly to refer to all former service members. There are also differing types of service, including reserves, regular force and different definitions used for various purposes, such as recognition, veteran administration mandates, legislative definitions and eligibility for program and services. For the purposes of this survey, we will use the term “former service member” to refer to anyone who has served in a country’s regular military.

Table 8-2: Number of Current and Former Service Members.

	Number of Service Members in Country	Number Who Transition Out Annually
AUS	~329,000 ¹	~5,000 – 6,000
CAN	317,700 Regular Force 69,700 War Service	~10,000 – 15,000
EST	~70,000 reservists ~1,500 veterans	~300 professionals
LVA	~5000	~300
NLD	N/A	3,000 – 4,000
NZL	~30,000 ²	~600
NOR	N/A ³	~8,000 ⁴
HRV	~500,000	~1,000
SVN	~2,181 ⁵	~60
KOR	473,559 ⁶	~7,000
GBR	2.4 million	~15,000
USA	21.4 million ⁷	200,000 ⁸

¹ Exact numbers of everyone currently living and who has ever served are not available. Department of Veterans Affairs (DVA) has estimates of the number of living veterans from various conflicts, but these figures do not include people who have served in the Australian Defence Force (ADF) from 1994 onwards without operational service. At 30 June 2016, it was estimated that there were approximately 329,000 living veterans, plus a further unknown number of people who served from 1994 onwards without operational service ([1] Table 3, page 14). This figure includes veterans living overseas.

² Veterans Affairs NZ, based on eligibility criteria for programmes and services from NZVA.

³ Conscription, most males and females added in 2016.

⁴ About 8,000 conscripts leave the service every year (since 2012). In addition, we have personnel who leave the service for other employment and personnel that retire.

⁵ Retired.

⁶ Number as of 31 December 2017.

⁷ Number as of 30 September 2016.

⁸ Active component only.

Table 8-3: National Definitions of Former Service Member.

Does your country have an official definition for former service member? Please describe official definition or terminology.		
AUS	No ⁹	
CAN	Yes	Any former member of the Canadian Armed Forces who releases with an honourable discharge and who successfully undergone basic training.
EST	Yes	An Estonian Defence Force veteran is a person who has been deployed or who has been permanently injured during service.
LVA	Yes	Released in reserve status. All released military persons (who are still fit for service) are registered as released in reserve.
NLD	Yes	Veterans are former and current military service members who served in a war or on a peace-keeping, peace-enforcing mission abroad. Post-active service members are former military service members who are not veterans.
NZL	Yes	Those who have had any service in the New Zealand Armed Forces before 1 April 1974, and those with qualifying operational service after that date. ¹⁰
NOR	No	The Norwegian Armed Forces uses the term <i>veteran</i> exclusively for personnel who have served in international operations.
HRV	Yes	1) Defenders: Soldiers who participated in Croatian Homeland War 1991 – 1995. 2) Former Active Duty Personnel: Soldiers who served after 1996. 3) Members of the National Liberation Movement (partisans) in WWII. 4) Members of the Homeguard in WWII.
SVN	Yes	Former service members of the Slovenian Armed Forces.
KOR	Yes	The term “discharged soldier” means a person discharged from military service pursuant to the <i>Military Service Act</i> or the <i>Military Personnel Management Act</i> (including a person who retired or was exempted from military service or dismissed from the call-up for full-time reserve service; the same shall apply hereinafter).
GBR	Yes	All former service personnel are called veterans regardless of length of time served or whether they have served in an operational environment. Thus, a veteran is defined as having served for one day.

⁹ Basic terminology and links to further information are available at www.dva.gov.au/benefits-and-payments/eligibility.

¹⁰ The definition in the Veterans’ Support Act is narrower. It refers to those who have had any service in the New Zealand Armed Forces before 1 April 1974, and those with qualifying operational service after that date. These are the people to whom Veterans’ Affairs is able to provide services and support (see <https://www.veteransaffairs.mil.nz/about-veterans-affairs/our-documents-and-publications/the-veteran-rehabilitation-strategy/strategy/>).

Does your country have an official definition for former service member? Please describe official definition or terminology (Continued).

USA	Yes	<p>“A Veteran is someone 18 years and older (there are a few 17-year-old Veterans) who is not currently on active duty, but who once served on active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or who served in the Merchant Marine during World War II. There are many groups whose active service makes them Veterans including: those who incurred a service-connected disability during active duty for training in the Reserves or National Guard, even though that service would not otherwise have counted for Veteran status; members of a national guard or reserve component who have been ordered to active duty by order of the President or who have a full-time military job. The latter are called AGRs (Active Guard and Reserve). No one who has received a dishonorable discharge is a Veteran. The VA administers laws authorizing benefits for eligible former and present members of the Armed Forces and for the beneficiaries of deceased members. For additional information on federal benefits for Veterans, dependents and survivors” [2].</p>
------------	-----	---

8.4 TRANSITION PROCESS, PROGRAMMES AND SERVICES

The process for releasing from the military often differs depending on the reason for release. The process is often more complex for those leaving the military for medical reasons than for those leaving for other reasons. Some types of programmes and services for those transitioning to civilian life include case management/care coordination, disability compensation, and information and referral services.

Table 8-4: Programmes and Service for Transitioning Members.

What programmes or services are available to transitioning members?												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
Caregiver support	-	✓	-	-	✓	✓	-	-	-	-	✓	✓
Case management/care coordination	✓	✓	-	-	✓	✓	-	✓	✓	-	✓	✓
Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓
Disability compensation	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Education assistance	-	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓
Housing	-	✓	-	-	-	✓	-	-	-	-	✓	✓
Home care	-	✓	-	-	-	✓	-	-	-	-	✓	✓
Employment assistance	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial benefits	-	✓	-	-	✓	✓	-	✓	-	✓	-	✓

What programmes or services are available to transitioning members? (Continued)												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
Financial services	-	✓	-	-	✓	✓	-	-	-	✓	-	✓
Information and referral	✓	✓	-	-	✓	✓	-	✓	✓	✓	✓	✓
Legal services	-	-	-	-	✓	✓	-	✓	✓	-	-	-
Mental health and substance abuse	✓	✓	-	-	✓	✓	✓	✓	✓	-	✓	✓
Physical health	-	✓	-	✓	✓	✓	-	✓	-	-	✓	✓
Transportation support	-	✓	-	-	✓	✓	-	-	-	✓	✓	✓
Other, please specify	✓ ¹¹	✓ ¹²	-	-	-	-	✓ ¹³	-	-	-	-	✓ ¹⁴

Table 8-5: Services Available to Former Service Members.

What programmes or services are available to former service members?												
	AUS	CAN	EST	LVA	NLD ¹⁵	NZL	NOR	HRV	SVN	KOR	GBR	USA
Caregiver support	✓	✓	-	-	✓	✓	-	-	-	-	✓	✓
Case management/care coordination	✓	✓	-	-	✓	✓	-	-	-	-	✓	✓
Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	-
Disability compensation	✓	✓	✓	✓	✓	✓	-	✓	-	-	✓	✓
Education assistance	✓	✓	✓	-	-	✓	-	✓	-	✓	✓	✓
Housing	✓	✓	-	-	-	-	-	-	-	✓	✓	✓
Home care	✓	✓	-	-	✓	✓	-	-	-	-	✓	✓
Employment assistance	✓	✓	✓	✓	✓	✓	-	✓	-	✓	✓	✓
Financial benefits	✓	✓	-	-	✓	✓	-	-	-	✓	-	✓
Financial services	✓	✓	-	-	✓	✓	-	-	-	✓	-	✓
Information and referral	✓	✓	-	-	✓	✓	-	-	✓	✓	✓	✓

¹¹ The Defence Service Home Insurance Scheme is available to eligible veterans, serving members of the ADF, Reservists or a widow/widower of any of these persons. Further information is available at www.dva.gov.au/factsheet-hac02-defence-service-homes-insurance-scheme.

¹² Health care and family support programmes and services.

¹³ Most of the other services mentioned in the list are universal services provided by the government for all citizens regardless of occupation.

¹⁴ Spiritual health – Marine Force Reserve Chaplain.

¹⁵ Programmes and services are only available for veterans and war and service victims.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

What programmes or services are available to former service members? (Continued)												
	AUS	CAN	EST	LVA	NLD ¹⁶	NZL	NOR	HRV	SVN	KOR	GBR	USA
Legal services	-	-	-	-	✓	-	-	✓	✓	-	-	✓
Mental health and substance abuse	✓	✓	-	-	✓	✓	✓	✓	✓	-	✓	✓
Physical health	✓	✓	-	✓	✓	✓	-	✓	✓	-	✓	✓
Transportation support	✓	✓	-	-	✓	-	-	-	-	-	✓	✓
Other, please specify	✓ ¹⁷	✓ ¹⁸	-	✓ ¹⁹	-	-	✓ ²⁰	-	-	-	-	-

Table 8-6: Formal Evaluations of Programmes and Services.

Have these programmes or services been formally evaluated?												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
Caregiver support	Don't know	No	n.a.	n.a.	✓	Don't know	n.a.	Don't know	No	No	Don't know	✓
Case management/ care coordination	No	No	n.a.	n.a.	✓	Don't know	n.a.	Don't know	No	No	Yes	✓
Counselling	✓	No	No	No	Don't know	Don't know	No	✓	✓	No	Don't know	-
Disability compensation	✓	✓	No	No	✓	Don't know	✓	✓	No	No	Yes	✓
Education assistance	Don't know	No	No	n.a.	✓	Don't know	n.a.	Yes	No	✓	Yes	✓
Housing	Don't know	No	n.a.	n.a.	Don't know	Don't know	n.a.	No	No	✓	Don't know	✓
Home care	✓	✓	n.a.	n.a.	Don't know	Don't know	n.a.	No	No	No	Don't know	✓
Employment assistance	Don't know	✓	n.a.	No	✓	Don't know	n.a.	✓	✓	✓	✓	✓

¹⁶ Programmes and services are only available for veterans and war and service victims.

¹⁷ Grant programmes. Defence Service Home Insurance Scheme (see Table 8-4). Psycho-educational group programmes have been formally evaluated (see Table 8-6). DVA is exploring options to deliver healthcare in the primary health setting, through coordinated care and in-home telemonitoring. Care coordination has been formally evaluated and an in-home telemonitoring trial is currently being evaluated.

¹⁸ Health care and family support programmes and services.

¹⁹ Military pension if the requirements are met.

²⁰ Most of the other services mentioned are universal services provided by the government for all citizens regardless of occupation. The Armed Forces have no formal responsibilities for former service members except for a one-year programme for personnel having served in international operations. These services are also provided after the one-year programme is completed. The items checked in the list above concern personnel having served in international operations.

Have these programmes or services been formally evaluated? (Continued)												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
Financial benefits	✓	-	n.a.	n.a.	✓	Don't know	n.a.	No	No	✓	-	✓
Financial services	Don't know	-	n.a.	n.a.	✓	Don't know	n.a.	No	No	✓	-	✓
Information and referral	✓	No	n.a.	n.a.	✓	Don't know	n.a.	✓	No	No	Don't know	-
Legal services	No	-	n.a.	n.a.	Don't know	Don't know	n.a.	Don't know	No	No	-	-
Mental health and substance abuse	✓	No	n.a.	n.a.	✓	Don't know	No	✓	No	No	✓	✓
Physical health	✓	No	n.a.	No	✓	Don't know	n.a.	✓	No	No	✓	✓
Transportation support	✓	✓	n.a.	n.a.	Don't know	Don't know	n.a.	No	No	No	Don't know	-

Note: n.a. not applicable

Table 8-7: Differences in Support Transition.

Does the support during transition differ for different groups of (former) service members?											
AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
No	No	✓ ²¹	No	✓ ²²	No	✓ ²³	No	✓ ²⁴	No	✓ ²⁵	No
Is there a screening/interview process prior to discharge?											
AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
✓	✓	✓ ²⁶	✓	✓	✓	No	✓	✓	✓	✓	✓ ²⁷

²¹ There are some services available for veterans only, and there are some service for the people who have been released for medical causes.

²² In general, employment support is available for all. Additional support (e.g., health care) is available for specific groups.

²³ Conscripts receive no form of transitioning support. For personnel leaving the armed forces, we distinguish between those who retire, and those who have to leave the service due to their contracts expiring. The former receives counselling and the latter are also eligible for educational programmes in addition to counselling.

²⁴ Former service members receive different supports if they are leaving due to retirement, disability, or end of contract.

²⁵ Supports differ based on length of service (< 4, 4 – 6, and 6 or more years) and discharge type (medical or compulsory).

²⁶ Survey-based design.

²⁷ The Transition Assistance Program (TAP) for the active component service consists of the following: 1) Mandatory pre-separation counseling; Department of Labor (DOL)/TAP employment workshops; 2) Veterans benefits briefings conducted by the Department of Veterans Affairs (VA); 3) Disabled Transition Assistance Program (DTAP), which is also facilitated by the VA and is designed to focus on the special needs of disabled service members.

When do transition services start and end?											
AUS		Varies									
CAN		Start: Within first month of release for a 6 month notification and within first week for a 30 day. End: At 6 months post-release and for complex medical until case management is complete.									
EST		There are no time limits; there are financial limits.									
LVA		Process starts before release and ends when the member is released from military service or when they secure employment.									
NLD		Varies									
NZL		At entry to service, no defined end.									
NOR		All programmes are relatively short (about a week) and are conducted prior to leaving the service.									
HRV		Six months before discharge and ends during first year after discharge (there is formal regulation of transition).									
SVN		Six months before the contract expires and ends when former members have exercised all their “rights”.									
KOR		Veterans Affairs provides guidance support for the military personnel from a year before the scheduled discharge. The services last about 6 months after their discharge.									
GBR		Begins 6 to 12 months prior to release (depending on release notice) and 2 years after.									
USA		The Department of Defense (DoD) recommends that members start their planning at least 12 months prior to separation and 24 months prior to retirement from active duty.									
Is there any follow-up contact after release?											
AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
✓	✓	✓ ²⁸	No	No	✓ ²⁹	✓	✓	✓ ³⁰	No	✓ ³¹	✓

8.5 DISABILITY COMPENSATION

Disability compensation for former service members has a long history in many countries and has evolved over time and continues to evolve. Disability compensation plays a role in transition to civilian life for many former members.

²⁸ A questionnaire has to be filled out 6 months after release. For veterans there are several other questionnaires and studies conducted.

²⁹ At the request of the service member.

³⁰ Through the Association of Pensioners and the Ministry of Defence: The program takes care of former members if former members express their desire to participate through associations, self-help programmes, volunteering, etc.

³¹ At 6, 12, and 24 months among those enrolled in the CTP.

Table 8-8: Purpose of Disability Compensation.

Describe the purpose of disability compensation.	
AUS	<p>The <i>Veterans' Entitlements Act</i> disability pension compensates a veteran, member of the Forces, member of a peace-keeping force or Australian mariner for incapacity resulting from eligible service.</p> <p>The <i>Military Rehabilitation and Compensation Act (MRCA)</i> Permanent Impairment compensation is a tax-free, non-economic loss payment to compensate a member or former member for permanent impairment arising from injury or disease for which liability has been accepted.</p> <p>The <i>Safety, Rehabilitation and Compensation Act (SRCA)</i> provides Permanent Impairment compensation as lump sum compensation benefits to those who suffer a permanent impairment as a result of an injury or disease for which there is a liability to pay compensation under the <i>SRCA</i>. In some cases, lump sum compensation can also be awarded to the dependents of a member or former member of the ADF who is severely injured.</p>
CAN	VAC provides both economic and non-economic compensation for service-related disabilities and health problems resulting primarily from service. Benefits include payments for pain and suffering, income replacement and compensation for lost career progression as well as retirement benefits.
EST	To compensate for economic loss.
LVA	To compensate physical and moral damage caused by the military service.
NLD	Provide for loss of income.
NZL	Paid in recognition of the impact that qualifying operational service has had on a person's physical, biological, and mental health.
NOR	To indemnify future loss of income, and additional expenses due to the disability.
HRV	Financial support for disabled soldiers.
SVN	Severance from the Ministry of Defence. The invalidity according to the general regulations of the country. Disability retirement.
KOR	Soldiers who are discharged due to illness or injury during their military service receive disability compensation according to their disability level.
GBR	The Ministry of Defence (MOD) has two compensation schemes: the Armed Forces Compensation Scheme for injury, illness, or death caused by service on or after 6 April 2005 and the war pension scheme for any injury, illness, or death before this date. Both are no-fault schemes. Eligibility: All current and former members of UK Armed Forces, including reservists; claims need to be made within 7 years of the event. There are two types of award: 1) Tax-free Lump Sum Payment for pain and suffering, the size of which reflects the severity of the injury/illness; 2) Guaranteed income payment to replace potential loss of earnings; this is a tax-free, linked monthly payment.

Describe the purpose of disability compensation. (Continued)	
USA	Disability Compensation is a tax-free monetary benefit paid to veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service. Compensation may also be paid for post-service disabilities that are considered related or secondary to disabilities occurring in service and for disabilities presumed to be related to circumstances of military service, even though they may arise after service. Generally, the degrees of disability specified are also designed to compensate for considerable loss of working time from exacerbations or illnesses. ³²

Table 8-9: Number of Members Receiving Disability Compensation.

How many former service members are receiving disability compensation related to service?	
AUS	Disability pensioner: 91,334 Permanent impairment: 19,752 Incapacity payment: 4,577 ³³
CAN	109,154 Canadian Armed Forces and War Service Veterans ³⁴
EST	79 ³⁵
LVA	Extraordinary allowance: 2 – 3 persons annually
NLD	In 2018, in total, there were 9,647 former service personnel entitled for a Military Invalidity Pension.
NZL	Pensions: 7,600 Compensation: 30 ³⁶
NOR	~600 ³⁷
HRV	Up to 10%
SVN	150

³² See <http://www.benefits.va.gov/compensation/>.

³³ As of September 2016.

³⁴ As of 31 March 2016.

³⁵ As of May 2019.

³⁶ Approximate numbers as of April 2017.

³⁷ About 600 have received compensation for mental health problems after having served in international operations. In addition, there is a limited number of personnel with physical injuries from international and national service. Claims are being handled by the Norwegian Labour and Welfare Administration and the Norwegian Public Service Pension Fund.

How many former service members are receiving disability compensation related to service?	
KOR	About 840,000 ³⁸
GBR	Approximately 101,630 across the two schemes. ³⁹
USA	4,168,774

Table 8-10: Eligibility for Disability Compensation.

Who is eligible for service-related disability compensation?												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
Active/Regular Force – Deployed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Active/Regular Force – Not Deployed	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓
Reserves/National Guard – Deployed	✓	✓	✓	✓	✓	-	✓	n.a.	✓	✓	✓	✓
Reserves/National Guard – Not Deployed	✓	✓	✓	✓	✓	-	n.a.	n.a.	✓	✓	✓	✓
Conscripts	✓	n.a.	✓	n.a.	✓	✓	✓	✓	✓	✓	n.a.	n.a.
Spouse/Family Member	Not Eligible	✓	Not Eligible	Not Eligible	-	-	✓	✓	n.a.	✓	✓	✓
Survivors	n.a.	✓	✓	Not Eligible	-	-	✓	✓	n.a.	✓	✓	✓
Does disability compensation recognize economic (loss of earnings) and non-economic loss (pain and suffering) separately?												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
	✓	✓	No	No	✓ ⁴⁰	No	No	No	No	No	✓	No

³⁸ As of 2017.

³⁹ As of 31 March 2018.

⁴⁰ The Full Compensation Scheme (*Regeling Volledige Schadevergoeding*) entered into effect at the end of 2014. Before that scheme, veterans could be entitled to the Debt of Honour scheme (*regeling Ereschuld*) entered into effect in 2012. It was a measure aimed at according sufficient recognition to veterans who were discharged before 1 July 2007 and who had submitted their first application for a Military Invalidity Pension before 1 June 2012 and ensuring that they were compensated without delay. The scheme has now largely been wound down. In total, 2,407 veterans received a Debt of Honour payment amounting to a maximum of €125,000 per veteran, and for a total amount of €239,6 million.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

How is disability assessed?	
AUS	Medical opinion is sought and then considered. Impact of the injury on the client is then assessed with reference to legislative instrument. These instruments operate under the VEA and the MRCA and are divided into chapters by body part. Multiple body parts can be assessed and combined as per the instructions outlined in the guides. ⁴¹
CAN	Disability benefits to describe how disability is assessed for their programmes; e.g., requirement for a diagnosis, stabilization of conditions, permanence, etc. Rehabilitation Services and Vocational Assistance is a much less burdensome test. It considers health problems, both temporary and permanent that are creating barriers to re-establishment. The health problems must result primarily from service, and prevalence data related to military service, as defined in policy, can be used in the lack of contradicting information for eligibility. This programme is based on needs not entitlement so the medical, psycho-social and/or vocational services provided will be determined through individual assessments.
EST	In the military, it is assessed on the basis of the loss of capability to serve. It is expressed by the percentage. A person may be 100% incapable of service, 90% incapable, 80% incapable, and so on. The injury or illness has to be attributable to service. If injury or illness cannot be attributed to service, then the person has to turn to civil social insurance schemes where the pensions are significantly smaller.
LVA	It is assessed by a civilian commission.
NLD	Disability is assessed by independent professional organizations within or outside the military defence organization.
NZL	Based on the “whole of body” impairment rating, and only eligible to those with qualifying operational service who were made ill, injured, or have a condition that is related to that qualifying operational service. Caveat: All New Zealanders are covered by the Accident Compensation Corporation (ACC), which is responsible for administering the country’s universal no-fault accidental injury scheme.
NOR	The disability is assessed by a medical doctor. Disability due to loss of ability to work is described as a percentage. Medical disability is assessed according to tables.
HRV	By medical commission according special and independent regulations.
SVN	According to the general regulations of the country.
KOR	A service applicant who has a disability during military service can apply for disability compensation. A military doctor diagnoses it and makes a decision based on the military personnel law.
GBR	Through a medical report and a claim form being submitted to the Armed Forces Compensation Scheme (AFCS). The schemes use the balance of probabilities standard of proof, in line with similar schemes for civil claims. If it is determined that the injury/illness was predominantly caused by service, the claim will be considered for an award and the correct level determined; awards are made on a tariff based system, with 15 levels, 1 being most severe and 15 for minor injuries/illnesses.

⁴¹ The guide to the assessment of rates of veterans’ pensions can be found here <https://www.dva.gov.au/benefits-and-payments/income-support/guide-assessment-rates-veterans-pensions>.

How is disability assessed? (Continued)	
USA	When a service member who is separating from the military or a veteran has a service-connected medical condition, they can begin the Veterans Affairs (VA) Disability Process. If the service member is being separated from the military because of his/her medical condition, then the VA Disability Process begins automatically as part of the Integrated Disability Evaluation System. If, however, a service member is not separated for medical reasons or is already separated, they can begin the VA Disability Process by submitting a VA Disability Claim. The goal of the VA Disability Process is to determine 1) If a disabled veteran's condition qualifies for VA disability and 2) The exact amount of VA disability benefits they will receive for the qualifying conditions. To qualify during the VA Disability Process, the condition must be service-connected.

8.6 RECOVERY AND REHABILITATION PROGRAMMES

Recent difficult missions in many NATO countries have brought to light the need to develop new programmes, particularly those aimed at improving mental health care and rehabilitation to meet the growing needs of personnel returning home with various physical and mental injuries. Ensuring that these programmes are evaluated and both efficient and effective are important next steps.

Table 8-11: Reintegration Programmes.

Does your country have a reintegration/return-to-work programme for those who are ill/injured?											
AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
✓	✓	✓	✓	✓	✓	✓	No	No	No	✓	✓
What is the average time spent in this programme?											
AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
⁴²	-	Variable	Variable	-	Variable	-	-	-	-	Varies due to eligibility criteria. Median 61 – 122 days	10 months ⁴³
What is the percentage that return to military service?											
AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
-	-	-	None	-	-	-	-	-	-	80% in Naval Service; 40% in Army; 10% in RAF	43% ⁴⁴

⁴² The ADF provides rehabilitation to current ADF members and part-time reservists. DVA provides rehabilitation services to former members of the ADF.

⁴³ As of March 2016.

⁴⁴ As of November 2016, US Army Warrior Transition Unit.

Does your country have a recovery/rehabilitation programme to support ill/injured transition to civilian life?											
AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
✓	✓	✓	✓	✓	-	✓	No	No	No	✓	✓
If yes, what is the average time spent in this programme?											
AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
On average 3 – 4 months to complete a rehab plan.	44 months ⁴⁵	Depends on need ⁴⁶	Determined individually	-	-	Unknown	-	-	-	Varies by service due to different eligibility criteria for joining recovery pathway (discharge median 214 – 380 days).	2.5 years; varies by individual

8.7 MEASURING TRANSITION OUTCOMES

There is ongoing discussion as to what constitutes a “successful” transition from military service back to civilian life. For most militaries, having a job is the number one measure of military transition success. Yet there are many other measures of military transition success, including mental and physical health, housing, finances and family health.

Table 8-12: Definitions of Successful Transition to Civilian Life.

What would be considered as a successful transition to civilian life in your country?	
AUS	The definition of successful transition is a focus of the newly established Transition Taskforce, comprising members from DVA, the Department of Defence, and the Commonwealth Superannuation Corporation. At its most basic, the aim would be that a member is able to separate from the ADF and lead a healthy and productive life, accessing health care, finding employment and housing, and participating fully in society.
CAN	VAC is in the process of adopting a well-being conceptual framework and a comprehensive surveillance framework for measuring veteran outcomes in transition and over the life course. The framework includes seven domains with aspirational statements: 1) Employment or other meaningful activities: Veterans are engaged in activities that are beneficial and meaningful to them. 2) Finances: Veterans are financially secure.

⁴⁵ The average duration in VAC’s Rehabilitation Services and Vocational Assistance Program as of 31 March 2016 for those who completed the program during that fiscal year is 44 months (Performance Snapshot and Client Profile, Fiscal Year 2015/2016).

⁴⁶ The services available are social and psychological counselling, educational and employment services. Most do not make use of these services as they do not feel the need for them.

What would be considered as a successful transition to civilian life in your country? (Continued)	
	<p>3) Health: Veterans are functioning well physically, mentally, socially and spiritually.</p> <p>4) Life skills and preparedness: Veterans are able to adapt, manage, and cope within civilian life.</p> <p>5) Social integrations: Veteran are in mutually supportive relationships and engaged in their community.</p> <p>6) Housing: Veterans are living in safe, adequate, and affordable housing.</p> <p>7) Culture and social environment: Veterans are understood and valued by the nation.</p>
EST	Employment, emotional and physical well-being, family, meaningful relationships.
LVA	A new job and how quickly it is found.
NLD	There is no formal definition. However, measures are aimed at former service members doing well later in life, taking into account their limitations due to physical and mental health issues.
NZL	New Zealand does not apply specified measures; however, a holistic approach would be appropriate.
NOR	Employment in a civilian occupation.
HRV	Having a new (civilian) job.
SVN	That normally comes to life in civilian life.
KOR	The social return of the discharged soldier is to settle in a society by having the necessary preparation and ability to conduct normal living and stable economic activities.
GBR	To be a net contributor to society once discharged. This is multi-faceted and includes sustainable employment; adequate provision for housing oneself and/or family; adequate provision for schooling of children; sufficiently prepared to be able to conduct basic life support functions, such as personal budgeting and making appropriate healthcare arrangements; ability to engage with support infrastructures for ongoing issues (e.g., drug and alcohol dependency); and the ability to cope with life and make informed decisions personally without the cocooned “spoon feeding” regulation of an Armed Forces career. Currently only track employment outcomes.
USA	No two individuals experience the same situation and not all problems can be averted. A successful transition can be accomplished by helping the service member clarify their personal and professional goals as well as identify their plans for achieving those goals. Outcome measures include a “well-being inventory” with the following dimensions: Vocation (employment, school, and other unpaid work); Finances; Physical and Mental Health; and Social Relationships and Community Involvement. To improve the transition the service member should start the transition process early. He or she should seek out the services of agencies such as the VA, county-operated veteran services, and the traditional Veterans Service Organizations. The service members should make certain prior to separation to research key certifications and go after them while they are still in the service. Getting assistance from a sponsor, mentor, or a job coach on how to translate military skills into civilian language and terminology is also helpful. Attending job fairs for military veterans and seeking out recruiting firms that specialize in placing military veterans is also recommended.

Table 8-13: Outcome Measures.

What areas of outcome measures do you capture?												
	AUS ⁴⁷	CAN	EST	LVA	NLD	NZL	NOR ⁴⁸	HRV	SVN	KOR	GBR ⁴⁹	USA
Employment Earnings	-	✓	-	✓	✓	-	✓	-	-	-	-	✓
Employment Satisfaction	-	✓	✓	-	✓	-	-	-	-	✓	✓	✓
Employment Status	-	✓	✓	-	✓	-	✓	✓	-	✓	✓	✓
Family Health and Well-being	-	✓	✓	-	-	-	-	-	-	✓	-	✓
Finances	-	✓	✓	-	-	-	✓	-	-	-	-	✓
Housing	-	✓	✓	-	-	-	✓	-	-	✓	-	✓
Life Satisfaction	-	✓	✓	-	✓	-	✓	-	-	✓	-	✓
Mental Health	-	✓	✓	-	✓	-	✓	-	-	✓	✓	✓
Physical Health	-	✓	✓	-	✓	-	✓	-	-	✓	-	✓
Other	-	-	-	-	-	-	-	-	-	-	-	-

8.8 VULNERABLE GROUPS

Many former service members transitioning from the military to the civilian life encounter challenges such as finding employment, adjusting to “civilian” culture or dealing with mental and physical health issues.

Table 8-14: Identifying Vulnerable Members Prior to Release.

Are vulnerable former service members identified prior to release?												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
Early release from service	✓	-	-	-	-	✓	-	-	-	✓	✓	-
Dishonourable release	✓	-	-	-	-	-	-	-	-	-	✓	✓

⁴⁷ There is no current routine data collection in relation to the outcomes listed here but this is likely to be part of the work considered by the Transition Taskforce. For veterans who participate in DVA’s rehabilitation program, outcomes of rehabilitation success for psychosocial, vocational, and medical management goals are captured. Some measures relating to employment status, family health and wellbeing and housing are captured in specific health and wellbeing research studies, rather than as part of routine administrative data collection.

⁴⁸ This has been done by Statistics Norway, covering personnel serving in international operations in 2012. In addition, it has been covered in several surveys concerning personnel from international operations conducted by the Armed Forces. We do not have statistics covering other personnel serving or having served in the Armed Forces. These surveys are not conducted on a regular basis.

⁴⁹ MOD contact is at 6, 12, and 18 months post-discharge for employment only. Mental health is tracked by the National Health Service (England only) for those who seek help and declare their veteran status.

Are vulnerable former service members identified prior to release? (Continued)												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
Dishonourable release	✓	-	-	-	-	-	-	-	-	-	✓	✓
Involuntary release	✓	-	-	-	-	✓	-	-	-	✓	✓	✓
Low education	-	-	-	-	-	-	-	-	-	-	-	-
Wounded, injured, sick	✓	✓ ⁵⁰	✓	-	✓	✓	-	-	-	✓	✓	✓
Other:	-	✓	-	-	-	-	-	-	-	-	-	-
Are vulnerable former service members monitored after release?												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
	✓ ⁵¹	✓	✓ ⁵²	-	No	✓ ⁵³	✓ ⁵⁴	-	-	✓	Not as a specific cohort	✓ ⁵⁵

8.9 INFLUENCE OF SOCIETY ON TRANSITION

The armed forces and government are not the only actors that influence transition outcomes, society as a whole and different groups within society can influence this process. It is clear that transition is also influenced by factors like public image, public opinion, media attention and by different forms of former service members' support from companies, non-governmental agencies and local communities.

Table 8-15: Polling of Former Members.

Have there been any public opinion polls on how former members are viewed?	
AUS	A 2015 survey of perceptions of the military in Australia, Canada, France, Great Britain, and the United States. Some content relates to former members [3].
CAN	There have been a number of public opinion polls conducted by VAC and DND on related subjects that capture Canadians' opinions of former service members.
EST	Veterans are too often perceived as only veterans of WWII, so that only 17% of respondents know who a veteran of the Estonian Defence Force is. But, at the same time, 68% of respondents consider it important to celebrate the Veterans Day and 77% of respondents think the Estonian Defence Force is a trustworthy institution.

⁵⁰ Vulnerable is defined for the purpose of this survey as those releasing as seriously injured veterans with service related condition(s).

⁵¹ Arrangements exist to monitor vulnerable DVA clients, but former members of the ADF do not automatically become DVA clients on leaving the ADF.

⁵² Vulnerable service members are not monitored on the basis of their vulnerability. All former service members are monitored, and then we see who are vulnerable in which areas.

⁵³ Veterans Affairs offer monitoring services post-employment.

⁵⁴ Not in any other capacity than through the one-year follow-up programme for personnel having served in international operations.

⁵⁵ Only "wounded, injured, and sick."

Have there been any public opinion polls on how former members are viewed? (Continued)	
LVA	No
NLD	The public opinion on how veterans are viewed is regularly measured. We also measure how veterans experience public opinion. ⁵⁶
NZL	No
NOR	TNS Gallup preforms a yearly public survey with regards to the population's attitudes towards the Armed Forces. This also records the public perception of how the Armed Forces treats veterans. In addition, the Armed Forces have conducted surveys measuring the public's perception of veterans.
HRV	No
SVN	No
KOR	Veterans Affairs (2013) developed "Veterans Index" that characterized the public's awareness of the reality and support policies for veterans. The results of the survey with the index shows that the public thought the capability, such as leadership of veterans, has been poor, although they acknowledge the contribution of veterans to the country. It also showed that their understanding of the difficulties of veterans returning to society was low.
GBR	The Veterans Transition Review (February 2014) and its follow-up reports (July 2014 and November 2016). The MOD has commissioned both qualitative and quantitative research on public perception with YouGov and the Forces in Mind Trust. The MOD publish their annual public opinion surveys on Gov.uk.
USA	A 2001 Gallup Poll reported that 1) 63% agree that post-9/11 veterans are leaders and civic assets who have unique and valuable skill that can help strengthen our communities; 2) 78% agree that over the next few years, more than one million service members will re-enter civilian life; and 3) 70% agree that communities should have higher expectations for post-9/11 veterans than they do for non-veteran peers because veterans have gained skills and experience through their military service.

⁵⁶ Opinion polls are available in Dutch and an English Factsheet on this subject is also available at www.veteraneninstituut.nl.

Table 8-16: Portrayal of Former Members in the Media.

Are there any media scans or reports on how former service members are portrayed?											
AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GRB	USA
No	✓	-	No	✓ ⁵⁷	✓	✓ ⁵⁸	-	-	✓ ⁵⁹	-	✓ ⁶⁰

8.10 IMPACT ON FAMILIES

Families also transition from military to civilian life; however, little is understood about the impact of transition from military to civilian life on the family. At the same time, the dynamic of family within modern society is changing, which may, to varying degrees, influence corresponding changes in policy and practice in militaries across NATO countries.

Table 8-17: Families in the Transition Process.

Are families formally involved in the transition process?												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
	✓	✓	No	No	✓ ⁶¹	✓	No	No	✓	No	No	✓
What programmes and services are available to help families in transition?												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
Caregiver support	-	✓	-	-	-	✓	-	-	-	-	-	✓
Case management/ care coordination	✓	✓	-	-	✓	✓	-	-	-	-	-	✓
Counselling	✓	✓	✓	-	✓	✓	✓	-	✓	-	-	✓
Disability compensation	-	-	-	-	-	-	-	-	-	✓	-	✓
Education assistance	-	✓	-	-	-	✓	-	-	-	✓	-	✓
Employment assistance	-	-	-	-	-	-	-	-	✓	-	✓	✓
Information and referral	✓	✓	-	-	✓	✓	-	-	-	✓	✓	✓
Home care	-	✓	-	-	-	✓	-	-	-	-	-	✓

⁵⁷ Media reports on the image of veterans are available in Dutch and an English Factsheet on this subject is also available at www.veteraneninstituut.nl.

⁵⁸ All surveys and reports are in Norwegian. Includes media scans and surveys.

⁵⁹ 44% of the discharged are non-regular workers.

⁶⁰ See the following links from Cornell University: <https://ropercenter.cornell.edu/a-heros-welcome-the-american-public-and-attitudes-toward-veterans/>. Pew Research <http://www.pewresearch.org/fact-tank/2016/10/18/most-americans-trust-the-military-and-scientists-to-act-in-the-publics-interest/>. Gallup <http://www.gallup.com/poll/7177/americans-respect-military-honor-veterans.aspx>. Got Your Six <https://gotyour6.org/impact/cultural-perceptions-of-veterans/>. Military Times <http://www.militarytimes.com/story/veterans/2015/11/08/commentary-americas-changing-perception-veterans/75303948/>.

⁶¹ For wounded, injured, and sick personnel.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

What programmes and services are available to help families in transition? (Continued)												
Housing	-	-	-	-	-	✓	-	-	-	-	✓	✓
Mental health and substance abuse	✓	✓	✓	-	✓	✓	-	-	✓	-	-	✓
Physical health	-	-	-	-	✓	-	-	-	-	-	-	✓
Transportation support	-	✓	-	-	-	-	-	-	-	-	-	✓
Other	Psycho-educational group programs	Family peer support	-	-	-	-	-	-	-	-	-	-

Table 8-18: Formal Evaluation of Family Programmes.

Have these military family programmes been formally evaluated?												
	AUS	CAN	EST	LVA	NLD	NZL	NOR	HRV	SVN	KOR	GBR	USA
Caregiver support	-	No	n.a.	-	-	✓	-	-	No	-	-	-
Case management/care coordination	No	No	n.a.	-	-	-	-	-	No	-	-	-
Counselling	No	-	No	-	-	✓	No	-	No	-	-	-
Disability compensation	-	No	n.a.	-	-	-	-	-	No	✓	-	-
Education assistance	-	-	n.a.	-	-	✓	-	-	No	✓	-	-
Employment assistance	-	-	n.a.	-	-	-	-	-	No	-	✓	-
Information and referral	Yes	No	n.a.	-	-	✓	-	-	No	No	Don't know	-
Home care	-	✓	n.a.	-	-	-	-	-	No	-	-	-
Housing	-	-	n.a.	-	-	✓	-	-	No	-	Don't know	-
Mental health and substance abuse	No	-	No	-	-	✓	-	-	No	-	-	-
Physical health	-	-	n.a.	-	-	-	-	-	No	-	-	-
Transportation support	-	-	n.a.	-	-	-	-	-	No	-	-	-

Table 8-19: Data on Military Families after Transition.

Please describe any data on how military families are doing after transition.	
AUS	Studies conducted by DVA have examined families of ADF members who were deployed during different conflicts and missions (Timor-Leste, Vietnam). Additionally, other studies have looked at children of former and current service members specifically. Currently, the Family Well-being Study is being conducted by the Australian Institute of Family Studies for DVA and the DoD as part of the Transition and Well-being Research Programme. A total of 1,448 surveys were completed, which will be complemented by a qualitative component. The study will investigate the impact of military service on the well-being of families of serving and ex-serving personnel, and is expected to be released in late 2017 or early 2018.
CAN	Life After Service Studies (LASS) data: Canadian survey of veteran population, primarily data related to veteran well-being, with more recent data related to family members. There are also House of Commons and Senate Committee reports, and Veteran Ombudsman reports. Qualitative data being collected now for families in transition with a veteran with mental health conditions related to service.
EST	We monitor the divorce rate of veterans, for example, and then we launch opinion polls among the veterans from time to time where we also ask questions about their family life. There are also numerous other things that we monitor that provide indirect information about the family life (for example, unemployment or crimes committed). But our emphasis is on homecoming post-deployment; that's when we speak to the families and provide counselling and services for them.
LVA	None
NLD	Most families of veterans do well after transition. ⁶²
NZL	Unknown
NOR	Unknown
HRV	-
SVN	-
KOR	Choi Dong-sook and others argued that discharged soldiers having open-communication with their families can achieve successful career change.
GBR	Through Kings College London research; through surveys conducted with service leavers post-discharge; through research conducted by the Army, Navy and Air Force Families Federations.
USA	There is survey data, administrative data, and commercial data. For example, the Veteran Metric Initiative (TVMI) is creating a Well-being Inventory that includes Vocation, Finances, Physical and Mental Health, and Social Relationships and Community Involvement.

⁶² See report *Alles rustig aan het thuisfront?* (in Dutch) at www.veteraneninstituut.nl.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

Table 8-20: Barriers to Helping Families.

Please describe any barriers to helping families during transition.	
AUS	The legislation under which DVA provides support is primarily based on a model of support to the eligible veteran, which limits support available to families during transition, as most support is provided to families through the eligible veteran. A further challenge is finding effective communication channels to inform families of the services available.
CAN	Difficult to get information about benefits and services, etc., directly to family members; currently most benefits and services are a derivative of what is offered to veterans.
EST	The only barrier is the concept of responsibility and measure of paternalism. If the family has issues that are service-related, then we take responsibility. But if those issues are not service-related, then we let civilian services treat the problems.
LVA	-
NLD	The entitlement for veteran family support is subject to discussion within MoD and Parliament.
NZL	Access to families, contact details, etc. Lack of understanding from serving members.
NOR	There are no barriers to help, but all services provided to families are need-based and provided by the public welfare system.
HRV	-
SVN	-
KOR	Military families have a difficult time on reuniting during transition because they have not shared enough time on the important stages in family lifecycle due to frequent moves or long separations.
GBR	It is not uncommon for the service person to not want their spouse present at some resettlement briefings (for example, pensions briefings).
USA	Relationships, re-establishing family roles, joining or creating a community, establishing services, bureaucracy.

8.11 DETAILED DISABILITY COMPENSATION FINDINGS

Table 8-21: Australia.

<p>Context: Australia's universal health care system funds a large part of the cost of health services, including those in public hospitals and doctors. The DVA provides for health care coverage related to receipt of disability compensation including household services and attendant care services, essential home, workplace and vehicle modifications, as well as aids and appliances and their repair or replacement.</p> <p>Significant changes were made to compensation during the 1980s and early 1990s related to standard of proof, pension eligibility, and compensation arrangements for peacetime service (DVA, 2011). The Safety, Rehabilitation and Compensation Act (SRCA) of 1988 split compensation into a dual award approach; Incapacity Payments for earnings losses and Permanent Impairment payments for non-economic (quality of life) loss compensation. The previous Veterans' Entitlement Act (VEA) 1986 provides a pension for life based on impairment level. As of September 2016, there were 91,334 veterans in receipt of Disability Pensions. The Military Rehabilitation and Compensation Act (MRCA) 2004 covers defence service on or after July 1, 2004 and was designed to cover a whole spectrum of service. The VEA and the SRCA cover service before July 1, 2004.</p> <p>The Review of Military Compensation Arrangements (MRCA) commenced in 2009 and was completed in 2011. The Steering Committee's report was released by the Minister for Veterans' Affairs on 18 March 2011. The MRCA Review made 108 recommendations ranging from administration and policy improvements, to reviews of various pension and compensation types, and proposed legislative change. In its response of 8 May 2012, the government accepted or modified 96 of these recommendations, deferred three, and accepted one observation from the report. This totalled 100 recommendations to be actioned.</p>				
<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Department of Veterans Affairs – Incapacity Payments (Earnings Losses)	Incapacity benefits are payments for economic loss due to the inability (or reduced ability) to work because of an injury or disease that has been accepted as service-related under the MRCA or SRCA.	A current or former Australian Defence Force (ADF) member (Permanent or Reserve Force), a Cadet, officer or instructor of Cadets or a declared member; and have medical certification that the veteran is either totally or partially incapacitated for service or work as a result of a service-related injury or disease.	As of Sept. 2016: 4,577	Payments are based on 100% of the difference between normal earnings and actual earnings for the first 45 weeks of incapacity. After 45 weeks payments are based on the difference between a percentage of their normal earnings in the military and actual earnings. The percentage will vary between 75% and 100%, depending on the number of hours they are able to work each week. The benefit is paid until the earlier of age 65 or return to full employment.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Department of Veterans Affairs – Special Rate Disability Pension (Earnings Losses)	SRDP is an alternative to Incapacity Payments and are payments for economic loss due to the inability (or reduced ability) to work because of an injury or disease that has been accepted as service-related under the MRCA.	Must undergo a rehabilitation assessment and have an impairment rating of 70% or more, be in receipt of incapacity payments, be unable to work more than 10 hours/week, and unlikely to be assisted by rehabilitation		The SRDP can be chosen in lieu of Incapacity Payments. Paid an ongoing, tax-free amount for life. The SRDP rate is equivalent to the Special Rate of pension under the Veterans' Entitlements Act 1986 (currently \$1,330.90, as of January 1 2016, Australian, biweekly) and there are offsets for Commonwealth superannuation and Permanent Impairment compensation payments.
Department of Veterans Affairs – Permanent Impairment Compensation Payments (Quality of Life Losses)	Comparison for any permanent physical and/or mental impairment in combination with any lifestyle restrictions as a result of injuries or diseases which have been accepted as being related to service under the MRCA or SRCA.	A current or former Australian Defence Force (ADF) member (Permanent or Reserve Force), a Cadet, officer or instructor of Cadets or a declared member; and have medical certification that you are either totally or partially incapacitated for service or work as a result of a service-related injury or disease.	As of Sept. 2016: 19,752 (commuted or periodic)	Impairment is assessed using the Guide to Determining Impairment and Compensation which was developed using: 1) Guides to the Evaluation of Permanent Impairment, 4th edition, American Medical Association, 1993; 2) International Classification of Impairments, Conditions, and Handicaps, World Health Organisation, Geneva, 1980; and 3) Publication No 118 of the National Acoustic Laboratories, Improved Procedure for Determining Percentage Loss of Hearing, by J. Macrae, Australian Government Publishing Service, Canberra, 1988.

Table 8-22: Canada.

<p>Context: Provincial/territorial health care system guided by the <i>Canada Health Act</i>, which provides for insured hospital and physician services. Coverage for other health care goods and services such as prescription drugs, home care, other health care providers and dental care vary by province and are often targeted to specific groups (seniors, social assistance recipients). Former military members are covered by the provinces, but VAC provides coverage for non-insured benefits that are often not covered by provincial health care (treatment benefits, prescriptions, long-term care, home care). Other social welfare programmes include Provincial/Territorial welfare systems, Employment Insurance, Canada Pension Plan, Old Age Security and Guaranteed Income Supplement, and various tax credits aimed at social welfare.</p> <p>There are seven distinct sources of disability income security benefits at the federal and provincial levels: 1. Canada Pension Plan Disability (CPP-D) and Quebec Pension Plan Disability (QPP-D); 2. Employment Insurance Sickness Benefit; 3. Veterans' benefits for disability; 4. Tax measures; 5. Provincial social assistance disability benefits; 6. Provincial workers' compensation benefits; and 7. Employment-based long-term disability plans. Former military members are eligible for these programmes but also have specific benefits for compensation of service-related conditions, which include long-term disability insurance for medical releases (SISIP); VAC Disability Benefits for loss of quality of life and VAC Rehabilitation Program and related financial support for earnings losses.</p> <p>Canada instituted reforms to compensation in response to inadequate supports to meet the re-establishment needs of members transitioning to civilian life (Stow, 1997 [4]; McLennan, 1997 [5]) and poor outcomes among clients of VAC (Review of Veterans Care Needs, 1999 [6]) despite rising costs. The <i>Canadian Forces Members and Veterans Re-establishment and Compensation Act</i> often referred to as the New Veterans Charter (NVC) replaced the <i>Pension Act</i> for new applications for disability compensation after April 2006. Since this time financial compensation has been expanded three times (2011, 2014, and 2016). A review in 2016 (MacLean and Lockhart, 2016 [7]) of the NVC found that, overall, evidence suggests that key aspects of the design of the NVC are still relevant today and while the NVC was for the most part evidence-based, much of the evidence that has come to light since the NVC has yet to be considered in this "living" Charter.</p>				
<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
National Defence – Long-Term Disability (Service Income Security Insurance Plan – SISIP-LTD)	Provide replacement income protection and prepare former members to obtain gainful civilian employment.	Veterans (deployed and not deployed, Regular and Reserve Force) who were: a) released for medical reasons; or b) not medically released but deemed "totally disabled."	Average of 1,030 medical releases from Regular Forces and 135 from Primary Reserves annually from 2003 to 2014.	Provides 2 years wage replacement at 75% of pre-release salary. Wage replacement continues until age 65 if deemed "totally disabled." Participation in the Vocational Rehabilitation Programme is voluntary.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
		“Totally disabled” means having a physical or mental impairment which is preventing the individual from obtaining any substantially gainful employment for which they are reasonably qualified.		
Veterans Affairs – Disability Awards Program (Quality of Life Losses)	Recognition of the quality of life loss effects of service-related disabilities.	Veterans (deployed and not deployed, Regular and Reserve Force). Members/veterans must be suffering from a disability resulting from: a) a service-related injury or disease; or b) a non-service-related injury or disease that was aggravated by service.	72,517 veterans/serving members 2,305 survivors 590 death benefits Total of 75,412 in receipt of benefits As of Dec. 2018	Compensation is provided in the form of lump-sum disability awards ⁶³ (since April 2006). The amount of benefit awarded depends on the severity of the disability and its impact on daily functioning. Assessment is based on a Table of Disabilities (TOD), which considers the relative importance of a certain body part/system to assess the level of impairment (1% to 100%) and the impact that impairment has on the individual’s quality of life. Based on the American Medical Association (AMA) <i>Guides to the Evaluation of Permanent Impairment</i> and the <i>Guide to Assessment of Rates of Veterans’ Pension</i> (Australia).

⁶³ The Canadian Forces Members and Veterans Re-establishment and Compensation Act.

**SURVEY ON THE STATE OF PRACTICE FOR TRANSITION
SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS**



<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
				Disability pension amount at 100% originally based on average earnings of unskilled labourer. Amounts are increased for veterans with spouses and dependents. Disability Award amount at 100% was based on average awarded by courts for pain and suffering.
Veterans Affairs – Critical Injury Benefit (Quality of Life Losses)	The Critical Injury Benefit (CIB) is paid in recognition of the immediate stress and hardship a CAF member or veteran experiences after a traumatic incident. It spans the time between the initial incident and when the CAF member or veteran becomes medically stable.	Veterans (deployed and not deployed, Regular and Reserve Force) who, after 31 March 2006, sustained a service-related severe and traumatic injury or developed an acute disease caused by a sudden and single incident which resulted in an immediate and severe impairment and interference in quality of life.	15 in 2017 – 2018	The CIB is paid directly to the CAF member or veteran and is separate and apart from disability award payments. It provides a tax-free lump sum award of \$70,000 (indexed).
Veterans Affairs – Earnings Loss Benefit (Earnings Losses)	Recognition of the earnings impact a military career-ending or service-related disability may have on the veteran's ability to earn income post-release.	Veterans (deployed and not deployed, Regular and Reserve Force) and in certain circumstances, their survivors/orphans. Must be participating in rehabilitation or be determined to have a diminished earnings capacity.	16,616 as of Dec. 2018	Provides income replacement (90% of pre-release earnings) during participation in rehabilitation or until age 65, if following approval of a rehabilitation plan, the veteran is determined to have a diminished earnings capacity.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Veterans Affairs – Career Impact Allowance (Earnings Losses)	Formerly known as the Permanent Impairment Allowance and Supplement: Recognition that severe permanent impairment may lead to earnings loss with respect to employment potential and career advancement opportunities.	<p>Veterans (deployed and not deployed, Regular and Reserve Force).</p> <p>Veterans may qualify for the Career Impact Allowance if they have:</p> <ul style="list-style-type: none"> a) a severe and permanent impairment caused by military service for which they have received a disability benefit; and b) an approved application for VAC rehabilitation services. <p>Veterans who receive the Career Impact Allowance, and who are deemed to have diminished earnings capacity (deemed to not be able to earn 66% of pre-release earnings), are also eligible for the Career Impact Allowance Supplement.</p>	5,921 as of Dec. 2018	A taxable, monthly allowance payable for life (or until such time as the veteran no longer meets the eligibility requirements). It is provided when the veteran's earnings capacity has been limited because of a service-related illness or injury. The grade level (and resulting benefit amount) is based on the following factors: extent of impairment, years left to serve, and degree of earning capacity. The extent of impairment is assessed based on three grade levels of permanent and severe impairment, which includes an amputation; loss of the use of a limb; loss of vision, hearing or speech; a permanent and severe psychiatric condition; a permanent requirement for physical assistance of another person for most activities of daily living; or a permanent requirement for supervision.

**SURVEY ON THE STATE OF PRACTICE FOR TRANSITION
SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS**



<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Veterans Affairs - Supplementary Retirement Benefit (Earnings Losses)	Provide for reduced capacity to contribute to a pension plan because of a career-ending or service-related disability.	Those who were eligible for the Rehabilitation Programme and have been deemed to have a diminished earnings capacity (unable to earn 66% of pre-release earnings).	79 as of Dec. 2018	Taxable Lump Sum Payment paid at age 65. The amount is equal to 2% of the sum total of all the earnings loss benefits payable to an eligible veteran or survivor before deductions.
Veterans Affairs – Retirement Income Support Benefit (Earnings Losses)	Provides life-long financial stability for moderately to severely disabled individuals through a monthly income security payment beginning at age 65.	Those who were eligible for the Rehabilitation Programme and have been deemed to have a diminished earnings capacity (unable to earn 66% of pre-release earnings).	124 as of Dec. 2018	This benefit tops up a Veteran's total annual income to at least 70% of what he or she received in financial benefits from VAC.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

Table 8-23: Republic of Croatia.

Context: The Ministry of Croatian Defenders was formed in 1997 and provides support to all Croatian war veterans and victims of the Homeland War (1991-1995) to ensure that their merits in defending the homeland are valued, and the victims will not be forgotten. The Ministry is divided into four directorates, which include the Directorates for Family, War Veterans, Intergenerational Solidarity and Imprisoned and Missing.

On November 30, 2004, the *Law on the Rights of Croatian Homeland War Veterans* was signed, which grants veterans “rights” to healthcare, pension insurance, allowance for children, employment, housing and shares (shares in companies without charge). The law consists of 163 articles which describe pension and disability benefits that are available to veterans who meet eligibility requirements. Croatian Homeland War Veterans are eligible for additional old age pensions than that provided to the civilian population or other veterans.

Veterans with a disability classification of Group 1 have additional benefits and access to a number of programmes, some of which include benefit to a personal car every 7 years fitted with appropriate adaptations (Article 60); orthopaedic allowance (Article 71) and programme to build a house with special adaptations (eligible to veterans that move exclusively in a wheelchair; Article 36).

The Republic of Croatia holds a special HRVI status that grants access to additional benefits, which signifies Croatian wartime military disabled. This status can affect the amount paid to a Defender receiving a disability pension, and it also grants access to Personal Disability.

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Disability Pension (Earnings Loss)	To compensate for loss of ability to work.	Entitlement is limited to Croatian Homeland War Defenders who have suffered permanent loss of ability to work or where a professional incapacity to work as a result of injury, detention in a camp, illness, deterioration by disease or the occurrence of a disease acquired in the defence of the sovereignty of the Republic of Croatia and party by wounding, injury, disease or deterioration by disease beyond these circumstances.	n.a.	The disability pension is a monthly amount paid to disabled veterans. This amount varies by rank and is determined by a calculation that assumes 40 years of service for the veteran, and takes the average income of all Croatians into account. A factor is applied to further customize the pension depending on the organization and HRVI status of the veteran. The disability pension cannot exceed the retirement pension based on 40 years of work.

**SURVEY ON THE STATE OF PRACTICE FOR TRANSITION
SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS**



<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Minimum Pension		<p>Veteran retiring with entitlement to either Old Age Pension, Disability Pension or Family Pension. If the amount of that pension is calculated to be lower than the Minimum Pension, then the Minimum Pension will be awarded. This applies to pensions earned under general regulations as well as for those recognized under the <i>Law on the Rights of Croatian Defenders</i>.</p> <p>The right to a Minimum Pension is determined if the Croatian Defender has met the retirement age under the <i>Pension Insurance Act</i> and has been in the Homeland War for over 100 days in the combat sector and does not meet the age requirements.</p>	n.a.	<p>The Family Pension is calculated similarly to the Disability Pension and is based on rank/organization of the Croatian War Veteran. A pension factor is applied to this monthly amount to vary the benefit if there are multiple children, or if the child belongs to one or both parents.</p> <p>The Minimum Pension is calculated from the base of 45% of the salaries of all employees in the Republic of Croatia in the year preceding the year of exercise of this right.</p>
Personal Disability (Quality of Life)	A basic right of the HRVI from the Homeland War (Article 66)	Entitled to Croatian War Veterans from the Homeland War for injuries resulting from a wound, injury, or disease, deterioration of the illness or occurrence of a disease in the defence of the sovereignty of the Republic of Croatia or with detainees in the hostile camp.	n.a.	<p>Veterans are classified into the following groups:</p> <p>Group 1: Disabled with 100% damage and require regular care and assistance from another person;</p> <p>Group 2: Disabled with 100% damage;</p> <p>Group 3: Disabled with 90% damage;</p> <p>Group 10: Disabled with 20% damage.</p> <p>A monthly amount is determined of the established budget base in the Republic of Croatia. Percentages of this amount are applied as follows:</p> <p>Group 1: 115%;</p> <p>Group 2: 73%;</p> <p>Group 3: 55%;</p> <p>Group 10: 3%.</p>

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

Table 8-24: Estonia.

Context: Estonia regained independence from the Soviet Union in 1991. This was also the year when the Estonian Defence Forces (EDF) were established. Estonia employs a comprehensive defence approach and uses a combined professional and conscription and reserve-based army model. The average size of the Estonian Regular Armed Forces in peacetime is about 6,000 persons, of whom about half are conscripts. The Constitution of the Republic of Estonia foresees compulsory military service of all physically and mentally healthy male citizens. Female citizens can serve on voluntary basis. The conscription period lasts 8 to 11 months. Those who have completed their conscript service are assigned to reserve units, as reservists they are called up for training a minimum of every five years.

The majority of Estonian WWII veterans participated in the Russian, German, and Finnish armies and typically receive benefits under the policies of these countries. According to the official definition of veteran, WWII participants are not considered veterans. Veterans are predominantly those who have deployed or have sustained permanent injury while discharging duties.

Estonia has a number of social programmes, which include a national old age pension, national disability pension and unemployment benefits. Due to Estonia employing conscription, pension supplements (not disability-based) are included in social programmes to boost benefits to veterans by 10%.

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Lump Sum Award (Quality of Life Losses)	To compensate for material and intangible losses due to physical harm.	Veterans (deployed and not deployed, regular and conscripts) who sustained their injury/illness while participating in a service-related activity.	n.a.	Veterans are paid a one-time lump sum of 6 to 96 times the average wage (5,082 to 81,312 euros as of 2012).
Pension for Incapacity for Work (Earnings Losses)	To compensate for incapacity for work related to service.	Veterans (deployed and not deployed, regular and conscripts) who sustained their injury/illness while participating in a service-related activity.	74 as of Nov. 2016	Disability is assessed on the basis of the loss of capability to serve. It is expressed by the percentage. A person may be 100% incapable to serve or 90% incapable or 80% incapable and so on. But this incapability has to be caused by the service. There have been cases when a person has lost the capability to serve for non-service-related reasons. In that cases the military does not pay the disability pension. Then the person has to turn to civil social insurance schemes where the pensions are significantly smaller. Veterans are paid 40 – 80% of the average gross wage; i.e., 338-677 euros a month (as of 2012) until the age to be eligible for the old age pension is reached.

Table 8-25: Latvia.

Context: The majority of Latvian WWII veterans participated in the Russian, German and Finnish army's and typically receive benefits under these countries policies. Latvia gained independence from the Soviet Union and the Latvian National Armed Forces was restored in 1991. The Latvian National Armed Forces changed from a conscription based army to professional in 2007 and its last draft occurred in 2005.

While enlisted in the military, soldiers have access to free healthcare. Once soldiers exit the service, they are considered as citizens and are subject to the state social insurance. Services of the National Armed Forces psychologists are available when necessary. If a veteran has died during an international operation, his/her family (parents, spouse and children) are entitled to rehabilitation once in a two year period thereafter.

The State Social Insurance Agency is responsible for providing a number of social programmes which are available to citizens and veterans. These programmes include a national old age pension, unemployment benefits and a disability pension. The disability pension is a monthly payment for a certain period and amounts depend on the individual's social insurance contributions.

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Ministry of Defence – Lump-Sum Benefit (Quality of Life Losses)	To compensate for loss of quality of life.	Entitlement to disability compensation is restricted to veterans whose disability has been determined to be related to performing military service. The disability must be determined due to injury (mutilation, concussion) or illness, which has been suffered during the time of service, while performing service duties.	n.a.	For disability or impairment related to performing military service, compensation is segmented as follows: Group I: Severely disabled requiring constant attendance; Group II: Severe disability but not in need of constant attendance; Group III: Disability. Disabilities not caused during international operations: Group I: 50 monthly salaries but not more than 30,000 LVL; Group II: 40 monthly salaries but not more than 20,000 LVL; Group III: 20 monthly salaries but not more than 10,000 LVL.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
		<p>Time restrictions limit disability compensation eligibility for veterans whose impairment did not occur while participating in an international operation. For veterans to meet disability eligibility requirements under these conditions, the determination of the disability must have occurred during the time of service or within a year from retirement from active service.</p> <p>Veterans whose disability has not been determined to be related to service are eligible for a smaller impairment based compensation.</p>		<p>Disabilities caused during international operations: Group I: 20 monthly salaries but not more than 30,000 LVL; Group II: 15 monthly salaries but not more than 20,000LVL; Group III: 10 monthly salaries but not more than 10,000LVL.</p> <p>Impairment compensation (not related to service): Severe Health Impairment; Moderate Health Impairment; Slight/Light Health Impairment.</p> <p>The impairment compensation scheme: Severe Health Impairment: 5 monthly salaries. Moderate Health Impairment: 3 monthly salaries but not more than 1,000LVL (condition excludes international operations). Light Health Impairment: 1 monthly salary (For International Operations) Slight Health Impairment: 200LVL if the temporary disability lasts over 6 days.</p>

**SURVEY ON THE STATE OF PRACTICE FOR TRANSITION
SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS**



<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
				A lump sum of 3 monthly salaries is paid to a veteran who, while performing military service, has become ill and after treatment has been recognized as unfit for future active service and therefore he or she is retired from professional service before the end of the term of service (contract).

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

Table 8-26: The Netherlands.

Context: The Netherlands has a number of social programmes, including a national health care system, acute and long-term care, disability benefits related to both occupational and non-occupational and unemployment insurance that apply to all citizens.				
<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Full Compensation Scheme (Quality of Life Losses)	The central government honours its debt to the veterans who, every day, have to cope with their injuries or mental problems.	Veterans who have become disabled during deployment. Must have suffered the injury before July 1 st , 2007, been discharged from service before July 1 st , 2007, and submitted application for a military disability/ invalidity pension before June 1 st , 2012.	In 2017, some 44 Full Compensation Scheme cases were settled and a total of €9.2 million paid out.	A lump sum payment that ranges from EUR 6,250 to EUR 125,000 depending on degree of disability or unfitness for work. The benefit is a non-taxable.
The Government and Education Pension Fund – Military Invalidity Pension (MIP)	Supplements income for a short or longer period of time. If after rehabilitation, further recovery is unacceptable, then former members can claim a military invalidity pension.	Former service members. The condition for this is that an insurance doctor has determined that your condition is caused by the exercise of the military service in exceptional circumstances such as a deployment. The degree of disability must be 10% or more. This does not apply to service casualties.	In 2018, in total, there were 9,647 former service personnel entitled for a Military Invalidity Pension.	The amount, type and severity of limitations determine the degree of disability and thus the financial compensation. A definitive percentage is established that can be increased only when aggravated by the condition.

**SURVEY ON THE STATE OF PRACTICE FOR TRANSITION
SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS**



<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Invalidity Pension Supplementary Benefit.	If disabled and incapable of work.	If disabled and unable to work due to the special circumstances such as a deployment or war situation during service.	n.a.	If disabled, veterans are entitled to a benefit under the <i>Employment and Labour Proceeds Act</i> (WIA), just like everyone else. In the event of a dismissal from the military service due to disability, which also has an incapacity for work, Defence shall complete WIA benefit with a military disability pension. The amount depends on the level of WIA benefit. In addition, veterans are entitled to an Invalidity Pension Supplementary Benefit if they can no longer work due to the nature of their work or special circumstances during the service. This is called occupational disability with employment. In addition, veterans build up your retirement pension, as long as they receive a disability pension from the General Pension Fund for Public Employees (ABP).
Temporary Income Provision (Earnings Losses).	If unable to work during the – sometimes prolonged – physical rehabilitation or treatment of a mental illness. The temporary income provision supplements the income during this time.	Veterans, under the age of 65, who is ill or incapacitated and who has a suspected employment contract established by ABP may qualify for a temporary income provision.	n.a.	A “presumption of employment” is a reasonable presumption that the illness or incapacity for work has been caused by military service as a result of deployment in a mission or under war conditions. The income provision is granted on request provided a request is submitted for an Invalidity Pension (MIP) at the same time.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

Table 8-27: New Zealand.

Context: New Zealand has a mixed public-private system for delivering healthcare. The Accident Compensation Corporation (ACC) covers the costs of treatment for cases deemed accidents, including medical misadventure. The public hospitals treat citizens or permanent residents free of charge. Primary care (non-specialist doctors/family doctors) and medications require co-payments, but are subsidised. About three quarters of spending on health care is government expenditure. All New Zealanders, including veterans, are covered by the Accident Compensation Corporation (ACC), which is responsible for administering the country's universal no-fault accidental injury scheme.

Veterans who were deployed are covered under two schemes administered by the New Zealand Veterans' Affairs (NZVA): scheme one covers those with service before 1 April 1974 and certain civilians and members who served in Vietnam before 21 April 1975. Scheme 2 covers deployed veterans with service after 1 April 1974. Scheme 1 includes a flat rate of \$900 per week before taxes and deductions, whereas scheme 2, earnings loss compensation (Weekly Compensation), is based on 85% of weekly earnings prior to work incapacity, and scheme 1 recommends application to ACC first while scheme 2 requires first applying to the Accident Compensation Corporation. For injuries and some illnesses under scheme 2, where the NZVA payment would be greater than ACC's, Veterans Affairs will pay the difference and may also fund extra rehabilitation.

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
New Zealand Veterans' Affairs – Weekly Compensation (Earnings Losses)	Compensates for lost income, if you can't work from service-related injury or illness. There's a treatment and rehabilitation focus for return to work.	Regular Forces and conscripts, with qualifying operational service whom were made ill, injured or have a condition that is related to that qualifying operational service (i.e., deployed members). Can't work full-time because of an injury or illness linked to operational service.		Rate of payment is based on a percentage of earnings before stopping work: for first year of incapacity-up to 100%; after that-up to 85%. Certain conditions must be met in terms of participation in rehabilitation to continue to receive benefits, including work on, and fully engage in, a plan for vocational rehabilitation (unless exempted); attendance at all assessments arranged (including 6-monthly vocational reassessments); a medical certificate sent every 13 weeks (unless a different arrangement is agreed upon);

**SURVEY ON THE STATE OF PRACTICE FOR TRANSITION
SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS**



<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
				Client must inform the programme of any changes to the work or income situation. Entitlement usually ceases at age 65. But it may continue for a limited period after 65, if the veteran became entitled at or over 63.
New Zealand Veterans' Affairs – Permanent Impairment Compensation (Quality of Life Losses)	A payment for permanent service-related injury or illness.	Regular Forces and conscripts, with qualifying operational service whom were made ill, injured or have a condition that is related to that qualifying operational service (i.e., deployed members). To qualify, the condition causing impairment must be permanent and causing whole-person impairment of at least 5%.		Non-taxable compensation based on the 'whole of body' impairment rating using the American Medical Association <i>Guides to the Evaluation of Permanent Impairment</i> (4th Edition). Payment rates are based on severity of the condition. There are two types: Independence Allowance (if injury or illness happened before 1 April 2002) and Lump Sum Payment for Permanent Impairment (if injury or illness happened on or after 1 April 2002). If in receipt of at least \$15,000 in Lump Sum Payment for Permanent Impairment, veterans can also get funding for advice from an authorized financial advisor with payment of up to \$1,500 towards this.
Retirement Lump Sum.	Recognises the difficulty in saving for retirement.	Retirement Lump Sum can be claimed income is compensated for at least 10 years before turning 65.		It's an asset-tested contribution to retirement.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

Table 8-28: Norway.

Context: The *Norwegian National Insurance Act* entitles all Norwegian citizens to a wide range of benefits and compensations when something happens in their lives that requires some sort of assistance including unemployment benefits, sickness benefits (100% of your salary for up to one year), work assessment allowance for return to work, or eventually disability pension if the illness or injury prohibits return to work.

Service members and veterans are all covered by these national benefits. But in some instances, the benefits/schemes have been made more beneficial if the injured or ill is a veteran. For civilians there are some limitations to the types of injury or illness covered by the benefits. And there is also a requirement that the injury or illness must occur during working hours in the workplace. Veterans deployed in international operations are covered for all types of injuries and illnesses for 24 hours a day regardless of whether or not the injury or illness has something to do with the service.

The administrative body responsible for handling claims under the *National Insurance Act* is called the Norwegian Labour and Welfare Administration. In addition all Norwegian employers are required by law to take out occupational injury insurance for their employees. Employers in the private sector purchase these insurances from ordinary insurance companies. The government is self-insured and claims for public servants are administrative by the Norwegian Public Service Pension Fund. In addition to handling pensions for government employees, they also handle occupational insurance claims.

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Norwegian Labour and Welfare Administration	Compensate for work related injury and illnesses.	All Norwegians, including veterans with a permanent injury or an illness related to work.		Provides compensation for permanent injury if the permanent medical disability is 15% or more. This is compensation for the medical injury and not a compensation for loss of earnings. Medical bills are covered by the state. Veterans are eligible for more comprehensive benefits.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS



Table 8-29: United Kingdom.

Context: In the UK, there is an Armed Forces Covenant, which is an agreement between the armed forces community (defined as those who serve and have served – regulars and reservists – and their families), the nation and the government. It therefore encompasses the moral obligation of UK society to veterans and their families. The Covenant holds society responsible for ensuring that veterans and their families are at no disadvantage in comparison to other citizens in terms of accessing public and private goods and services and makes special provision for those who have sacrificed the most, including the injured and bereaved. This includes timely, effective and comprehensive health care to adequately serve their needs. The government works with businesses, local authorities, charities and community organisations to support the forces through services, policy and projects.

On April 1, 2014, the Service Personnel and Veterans Agency merged with Defence Business Services. Following the merger, the name became Veterans UK, which is a part of the Ministry of Defence. Veterans UK administers the Armed Forces pension schemes and compensation payments for those injured or bereaved through service. Members and veterans can receive benefits under the Armed Forces Compensation Scheme (AFCS) for illnesses and injuries caused as a result of service on or after 6 April 2005. Benefits are provided under the War Disablement Pension for those who became disabled or bereaved through service prior to April 6, 2005.

Anyone who has performed military service for at least one day and drawn a day's pay is termed a veteran. Individuals have seven years to make a claim under the Armed Forces Compensation Scheme (with certain exceptions, such as late onset illnesses).

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Veterans UK – Lump Sum Payment and Supplementary Award (Quality of Life Losses).	Recognition of pain and suffering from service-related illnesses/injuries.	The Lump Sum Payment is available to still-serving members and Veterans who sustained their injury/illness while participating in a service-related activity. The Supplementary Award is paid in addition to the Lump Sum Payment when the injury or the effect of the injury has an impact on the person's function or self-image, confidence and self-worth.	Injury claims. Between 6 April 2005 and 31 March 2016: 64,541 injury/illness claims of these 34,767 (56%) were awarded a lump sum award.	Tax-free Lump Sum Payment for pain and suffering. The lump sum amount is calculated according to the severity of the injuries and the number of body zones affected. The Lump Sum Payment uses a tariff system with 15 levels which reflect the severity of the injury, tariff level 1 being associated with the most serious injuries and 15 with the least serious. Each tariff level has a corresponding level of lump sum payment. Lump Sum Payments range from £1,200 to £570,000.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Veterans UK – Guaranteed Income Payment (Earnings Loss).	Provide compensation to veterans for loss of future earnings capacity.	<p>Veterans (deployed and not deployed, regular and reserves) who sustained their injury/illness while participating in a service-related activity. To be eligible, veterans must have been awarded the quality of life Lump Sum Payment at a tariff level between 1 and 11.</p> <p>Those who receive a Lump Sum Payment at tariff levels 12 – 15 (i.e., have injuries/illnesses with lower assessment ratings) do not qualify.</p>	Injury claims. Between 6 April 2005 and 31 March 2016: 1,633 (3%) were also awarded an ongoing Guaranteed Income Payment (GIP).	The Guaranteed Income Payment is paid to those veterans whose injuries/illnesses would cause a significant loss of earning capacity and is paid as an enhancement to the individual's pension. It is designed to enable individuals to move forward with their lives following injury with financial security and to encourage individuals to take up future employment and activities of life according to their ability, without fear that doing so could reduce or remove their income or assets. It is index-linked, tax-free and payable for life, and is paid from the day after service ends (where a claim is made while still in service) or from date of claim (if claim made after release). Payments are calculated based on the veteran's age, salary, injury severity, other pensions the veteran will receive and potential loss of promotions. The payment is based on the level of disability as follows: 100% of gross pre-release age adjusted earnings for impairment levels 1 – 4; 75% for tariff levels 5 – 6; 50% for tariff levels 7 – 8; 30% for tariff levels 9 – 11.
Veterans UK – Armed Forces Independence Payment.	Compensation for the extra costs that seriously injured veterans may incur as a result of their injury(ies).	Veterans (deployed and not deployed, regular and reserve force) who sustained their injury/illness while participating in a service-related activity. To be eligible, Veterans must have been awarded a Guaranteed Income Payment of 50% or higher.	Among Injury claims between 6 April 2005 and 31 March 2016, 896 were in receipt of the Armed Forces Independence Payment (AFIP).	The Armed Forces Independence Payment is a non-taxable weekly benefit that is payable to Veterans who were seriously injured as a result of service. It is paid as a flat rate. The 2017 rate is £141.10/week. ⁶⁴

⁶⁴ See http://www.hblearning.co.uk/media/circular_summaries/2017/1703/A1v2017_Full.pdf.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS



Table 8-30: United States.

Context: Injured service members are potentially eligible to receive disability compensation from the Department of Defence (DoD), the Veterans Administration (VA), and the Social Services Administration (SSA). Both the DoD and the VA use the same rating system for assessing level of disability. Eligibility for VA benefits is restricted to those who were other than dishonourably discharged but eligibility is otherwise quite broad, covering physical and mental conditions and allowing no time limit on application for benefits. Other VA programmes provide health care and other assistance to veterans with service-connected disabilities. In recent years, federal spending for medical care provided by VA has been roughly the same as federal spending for veterans' disability benefits.

DoD disability retired pay was, with few exceptions, fully offset by VA disability benefits, meaning that service members received the maximum of the two amounts. In 2004 and 2008, however, Congress enacted laws allowing for two new payments, called Concurrent Retirement and Disability Pay (CRDP) and Combat-Related Special Compensation (CRSC), which reduce the extent to which VA disability benefits offset DoD disability retired pay.

In 2012, the Government Accountability Office recommended integrating vocational services into disability compensation, providing quality of life payments and systematically factoring the effects of assistive technology and medical interventions into rating decisions. In 2007, two commissions – the President's Commission on Care for America's Returning Wounded Warriors and the Veterans' Disability Benefits Commission – recommended fundamental changes in how DoD and the VA evaluate, treat, compensate, and otherwise support injured service members and their families. These included compensation for loss of quality of life, allowing for concurrent receipt of DoD and VA benefits, updates to the rating schedule, improving performance of Vocational Rehabilitation and Employment programme and realigning the VA–DoD Process for rating disabilities.

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
Department of Defence-Disability Retired Pay.	Compensate for loss of military career.	Members whose injuries prevent them from performing duties consistent with their office, rank, grade, or rating.	-	Once a service member's condition has stabilized, a Medical Evaluation Board (MEB) at a medical treatment facility makes an initial assessment of whether he or she has a medical condition that is incompatible with continued military service. Service members who receive a disability rating of 30% or more and are deemed unfit for service are eligible to receive DoD disability retired pay, which is a function of the member's retired pay base, which is itself a function of past military earnings and either the individual's disability rating or years of service, whichever yields the highest benefit.

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
US Veterans Affairs – Disability Compensation (Earnings Losses).	<p>Compensate for loss of earning capacity due to service-related disability.</p> <p>When a service member who is separating from the military or a veteran has a service-connected medical condition, they can begin the VA Disability Process. If the service member is being separated from the military because of his/her medical condition, then the VA Disability Process begins automatically as part of the Integrated Disability Evaluation System. If, however, a service member is not separated for medical reasons or is already separated, he/she can begin the VA Disability Process by submitting a VA Disability Claim.</p>	<p>Disability Compensation is a tax-free monetary benefit paid monthly to veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service. Compensation may also be paid for post-service disabilities that are considered related or secondary to disabilities occurring in service and for disabilities presumed to be related to circumstances of military service, even though they may arise after service. Eligibility includes former active and reserve/national guard both deployed and not deployed service members not dishonourably discharged. Additional amounts are payable for spouses, children, or a dependent parent.</p>	5.5 million veterans and survivors in 2018	<p>Generally, the degrees of disability specified are also designed to compensate for considerable loss of working time from exacerbations or illnesses. The rating schedule is based on the extent to which the veteran's disability limits average earning capacity. The rating schedule contains medical conditions or injuries categorized into 15 body systems, with a level of severity ranging in 10% increments up to 100%. For veterans with multiple impairments, there is a table that applies a formula for combining ratings into a single rating.</p>

**SURVEY ON THE STATE OF PRACTICE FOR TRANSITION
SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS**



<i>Programme</i>	<i>Purpose</i>	<i>Eligibility</i>	<i>Numbers in Receipt of Benefits</i>	<i>Programme Description</i>
US Veterans Affairs – Special Monthly Compensation (Earnings Losses)	Veterans who have lost the use of or no longer have one or more specific organs or extremities may receive SMC.	Payable to veterans in addition to the Disability Compensation for certain severe disabilities or combinations of disabilities (for example, disabilities that confine a veteran to home; multiple, independent disabilities each rated at 50% or 100%).	Nearly 490,000 veterans, or 14% of disability compensation recipients in 2013.	Veterans who have lost the use of or no longer have one or more specific organs or extremities may receive SMC – typically between \$100 and \$300 per month – that is added to or, in cases of higher payment rates, substituted for base payments.
US Veterans Affairs – Individual Unemployability (Low Income)	VA supplements regular disability compensation payments with IU payments for low income veterans that it deems unable to engage in substantial work. This benefit recognizes the losses of veterans whose disability ratings are below 100% but who nevertheless are identified as unable to engage in substantial work.	To qualify, veterans' wages or salaries cannot exceed the federal poverty guidelines for a single person, and applicants generally must be rated between 60% and 90% disabled. Must be unable to maintain gainful employment as a result of service-related disabilities.	Nearly 310,000 veterans received IU payments in 2013.	Pays veterans at 100% disability compensation rate even though their total disabilities have not been rated at that level.

8.12 SURVEY QUESTIONNAIRE

8.12.1 North Atlantic Treaty Organization: Survey on Transition from Military to Civilian Life

The North Atlantic Treaty Organization (NATO) has established a research team to examine programmes, processes and challenges in transition from military to civilian life in different countries.

The research team is very keen to get information from as many North Atlantic Treaty Organization and Technical Cooperation Program (TTCP) countries as possible. You have been identified as the point of contact (POC) for your country. You can assist us by identifying national policy material, evaluation and research, and where appropriate, subject matter experts (SME) who may be better placed to comment on some topics. The material you provide will help produce valuable policy and best practice insights to shape future services and supports for people leaving the military.

This work will be conducted in 2 phases: Phase 1: Survey below; Phase 2: Follow-up contact with POC and/or SME for clarification. A member of the research team may contact you to ensure you are happy with the questions and the expectations of the work. If you have any questions please contact MaryBeth.MacLean@vac-acc.gc.ca.

Thank you in advance for your cooperation.

Points of Contact	
AUS	First Assistant Secretary – Health and Community Services Division (Department of Veterans' Affairs)
CAN	Director Casualty Support Management (DCSM) Canadian Armed Forces
EST	Advisor of Social Affairs, Ministry of Defence
LVA	Senior Desk Officer, Ministry of Defence of Latvia
NLD	Senior Advisor Veterans Affairs
NZL	Director of Integrated Wellness and Senior Advisor to Veterans Affairs
NOR	Senior Advisor, Department of Veterans Affairs
HRV	Head of Section of Joint Military Operations, Croatian Military Academy
SVN	N/A
KOR	Researcher, Yonsei University
GBR	Ministry of Defence, Resettlement Policy and Plans
USA	Director of Reports and Information Services, Department of Veterans Affairs

1.	What country are you representing?
2.	Your name and contact information (employer, job title, email address, telephone number; including country code).
3.	How many former service members are currently living in your country?
4.	How many members transition to civilian life annually?
5.	Does your country have an official definition for former service members?
6.	If yes, please describe:
7.	If no, please describe the terminology used:
Please provide the name and email address for a subject matter expert for terminology and definitions for former service member.	
8.	What programmes/services are available to transitioning members?
9.	What programmes/services are available to former service members?
10.	Have these programmes/services been formally evaluated?
	<ul style="list-style-type: none"> • Caregiver Support. • Case management/ care coordination. • Counselling. • Disability compensation. • Education assistance. • Housing. • Home Care. • Employment assistance. • Financial Benefits. • Financial Services. • Information and referral. • Legal Services.
	<ul style="list-style-type: none"> • Mental health and substance abuse. • Physical health. • Transportation support.
11.	Does the support during transition differ for different groups of (former) service members (e.g., discharge type, Veteran status)?
12.	If yes, please describe:
13.	Is there a screening/interview process prior to discharge?
14.	If yes, please describe:

SURVEY ON THE STATE OF PRACTICE FOR TRANSITION SUPPORT POLICIES AND PROGRAMMES AMONG NATO PARTICIPANTS

15. When do transition services start and end?
16. Is there any follow-up contact after release?
17. If yes, please describe:
Please provide the name and email address for a subject matter expert for transition process, programmes and services.
18. Please describe the purpose of disability compensation:
19. How many former service members are receiving disability compensation related to service?
20. Who is eligible for service-related disability compensation? <ul style="list-style-type: none"> • Active/Regular Force – Deployed. • Active/Regular Force – Not Deployed. • Reserves/National Guard – Deployed. • Reserves/National Guard – Not Deployed. • Conscripts. • Spouse/Family Member. • Survivors.
21. Please describe how disability is assessed?
22. Does disability compensation recognize economic (loss of earnings) and non-economic loss (pain and suffering) separately?
Please provide the name and email address for a subject matter expert for disability compensation.
23. Does your country have a reintegration/return-to-work programme for those who are ill/injured?
24. If yes, what is the average time spent in this programme?
25. What is the percentage that return to military service?
26. Does your country have a recovery/rehabilitation programme to support ill/injured transition to civilian life?
27. If yes, what is the average time spent in this programme?
Please provide the name and email address for a subject matter expert for recovery/rehabilitation programmes.
28. What would be considered as a successful transition to civilian life in your country?
29. What areas of outcome measures do you capture?
Please provide the name and email address for a subject matter expert for measuring transition outcomes.
30. Are vulnerable former service members identified prior to release?
31. Are vulnerable former service members monitored after release?

Please provide the name and email address for a subject matter expert for vulnerable groups.	
32.	Has there been any public opinion polls on how former members are viewed?
33.	If yes, please describe:
34.	Are there any media scans or reports on how former service members are portrayed? If yes, please provide links.
Please provide the name and email address for a subject matter expert for influence of society on transition.	
35.	Are families formally involved in the transition process?
36.	What programmes and services are available to help families in transition?
37.	<p>Have these military family programmes been formally evaluated?</p> <ul style="list-style-type: none"> • Caregiver Support. • Case management/ care coordination. • Counselling. • Disability compensation. • Education assistance. • Employment assistance. • Home Care. • Housing. • Information and referral. • Mental health and substance abuse. • Physical health. • Transportation support.
38.	Please describe any data on how military families are doing after transition?
39.	Please describe any barriers to helping families during transition?
Please provide the name and email address for a subject matter expert for impact on families.	

Available: <https://docs.google.com/forms/d/e/1FAIpQLSd1hKbE6a3TmdJuGC5ZDCfuZNvfMbth3Gd61uA5fpMbvPMjg/viewform?c=0&w=1>.

8.13 REFERENCES

- [1] Australian Department of Veterans Affairs (DVA) (2016). Annual report 2015 – 16, www.dva.gov.au/about-dva/accountability-and-reporting/annual-reports/annual-reports-2015-16.
- [2] U.S .Department of Veterans Affairs (2019). Federal benefits for veterans dependents and survivors. https://www.va.gov/opa/publications/benefits_book.asp.

- [3] Ipsos MORI and King's College London (2015). Hearts and minds: Misperceptions and the military. Retrieved from www.ipsos-mori.com/researchpublications/researcharchive/3587/Hearts-and-Minds-misperceptions-and-the-military.aspx.
- [4] Stow, J.W. (1997). A study of the treatment of members released from the CF on medical. Department of National Defence.
- [5] McLennan, R.G. (1997). Care of injured personnel and their families review: A final report, Department of National Defence.
- [6] VAC (2000), Review of Veterans Care Needs (RVCN) – Phase III, Needs of Canadian Forces Clients, Key findings of Phase III – review of veterans' care needs, 1.
- [7] MacLean, M. and Lockhart (Nov 7 2016). W. Rapid Review of the Literature Since the 2006 New Veterans Charter. Research Directorate, Veterans Affairs Canada, Charlottetown, 35.



Chapter 9 – CONCLUSION: ESSENTIAL COMPONENTS FOR A SUCCESSFUL MILITARY-TO-CIVILIAN TRANSITION

Carl Andrew Castro

University of Southern California
UNITED STATES

Mary Beth MacLean

Veterans Affairs Canada
CANADA

Matt Fossey

Anglia Ruskin University
UNITED KINGDOM

Sanela Dursun

National Defence Canada
CANADA

Raun Lazier

United States Department of Veterans Affairs
UNITED STATES

David Pedlar

Queen's University
CANADA

9.1 INTRODUCTION

Service members and their families need several essential components for a successful transition to civilian life. Before discussing these components, we consider some contextual factors that will shape how each nation develops veteran support initiatives. It should go without saying, first, that factors unique to each nation will influence the types of issues its veteran experience and, thus, the kind of support it offers to address them. Second, every nation should leverage what already exists. Creating veteran-specific agencies and programs is unnecessary if existing civilian organizations can be leveraged for the veteran population. Third, establish only affordable and sustainable veteran initiatives and programs because eliminating an unaffordable program once it is up and running may be more detrimental than not setting the program up in the first place. Fourth, stick to evidence-based approaches. As a rule, this means borrowing or adapting proven approaches to address veteran and family issues instead of developing new and speculative ones. If evidence does not exist for a particular program, the nation should evaluate it to assess whether the program meets the needs of veterans and their families. Finally, veteran services and support should prioritize meeting the demonstrated needs of veterans and their families over length of service or entitlement.

9.2 A TRANSITION FRAMEWORK THAT CAPTURES THE KEY PHASES OF TRANSITION

Military-to-Civilian Transition (MCT) occurs within a complex and dynamic ecosystem where service members, veterans, and their families will experience their own individual transition journey. Transitioning out of the military generally involves a series of adjustments, such as geographic location, career, relationships, family roles, support systems, social networks, and community (Castro, Kintzle, and Hassan, 2014 [1]). Thus, one of the foundational elements that countries need to support successful transitions is an overarching MCT framework that positions governments to:

- 1) Define and organize the various aspects of MCT in a holistic way;
- 2) Identify MCT-related objectives, activities, resources, and expected outcomes; and
- 3) Design, monitor, and evaluate MCT processes, policies, and programs.

The MCT framework will also align partnerships, research, and investment activities with one another and toward common outcomes. In the absence of such a framework, governments risk developing programs that do not achieve their intended purposes, use resources in an ineffective and inefficient manner, and fail to leverage the community of support for service members, veterans, and their families.

9.3 A DEFINITION OF VETERAN

Every nation should develop a definition of a veteran that has wide consensus not only among veterans and their families, but also among the civilian society. Establishing a formal definition of who is a veteran is important for determining eligibility, as well for determining who is not eligible for veteran benefits and entitlements. Who qualifies as a family member of a veteran should also be established. Factors to consider in defining a veteran include length of service, type of discharge, and operational deployment experience. Many nations reserve the designation veteran to a service member who has been on an operational deployment, often involving combat, while others consider anyone who has worn the uniform a veteran. Regardless of the definition of veteran, nations should ensure that the service-related health and well-being issues of all those who have served are addressed.

9.4 FOCUS ON WORK DISABILITY PREVENTION

Income and access to benefits and compensation are important for the health and financial security of veterans and their families. Having a purpose in work and life, however, provides a sense of identity and social integration that is essential for a successful transition to civilian life. Research suggests that people experiencing disability should be encouraged and supported to remain in or to re-enter the workforce as soon as possible. Further, findings related to the role of employment in the transition to civilian life suggest that the prevention of work disability is important for improving transition outcomes for veterans. The Life After Service Studies in Canada suggest that the prevention of work disability is important for generally improving post-service outcomes. Nonetheless, work reintegration is often complex, involving multiple stakeholders across multiple systems. Interactions between stakeholders and systems can have a positive or negative impact on work disability. Developing effective interventions therefore requires identifying the stakeholders and associated barriers. The main systems include personal (e.g., coping), health care, workplace, and compensation systems. It is important to integrate the disability compensation system with these systems with the aim of work reintegration, continued support in employment, and improved health and well-being.

9.5 MEASURING OUTCOMES: SUCCESSES AND FAILURES

Most nations have developed programs to assist veterans and their families in the transition to civilian life that include employment preparation, health and disability assessments, housing support, and civilian educational opportunities. Yet these programs are rarely evaluated to determine whether they actually succeed (or fail) in their intent. Each nation must therefore establish clear, measurable outcomes that indicate whether a particular program has met its intended goals. Often this will involve committing resources to conduct performance evaluations. But the additional resources are generally minimal when compared with the actual costs of a program, particularly a program that is failing in its intended purpose. It is also important to build in the outcome analyses by identifying the measurable outcomes upfront, before the program is implemented. Determining the success or failure of a program after implementation is more complicated, more expensive, and more time-consuming.

9.6 TIMELY AND APPROPRIATE ENGAGEMENT

Engaging early on with service personnel due to leave the military is important to the success of their transitions. Research suggests that personnel who have prepared themselves the least are more likely to experience challenges during transition. The need to encourage and incentivize the early engagement of service members and their family in resettlement is also important. In the UK, for example, members are able to access resettlement training up to two years before discharge, with graduated support dependent on how long the individual has served. In the U.S., transition is officially said to begin at the outset of a service member's military career. But service members leaving the U.S. military often report that they had to "plead" with their superiors to attend resettlement or transition activities. Military leaders must actively support service members' early and continuous engagement in military-to-civilian transition programs to maximize the likelihood of a successful return to civilian life.

9.7 ADDRESS UNIQUE HEALTH AND SOCIAL CARE NEEDS

The transition to civilian life can be highly challenging. Members being released from the military may experience cumulative stress from loss of employment, loss of military identity, and loss of military community, all while navigating a complex release system to access benefits, services, and programs. In addition to these challenges, medically released members must often live with the added burden of their health condition. Studies have shown that illness and injury is one of the main factors associated with difficulties experienced in the transition to civilian life, with medically released members often reporting every aspect of transition as more challenging than their non-medically released counterparts. Anticipating medical release can also exacerbate feelings of distress and anxiety as members prepare to begin a new identity as a civilian and a new career in the civilian workforce, and as they prepare to face upcoming challenges associated with such a transition.

These findings underscore that those undergoing medical release have greater requirements for assistance and support. Evidence suggests that personal resources, such as mastery and coping skills, and interpersonal resources, such as social support and organizational support, may assist these members in maintaining a better overall well-being and in overcoming the considerable challenges that can accompany illness or injury.

9.8 CULTURE, RECOGNITION, AND MILITARY-TO-CIVILIAN TRANSITION

The culture and recognition domain of civilian transition is concerned with the norms, values, and services of the society in which the member lives and how these change for members when they return to civilian life. Within the military culture, military members receive support in many aspects of well-being, such as health care, employment, income support, and housing. Recruit training is designed to develop their social identity as soldiers, sailors, or air personnel. When they leave the military, however, they leave the military culture and have to adapt to living in the civilian culture. They have to find civilian health care providers, civilian jobs, perhaps new homes, and learn to manage without military supports. They also have to develop new social identities, finding meaning through memberships in social groups whose norms and values they adopt. Of course, the social transition has two sides: transitioning members have to engage in new social groups and these social groups have to accept them. As with anyone else, social membership recognition provides veterans with meaningful roles through which they develop a sense of purpose. Transition programs and processes should include a strong recognition of the contributions and sacrifice veterans have made through their military service and recognize the importance of acceptance in civilian social groups and the sense of belonging such memberships provide in life after service.

9.9 INVOLVEMENT OF FAMILIES IN TRANSITION

Release from military service and transition into civilian life is also a stressful time for the families of service members. Although they are largely not included in the formal transition process, families transition at the same time as members, and all families experience some challenges during the transition period. Most families are able to cope well with these challenges using available administrative, family, and community supports. But some families experience greater stress levels and additional challenges, making them at risk for stress-related health problems. These families may require additional support, and many nations have established different programs and services to assist families during this stressful period.

Nevertheless, studies have found that the transition challenges commonly reported by families relate to their understanding of available benefits and services. Organizations must therefore ensure adequate communication with families so they are aware of the services and programs available to them. This is particularly important in the case of families of ill or injured service members because the entire family is affected by the injury or illness, with spouses often bearing the burden of supporting and caring for their military partners and families. Studies have highlighted the importance of a system perspective and recommend that therapeutic and educational programs include family members who serve as primary caregivers. Understanding the key stressors and unique risk factors is necessary in order to assist families transitioning to civilian life. As well, it is essential to identify areas for improving existing services and for developing new services.

9.10 PROVIDE EMPLOYMENT ASSISTANCE

Employment is important to health and well-being. While the majority of Canadian veterans work after release, veterans who are not working report more difficulty adjusting to civilian life than those who are working. Outcomes also vary by sub-group of the veteran population. Those looking for work (i.e., unemployed) are more likely to be younger, and those not in the labour force are more likely to be older, female, and released for medical reasons. Satisfaction with civilian employment also varies considerably by military rank, with officers being the most satisfied and privates being the least satisfied. These differences in outcomes suggests the need to account for demographic and service characteristics to improve employment-related outcomes among veterans. Many nations recognize the importance of employment assistance and most have programs available to both transitioning and former members of the armed forces. A few, such as the UK, have formally evaluated their program, though research suggests more could be done in this important area of veteran well-being.

9.11 CONCLUSION

These nine essential components are intended to provide a military-to-civilian transition framework for nations developing or enhancing the services and support they provide to service members returning to civilian life. If each component is addressed, we believe that every service member and their family will have the best chance for success in their transition. After all, serving one's nation by performing military service is one of the highest acts of service an individual can perform. Those who have done so deserve all that their nation can do to ensure the success of their and their families' reintegration into civilian life.

9.12 REFERENCES

- [1] Castro, C.A., Kintzle, S. and Hassan, A.M. (2015). The combat veteran paradox. *Traumatology*, 21, 299-310.

REPORT DOCUMENTATION PAGE			
1. Recipient's Reference	2. Originator's References	3. Further Reference	4. Security Classification of Document
	STO-TR-HFM-263 AC/323(HFM-263)TP/970	ISBN 978-92-837-2291-5	PUBLIC RELEASE
5. Originator	Science and Technology Organization North Atlantic Treaty Organization BP 25, F-92201 Neuilly-sur-Seine Cedex, France		
6. Title	The Transition of Military Veterans from Active Service to Civilian Life		
7. Presented at/Sponsored by	Final Report of Task Group HFM-263.		
8. Author(s)/Editor(s)	Multiple		9. Date April 2021
10. Author's/Editor's Address	Multiple		11. Pages 222
12. Distribution Statement	There are no restrictions on the distribution of this document. Information about the availability of this and other STO unclassified publications is given on the back cover.		
13. Keywords/Descriptors	Disability; Family; Health; Policy; Military transition; Wellbeing; Veteran		
14. Abstract	<p>In every nation within NATO, service members at some point leave the military. The military-to-civilian transition is the term used to refer to the process by which service members and/or their families rejoin their civilian community. Transition out of the military includes a series of adjustments. These include changes in location, career, relationships, family roles, support systems, social networks, community and culture. This transition has implications for post-service well-being and functioning. Despite this little has been done to conceptualize how transition occurs, identify factors that promote or impede transition, or operationalize outcomes associated with transition success. Many veterans transitioning from the military to the civilian life encounter unexpected challenges such as finding meaningful employment, adjusting to "civilian" culture or dealing with unresolved mental and physical health issues. In this report, we present the current practices and policies of military-to-civilian for those nations who participated in this RTG. In addition, we also present the findings of a survey of NATO nations conducted focusing on practices and policies of NATO and non-NATO nations. Nine key principles were identified that very nation, both NATO and non-NATO nations, should consider in supporting service members and families in re-joining their civilian community.</p>		





BP 25

F-92201 NEUILLY-SUR-SEINE CEDEX • FRANCE
Télécopie 0(1)55.61.22.99 • E-mail mailbox@cs.o.nato.int



DIFFUSION DES PUBLICATIONS STO NON CLASSIFIEES

Les publications de l'AGARD, de la RTO et de la STO peuvent parfois être obtenues auprès des centres nationaux de distribution indiqués ci-dessous. Si vous souhaitez recevoir toutes les publications de la STO, ou simplement celles qui concernent certains Panels, vous pouvez demander d'être inclus soit à titre personnel, soit au nom de votre organisation, sur la liste d'envoi.

Les publications de la STO, de la RTO et de l'AGARD sont également en vente auprès des agences de vente indiquées ci-dessous.

Les demandes de documents STO, RTO ou AGARD doivent comporter la dénomination « STO », « RTO » ou « AGARD » selon le cas, suivi du numéro de série. Des informations analogues, telles que le titre et la date de publication sont souhaitables.

Si vous souhaitez recevoir une notification électronique de la disponibilité des rapports de la STO au fur et à mesure de leur publication, vous pouvez consulter notre site Web (<http://www.sto.nato.int/>) et vous abonner à ce service.

CENTRES DE DIFFUSION NATIONAUX

ALLEMAGNE

Streitkräfteamt / Abteilung III
Fachinformationszentrum der Bundeswehr (FIZBw)
Gorch-Fock-Straße 7, D-53229 Bonn

BELGIQUE

Royal High Institute for Defence – KHID/IRSD/RHID
Management of Scientific & Technological Research
for Defence, National STO Coordinator
Royal Military Academy – Campus Renaissance
Renaissancelaan 30, 1000 Bruxelles

BULGARIE

Ministry of Defence
Defence Institute "Prof. Tsvetan Lazarov"
"Tsvetan Lazarov" bul no.2
1592 Sofia

CANADA

DGSIST 2
Recherche et développement pour la défense Canada
60 Moodie Drive (7N-1-F20)
Ottawa, Ontario K1A 0K2

DANEMARK

Danish Acquisition and Logistics Organization
(DALO)
Lautrupbjerg 1-5
2750 Ballerup

ESPAGNE

Área de Cooperación Internacional en I+D
SDGPLATIN (DGAM)
C/ Arturo Soria 289
28033 Madrid

ESTONIE

Estonian National Defence College
Centre for Applied Research
Riia str 12
Tartu 51013

ETATS-UNIS

Defense Technical Information Center
8725 John J. Kingman Road
Fort Belvoir, VA 22060-6218

FRANCE

O.N.E.R.A. (ISP)
29, Avenue de la Division Leclerc
BP 72
92322 Châtillon Cedex

GRECE (Correspondant)

Defence Industry & Research General
Directorate, Research Directorate
Fakinos Base Camp, S.T.G. 1020
Holargos, Athens

HONGRIE

Hungarian Ministry of Defence
Development and Logistics Agency
P.O.B. 25
H-1885 Budapest

ITALIE

Ten Col Renato NARO
Capo servizio Gestione della Conoscenza
F. Baracca Military Airport "Comparto A"
Via di Centocelle, 301
00175, Rome

LUXEMBOURG

Voir Belgique

NORVEGE

Norwegian Defence Research
Establishment
Attn: Biblioteket
P.O. Box 25
NO-2007 Kjeller

PAYS-BAS

Royal Netherlands Military
Academy Library
P.O. Box 90.002
4800 PA Breda

POLOGNE

Centralna Biblioteka Wojskowa
ul. Ostrobramska 109
04-041 Warszawa

PORTUGAL

Estado Maior da Força Aérea
SDFA – Centro de Documentação
Alfragide
P-2720 Amadora

REPUBLIQUE TCHEQUE

Vojenský technický ústav s.p.
CZ Distribution Information Centre
Mladoboleslavská 944
PO Box 18
197 06 Praha 9

ROUMANIE

Romanian National Distribution
Centre
Armaments Department
9-11, Drumul Taberei Street
Sector 6
061353 Bucharest

ROYAUME-UNI

Dstl Records Centre
Rm G02, ISAT F, Building 5
Dstl Porton Down
Salisbury SP4 0JQ

SLOVAQUIE

Akadémia ozbrojených síl gen.
M.R. Štefánika, Distribučné a
informačné stredisko STO
Demänová 393
031 01 Liptovský Mikuláš 1

SLOVENIE

Ministry of Defence
Central Registry for EU & NATO
Vojkova 55
1000 Ljubljana

TURQUIE

Milli Savunma Bakanlığı (MSB)
ARGE ve Teknoloji Dairesi
Başkanlığı
06650 Bakanlıklar – Ankara

AGENCES DE VENTE

The British Library Document
Supply Centre
Boston Spa, Wetherby
West Yorkshire LS23 7BQ
ROYAUME-UNI

Canada Institute for Scientific and
Technical Information (CISTI)
National Research Council Acquisitions
Montreal Road, Building M-55
Ottawa, Ontario K1A 0S2
CANADA

Les demandes de documents STO, RTO ou AGARD doivent comporter la dénomination « STO », « RTO » ou « AGARD » selon le cas, suivie du numéro de série (par exemple AGARD-AG-315). Des informations analogues, telles que le titre et la date de publication sont souhaitables. Des références bibliographiques complètes ainsi que des résumés des publications STO, RTO et AGARD figurent dans le « NTIS Publications Database » (<http://www.ntis.gov>).



BP 25
F-92201 NEUILLY-SUR-SEINE CEDEX • FRANCE
Télécopie 0(1)55.61.22.99 • E-mail mailbox@cs.o.nato.int



DISTRIBUTION OF UNCLASSIFIED STO PUBLICATIONS

AGARD, RTO & STO publications are sometimes available from the National Distribution Centres listed below. If you wish to receive all STO reports, or just those relating to one or more specific STO Panels, they may be willing to include you (or your Organisation) in their distribution.

STO, RTO and AGARD reports may also be purchased from the Sales Agencies listed below.

Requests for STO, RTO or AGARD documents should include the word 'STO', 'RTO' or 'AGARD', as appropriate, followed by the serial number. Collateral information such as title and publication date is desirable.

If you wish to receive electronic notification of STO reports as they are published, please visit our website (<http://www.sto.nato.int/>) from where you can register for this service.

NATIONAL DISTRIBUTION CENTRES

BELGIUM

Royal High Institute for Defence –
KHID/IRSD/RHID
Management of Scientific & Technological
Research for Defence, National STO
Coordinator
Royal Military Academy – Campus
Renaissance
Renaissancelaan 30
1000 Brussels

BULGARIA

Ministry of Defence
Defence Institute "Prof. Tsvetan Lazarov"
"Tsvetan Lazarov" bul no.2
1592 Sofia

CANADA

DSTKIM 2
Defence Research and Development Canada
60 Moodie Drive (7N-1-F20)
Ottawa, Ontario K1A 0K2

CZECH REPUBLIC

Vojenský technický ústav s.p.
CZ Distribution Information Centre
Mladoboleslavská 944
PO Box 18
197 06 Praha 9

DENMARK

Danish Acquisition and Logistics Organization
(DALO)
Lautrupbjerg 1-5
2750 Ballerup

ESTONIA

Estonian National Defence College
Centre for Applied Research
Riia str 12
Tartu 51013

FRANCE

O.N.E.R.A. (ISP)
29, Avenue de la Division Leclerc – BP 72
92322 Châtillon Cedex

GERMANY

Streitkräfteamt / Abteilung III
Fachinformationszentrum der
Bundeswehr (FIZBw)
Gorch-Fock-Straße 7
D-53229 Bonn

GREECE (Point of Contact)

Defence Industry & Research General
Directorate, Research Directorate
Fakinos Base Camp, S.T.G. 1020
Holargos, Athens

HUNGARY

Hungarian Ministry of Defence
Development and Logistics Agency
P.O.B. 25
H-1885 Budapest

ITALY

Ten Col Renato NARO
Capo servizio Gestione della Conoscenza
F. Baracca Military Airport "Comparto A"
Via di Centocelle, 301
00175, Rome

LUXEMBOURG

See Belgium

NETHERLANDS

Royal Netherlands Military
Academy Library
P.O. Box 90.002
4800 PA Breda

NORWAY

Norwegian Defence Research
Establishment, Attn: Biblioteket
P.O. Box 25
NO-2007 Kjeller

POLAND

Centralna Biblioteka Wojskowa
ul. Ostrobramska 109
04-041 Warszawa

PORTUGAL

Estado Maior da Força Aérea
SDFA – Centro de Documentação
Alfragide
P-2720 Amadora

ROMANIA

Romanian National Distribution Centre
Armaments Department
9-11, Drumul Taberei Street
Sector 6
061353 Bucharest

SLOVAKIA

Akadémia ozbrojených síl gen
M.R. Štefánika, Distribučné a
informačné stredisko STO
Demänová 393
031 01 Liptovský Mikuláš 1

SLOVENIA

Ministry of Defence
Central Registry for EU & NATO
Vojkova 55
1000 Ljubljana

SPAIN

Área de Cooperación Internacional en I+D
SDGPLATIN (DGAM)
C/ Arturo Soria 289
28033 Madrid

TURKEY

Milli Savunma Bakanlığı (MSB)
ARGE ve Teknoloji Dairesi Başkanlığı
06650 Bakanlıklar – Ankara

UNITED KINGDOM

Dstl Records Centre
Rm G02, ISAT F, Building 5
Dstl Porton Down, Salisbury SP4 0JQ

UNITED STATES

Defense Technical Information Center
8725 John J. Kingman Road
Fort Belvoir, VA 22060-6218

SALES AGENCIES

**The British Library Document
Supply Centre**
Boston Spa, Wetherby
West Yorkshire LS23 7BQ
UNITED KINGDOM

**Canada Institute for Scientific and
Technical Information (CISTI)**
National Research Council Acquisitions
Montreal Road, Building M-55
Ottawa, Ontario K1A 0S2
CANADA

Requests for STO, RTO or AGARD documents should include the word 'STO', 'RTO' or 'AGARD', as appropriate, followed by the serial number (for example AGARD-AG-315). Collateral information such as title and publication date is desirable. Full bibliographical references and abstracts of STO, RTO and AGARD publications are given in "NTIS Publications Database" (<http://www.ntis.gov>).