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Chair

Mr. Neil Ellis

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• (1105)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): Good morning, everybody. I'd like to call the meeting to order.

This is meeting number 60, pursuant to Standing Order 108(2), a comparative study of services to veterans in other jurisdictions.

We'll start with the first panel here and then we'll go into questioning. First, I'd like to introduce Rob Rowntree, who is deputy head of welfare and support. I will call on him to start and introduce the panel. When asked questions, would each panel member state their name so we can get it on record here?

Good morning, Rob. I'll turn the meeting over to you for your statement. Thank you.

Mr. Rob Rowntree (Deputy Head, Welfare and Support, Veterans UK): Good morning, ladies and gentlemen.

My name is Rob Rowntree and I work within Veterans UK, which is the part of the Ministry of Defence that delivers care and support for veterans. We're hoping that colleagues from London will join us shortly. Those are the individuals who set the policy, but the colleagues you have with you just at the moment—along with my colleagues in Blackpool, whom I will introduce to you shortly, and me—are the ones who deliver the work. I'm hoping that even if London doesn't join, we'll be able to talk to you about what we deliver.

I'll ask the team at Norcross to introduce themselves to you.

Ms. Carolyn Short (Assistant Head, War Pensions Scheme and Armed Forces Compensation Scheme, Veterans UK): Good morning.

I am Carolyn Short and I am the assistant head of the teams that manage the armed forces compensation scheme and war pensions.

Ms. Yvonne Sanderson (Assistant Head, Operational Policy, Planning and Training, Veterans UK): Good morning.

I am Yvonne Sanderson, and I am the assistant head who leads on the operational policy delivery aspects.

Mr. Paul Kingham (Chair of Chairs, Veterans Advisory and Pensions Committees, Veterans UK): Good morning.

I am Paul Kingham. I am the chair of the veterans advisory and pensions committees. We're an independent public body that

monitors the delivery and does what we can with both local and national government to improve facilities for veterans.

Mr. Rob Rowntree: So that's the team you have.

In looking at the email that I had from Patrick, you seem to be interested in compensation for pain and suffering. We have two schemes in this country that we run for our veterans. One is the armed forces compensation scheme, which is run for people who are currently serving and those who have left for incidents or things that happened after 2005, and something called the war pension scheme, which is also a compensation scheme but for those incidents that happened prior to 2005. The big difference between the two is that the war pension scheme can only be claimed when somebody leaves the military and has to be certified by a medical adviser, whereas the armed forces compensation scheme can be claimed by those who have left or are leaving, but also those who currently serve. When set up, the scheme is very much a lay scheme, so it's tariff-based. The idea is that we should be able to give clearer, quicker judgments. Maybe we can discuss, as you talk about our various schemes, and we can explain how those work.

In terms of a pension scheme, we have an armed forces pension scheme that we run in Scotland, in Glasgow, and that deals with all our armed forces personnel. We have several schemes running at the same time, depending on when people joined and when they left, so that's constantly evolving.

Certainly, in general terms of looking after veterans in this country, we have obviously, unfortunately—as you've experienced—had service in Iraq and Afghanistan. The focus on veterans and veterans' care and some of the challenges that have arisen from those two specific conflicts has meant that we have very much been evolving support and care for veterans, and trying to also evolve our schemes to support them. As you can imagine, it's growing all the time. Political awareness in this country with regard to veterans' affairs remains very high. It keeps us busy.

Certainly, in terms of the mental health provision, it's something that is very much coming to the fore in this country. I always say to people that looking after veterans is a team affair. We work with colleagues, not only in the sense of who develops the policy for us but also colleagues in the third sector, the charity sector, who do an awful lot of invaluable work for us. For instance, there's a charity that deals specifically with blind veterans. What we try to make sure is that we generate a culture or an atmosphere whereby among us all, among all the various organizations, we provide the best care that we can for veterans.

Very importantly, you asked to speak to an ombudsman equivalent. Paul's role is very much key to what we do. Our veterans' minister independently appoints 13 regional chairmen for the various regions within the United Kingdom and the Republic of Ireland to look after veterans' awareness, raise issues of veterans' awareness within the regions, but because they're independently appointed by a minister, all the chairs have access to the minister to talk about how we're doing as an organization. Paul, in fact, is the chair of all the chairs, so Paul is here today to talk about how complaints, issues, or ombudsman issues are looked after. If need be, Yvonne, Carolyn and I can leave him, so he can talk freely about how he thinks we're doing.

I'm seeing him on Wednesday in London, so it had better not be too bad, Paul.

I will hand the floor back to you, but that's an introduction to what we do. It's very much a case of our paying the right person the right amount at the right time to enable personal recovery as best we can.

In terms of Veterans UK, I see colleagues from London have joined us now, which is great. I'll ask them to introduce themselves.

• (1110)

Group Captain Mark Heffron (Deputy Head, Service Personnel Support, Welfare, Ministry of Defence of the United Kingdom): Good afternoon. Apologies. It's taken us a while to come through.

I am Group Captain Mark Heffron and I'm head of welfare policy.

Ms. Beryl Preston (Assistant Head, Service Personnel Support, Compensation, Ministry of Defence of the United Kingdom): I'm Beryl Preston. I'm assistant head of the armed forces compensation scheme insurance.

Mr. Martin Goudie (Business Development Manager, Veterans Welfare Service, Veterans UK): I'm Martin Goudie. I am the strategic business development manager for the veterans welfare service.

Mr. Rob Rowntree: Mr. Chairman, you have our team. You have all your speakers, so it's over to you. What would you like to know?

The Chair: Excellent. We'll start our six-minute rounds of questioning with Mr. Kitchen.

Mr. Kitchen, you're up.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair. Good afternoon to you. It's good morning to us, and we thank you very much for being here today. I really appreciate the short synopsis of what goes on.

You may or may not be aware, but we have just finished a study on mental health. It's an issue that's important to all of us here, and I have a couple of questions along those lines. I've noticed that you're basically providing a hub for veterans in terms of mental health. I'm wondering if you could expand upon that a bit more, if possible, on exactly what that entails, specifically for the mental health services that you provide for your veterans.

• (1115)

Mr. Rob Rowntree: In terms of hubs, we probably only have four regional welfare centres throughout the U.K. In terms of the provision of mental health care. That's certainly provided in the first instance by clinicians within the National Health Service. We also work closely with a charity called Combat Stress, which specifically looks after issues of mental health for veterans, and they have a number of facilities throughout the U.K. I don't know if colleagues elsewhere are aware of specific hubs, whether we're talking about the personnel recovery units or the personnel recovery centres.

Martin, can you help us?

Mr. Martin Goudie: Within the single services for the military, we have what are called personnel recovery units and departments of community mental health, which are run by the military. They are where mental health support would be provided in service, and for up to six months post-discharge.

After that, it would become the responsibility of the National Health Service in line with—as Rob rightly says—Combat Stress as one of our charitable partners, and a couple of others that are in Wales, devolved for the Department of Health there. There is a specific mental health hub run there, and in Scotland there is another charitable support partner in line with the Scottish government and the NHS in Scotland, called Veterans First Point. As the MOD representatives, we are closely partnered with them to ensure that correct transition to veterans, and to allow them to receive the correct level of support.

Mr. Robert Kitchen: Thank you.

Do you have a centre of excellence at all? Are you entertaining that concept in dealing with mental health?

Mr. Martin Goudie: We do not at present have anything along those lines that would be equivalent to what we do for physical injuries at Headley Court. We rely on funded support into a charitable body called Forces in Mind Trust, who are within the U.K. and perform lots of research in differing areas, specifically focused on health and well-being and mental health. They then present recommendations to the different governing departments, including the Ministry of Defence, for future support of armed forces members and veterans who may be suffering from mental health issues.

Mr. Robert Kitchen: Thank you.

I was born in Poole and went to prep school in Cirencester, so I have a little recollection of my days in England, but right now I live in Saskatchewan and my riding is 46,000 square kilometres in size. It's often difficult for our veterans to get access to services. What I think I'm hearing from you is that even though everything is so compact in my eyes, in England, you still have those same issues as to how your veterans access services. I'm wondering if you could comment on that.

Mr. Martin Goudie: You would be correct in that it is a continued issue for individuals, and specifically veterans. However, the veterans welfare service provides support in what we class as surgeries, which will be in local communities. Rather than expecting a veteran to travel to us, we will send one of our welfare services managers to that area and potentially be a stronger hub, allowing veterans to come and mix with each other there. This creates a bit more of a surgery-type atmosphere and allows 10 to 14 veterans to be seen in one day, rather than having each and every one of them travel a long distance to see one of our welfare managers.

Mr. Robert Kitchen: Do you utilize robo-health, robotics, in any manner for your veterans' access?

Mr. Martin Goudie: We don't within the veterans welfare service, no.

Mr. Robert Kitchen: Thank you.

The Chair: Mr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair.

Thank you all for meeting with us today.

In general, on our trends in veterans transitioning, in Canada about 77% of our veterans transition well to their post-military life, so we have 23% of veterans who report difficulties and not all of those are ill or injured physically. Some of them have no acute mental health issues but aren't doing well for various reasons.

How would you compare these trends with the U.K.?

• (1120)

Gp Capt Mark Heffron: I can probably take this question. We only heard half of your statement because you cut out on us, but I can state that, of all personnel who leave the armed forces, only around 16,000 a year, about 80% transition well. Of the others, 10% or maybe slightly higher than that are individuals who, after a six-month period, are still in forms of education or training or, indeed, have retired and are not intending to earn. Therefore, I can say that under 10% of those who transition out of the armed forces have an issue with regard to anything.

I can't break that down as to what is mental health and what isn't. One of the things we are able to talk about is homelessness, if that is of interest to you. There has been a study undertaken in the last few years, only available for London, where we see as few as 3% of all those who are homeless in the London area being ex-armed forces, and indeed they may come from armed forces of different nations. It is a very small number who have problems there. A very small number have difficulty transitioning.

I'm not sure if Rob, in his remarks to your earlier—we were waiting to come in—gave you overall figures. Stop me if he did, but

we're talking of the veteran population in the U.K. being about 2.56 million. That's the number we're talking of. Over 50% of them are aged 75 or over, the results of the Second World War and the U.K. national service around to the end of the 1950s. We expect that, in the coming two to three years, the number should drop away to around 1.5 million veterans and will probably will flatline. Those are the kinds of figures we're dealing with: 1.5 million from that point on, about 16,000 leaving the services, and those sort of percentages of how well they're doing.

I hope that helps.

Mr. Doug Eyolfson: Thank you. That was exactly the information I was looking for there.

Among those who are having difficulty transitioning, would you have an estimation as to what the common factors are that lead to difficulty in transitioning?

Gp Capt Mark Heffron: No, that's a difficult one. For some of them, when we talk about transitioning, we're talking about being housed and in gainful employment up to 12 months after they have left, so it is really the housing and the employment status of the individuals that is the main issue. Some of them seem to take longer to establish themselves in a permanent form of employment. That seems to be the main issue.

The issues around illness, etc., are a lot less.

Mr. Doug Eyolfson: Thank you.

You mentioned homelessness, and I know that homelessness very often ties into mental illness, not just in veterans but it is estimated that at least 60% of the homeless overall have inadequately treated mental illness.

With regard to your veterans who might be homeless or those who have mental illness who may have just dropped off the radar, are not contacting you, and haven't left any contact information, what are the challenges and possible solutions you have for reaching these vulnerable veterans who have dropped off your radar?

Gp Capt Mark Heffron: In the past, we didn't track our veterans when they departed. Those who left at the end of the Second World War, and those who were in the national service did their statutory period of time, maybe a year or two, and they disappeared off the radar. Of the older veterans we have, the only way we are able to track them is if they are earning a pension from the armed forces.

Of course, that has been put right in the last few years or so. We track them very well now. We reach out to them and we do a check at six months, we do a check at 12 months, and we're able to follow those veterans as they leave the services now. However, turning back the clock is a difficult piece of work.

We are attempting to overcome this by working with the other government departments. Again, I believe that Rob may have briefed you earlier. We don't have a veterans department. Veterans are, first and foremost, members of society, so it falls on all the different government departments to look after them, including the Department of Health, the National Health Service, the Department for Communities and Local Governments, and the devolved administrations. You have to remember that Scotland, Ireland, and Wales do operate slightly differently. It falls on everybody to look after them.

Everybody is setting up systems to try to track them. One of those is through local general practitioners for doctors' surgeries. We are making training available to all our general practitioners across the United Kingdom on veterans. We believe that there should be between 10 and 20 veterans coming through any GP office at any stage, so we think it is right that every GP should be aware of and may have armed forces veterans in their community. We train them and then we allow them to reach back to us. Therefore, we can establish these links.

The other thing we're trying to do, which is a little bit further off, is that we have a census in the U.K. periodically and in the next census, due in 2021, we are trying to place questions around service in the armed forces and veterans' status, so hopefully people will respond to us. I know that's anonymized and it won't give us names and addresses and details, but that will help to inform us about the locations where we have concentrations of veterans as well.

With the census work and the work with the National Health Service and GPs, we are trying to bridge all of those gaps.

• (1125)

The Chair: Ms. Mathysen, you have six minutes.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you, Mr. Chair.

Thank you very much for being here with us.

We have been conducting a number of studies, some in relation to transition. We have also just completed a study on mental health and suicide, so I'm going to try to glean from your expertise in relation to a number of things.

First of all, you talked about the two different pension schemes, the second being the armed forces compensation scheme. I wonder, what are the wait times for accessing pensions and what kind of proof is needed to determine whether or not an injury is service related? How do you come to that conclusion or how do you determine that, in order to award a pension?

Ms. Beryl Preston: I can take that one.

Basically, if someone falls under the armed forces compensation scheme, they can put a claim in while they're still in service.

Ms. Irene Mathysen: Go ahead.

Ms. Beryl Preston: Under the armed forces compensation scheme, the people who think they have a problem and wish to make a claim, at any time while they are in service, can put a claim in and then it will be assessed to see if they're due an award.

With mental health issues, it is something that is more difficult because it's not like breaking an arm or something, so sometimes

things take longer to appear than others. It might be that they present problems a couple of years after the incident, in which case, they would put a claim in and it probably wouldn't have gone to its conclusion, so it's quite possible we would pay an interim award. We would then review it again in a year's time to see if that is relevant to how their problems have progressed and we would reassess it then.

• (1130)

Ms. Irene Mathysen: Thank you.

Ms. Beryl Preston: Did that answer your question? Did that cover all your points?

Ms. Irene Mathysen: That's fine. Thank you. I appreciate your response.

In terms of appeals, I know that there is an appeals process in place, but I wonder about the composition of the appeals tribunal and whether you could explain how it works. I understand there's the possibility of an appeal, but exactly to whom do people appeal?

Ms. Beryl Preston: Basically, if someone's not happy with the award they received, they have access to an appeal. First, it will be reconsidered by DBS Veterans UK, and if they're not happy with that, it then goes to the first-tier tribunal. That would be made up of a legal person, a medical person, and an ex-military person.

The applicant can go to the appeal. Sometimes if they don't want to go to the appeal, it can be held in their absence. They will also have someone, usually from the Royal British Legion, or a solicitor acting pro bono, and they'll go along to the appeal hearing. Then the case would be discussed. Maybe the findings will be that they have the correct award, or it might be that the appeal finds that their award should be upgraded. That is to say, it will be considered by a legal judge, by someone from the medical profession, and also someone who used to serve and can understand all the ramifications of having been in the military.

Ms. Irene Mathysen: Thank you.

Mr. Rob Rowntree: I think Yvonne might be able to help as well. Yvonne from Norcross is our delivery expert.

Yvonne, is there's anything you want to add?

Ms. Yvonne Sanderson: Beryl covered the composition of the tribunal, which is what Ms. Mathysen wanted, isn't it?

Ms. Irene Mathysen: Yes.

Ms. Yvonne Sanderson: In terms of the process, if an individual isn't satisfied with the decision of the first-tier tribunal and there is a point of law, the individual can apply to the upper-tier tribunal, which is our equivalent of the court of appeal, for a further determination on that case.

Ms. Irene Mathysen: Thank you very much. There have been a number of discussions about the process we use here, and some have expressed dissatisfaction. I was very curious about the level of satisfaction that veterans experience with your system.

I also noted that there was a cohort study done in 2009, wherein you looked at the risk factors for suicide in all those who left the U. K. armed forces between 1996 and 2005. In the information I received, essentially it was discovered that suicide was highest among young males within a short time, two years following discharge, which is quite different from what we're finding here. The highest level of suicide among Canadian veterans is from ages 40 to 56.

In light of the work that you had done, do you know what was determined from that study in regard to the kinds of preventative strategies you could undertake?

The Chair: I do apologize. We're over the time limit. Please make your answer concise and we'll have to move on from this.

Gp Capt Mark Heffron: Okay, I will be brief.

You are right; that is the correct detail. The study was, of course, done a number of years ago.

We are attempting to do more work in transition with our personnel before they leave the services. There is a program that we are trying to put together, policies on transition, before people leave, including assisting their families. We find that tends to help.

• (1135)

The Chair: Thank you.

Mr. Bratina, you have six minutes.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thanks to all our panellists.

First of all, we have been dealing with tensions that exist between the defence and the veterans ministries, which had in the past been two solitudes, so the transition issues are something that has come before our group.

With regard to the United Kingdom, what is the interaction and relationship between the British Armed Forces and the veterans group? Is it seamless? Do they work well together? Have you made improvements over the years? How does that work in the United Kingdom?

Gp Capt Mark Heffron: One of the things that we've been sure to introduce is what is called a tri-service referral form, which means that anyone within the services who, by their commanding officer, is noted as "may have a potential issue upon discharge" can be referred to the veterans welfare service up to 12 weeks' prior to discharge. That therefore means that individuals are still provided with support for the final 12 weeks by their armed forces unit, but also by the veterans welfare service, so that when they leave on that Friday, their last day in service, we can immediately pick them up on the Saturday morning. It means it's a lot more seamless in that transitional piece.

A whole part of the strategy of the British Armed Forces has been to encourage through service transition so that when you join the service you are always thinking that you know you're going to leave at some point so let's ensure that we put things in place as we go through the career milestones. Therefore, when they become a veteran, things are already in place and our relationship as Veterans UK with the wider armed forces is certainly of a good standard.

Mr. Bob Bratina: Thank you very much.

Earlier the comment was made that on pension schemes there are several running at the same time. I'm wondering if there's any confusion about that. We've had problems with veterans not being sure exactly what awards or benefits they're entitled to, and there's difficulty in working through the paper process to find that out.

With all of the schemes you have, do you find that it works well, or are veterans in the United Kingdom still trying to determine what it is exactly that they should be applying for?

Mr. Rob Rowntree: My comments in my opening remarks were about the armed forces pension scheme, and it was just really to say that this scheme has been evolving over time. We had a pension scheme that was called armed forces pension scheme 1975, then we had a 2005 scheme, and then more recently a 2015 scheme. There's no choice for the veteran there. They either served a number of years in one scheme or another. There is no choice; they just apply for a pension. Now, getting them to remember to claim for pensions is a challenge that we have because a number of people will serve five, six, or seven years earlier on in life, which doesn't give them a qualifying pension immediately when they leave, but it does qualify them for a pension at age 60. Trying to get hold of everybody who did serve and remind them to put in a claim is a challenge.

In terms of the schemes for compensation and injuries, those again are set very much in terms of chronology. It's either the war pension scheme if it's before a certain date, and the armed forces compensation scheme up to a certain date. Really, from the veterans' point of view, it's relatively straightforward. If they want to apply for compensation, we'll tell them which scheme they can apply for given the date that it happened, and with the armed forces pension scheme it's merely a matter of how many years' service they had in each of the schemes, and if any of the schemes do cross over from one to the other. It's pretty much set out.

Mr. Bob Bratina: I have in my riding in Hamilton, Ontario, a gentleman who served on a submarine in the British navy in the Second World War. He's in his nineties now. How easy is it for him to access U.K. veterans' benefits?

Mr. Rob Rowntree: I would hope that it's straightforward, but certainly tomorrow we're launching in this country a piece of software. It's called the Veterans' Gateway, and colleagues in London may want to jump in to talk more about it. That facility is primarily web-based, but we've deliberately enabled live web chat for overseas customers. As long as people can access the Internet, then we should be able to answer their questions. Other than that, they can still call the U.K. or write to us at Veterans UK. Again, it's available all through the website. You should be able to see how to contact us and if there's something they need, then go ahead.

However, our colleagues may have an idea of what we do in Canada just now for British veterans. I'm not sure if there's anything specific that colleagues at Norcross in London have.

• (1140)

Ms. Yvonne Sanderson: Individuals can access, as we've already said, Rob, the claim forms from the gov.uk website. There's immediate access there through the Internet. We do actually still get quite a few claims for people of that age group of over 90, and obviously we do treat them as a priority as well.

Mr. Bob Bratina: Mr. Rowntree, you mentioned a "gateway" website in the U.K. What's the name of it again?

Mr. Rob Rowntree: It's called the Veterans' Gateway.

Mr. Bob Bratina: Got it. Thank you.

Mr. Rob Rowntree: That goes fully live in the U.K. tomorrow.

Mr. Bob Bratina: Thank you.

The Chair: Ms. Lambropoulos.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Hello. Thank you for being here with us today and for answering our questions.

Being a young 'un, I'm going to ask some questions regarding younger veterans, which we have a lot more of. That's the new trend, obviously.

First of all, how do you make sure you reach the younger population of veterans? Do you wait for them to reach out to you in order to receive services, or is there a program in place for them to receive services upon discharge?

Mr. Martin Goudie: One of the last reports that was done focused on exactly what you just raised about our younger veterans. We introduced, for those who are departing, what is called the "early service leavers" program for anyone who has served four years or under. It makes sure they are provided with more of a rounded transition that focuses on the aspects they will definitely need upon leaving the services. We are likely looking at individuals who signed up at perhaps 17 years old and are departing at 21.

We also have outreach within the early service leavers. We have a special protocol to refer them on to the veterans welfare service, similar to the transitional one I spoke about earlier. That's how we are pulling those individuals to us, to ensure that they get the right information.

In the wider capacity, there are things like, as Rob Rowntree mentioned, the Veterans' Gateway. The fact that it is going to be web portal-based with a chat facility, text facility, and email will allow for more interaction. It will also be fully mobile and app-based.

Ms. Emmanuella Lambropoulos: So you're moving more toward technology as well to make it more accessible.

Mr. Martin Goudie: It will be accessible via technology, but with the veterans welfare service, for example, still ensuring that the autonomy is there for our staff to make decisions on how they best support any veteran. I'm sure that within Canada as well, with its dispersed nature, you have veterans who may be isolated. We can't just focus everything on technology. We'll still be required to visit those individuals as we progress through the years.

Ms. Emmanuella Lambropoulos: Okay. Thank you.

I guess I'm looking for a more specific answer to the same question. I understand that there is a transition program, but then is there a way to keep informed on how they're doing later on, once they are through with their transition program? Obviously a lot of veterans come back with PTSD much later, many years after they have been discharged. I'm wondering if you have a way to keep track of who has been served and who hasn't.

Gp Capt Mark Heffron: Perhaps I could come in with regard to this.

The Veterans' Gateway is a single point of contact that people can go to, but it is not the only central point of contact. There are many other organizations. For example, there's the British army regimental system, and a lot of people will be involved with that and with the organizations that serve particular units within the regiment. That organization keeps an eye on its individuals. It will look after them continually once they have left the services.

In addition, we have the once-a-year contact that has now been put in place. Initially it's at six months, then at 12 months. After that, every 12 months after a service member leaves we contact them, and clearly the early service leavers as well.

Then there is all the work we're doing whilst they're in service. I think we alluded to that already. It's something new. We do an awful lot for our guys, whether they are young or old, through their entire career—gaining qualifications, mapping them across the civilian society, helping them with the purchase of housing, and helping them with a whole range of things along the way.

The idea with this is that we have an overarching transition policy that brings all of these different themes together and brings all the organizations together into one, and that we do likewise with the family, which is important. We will be assisting thousands with finding employment and with recognizing their skills whilst they are connected with a service clerk so that the whole unit, when it transitions out, is best placed to be a part of society. Then there is the contact piece, and of course the young people are included in all that.

• (1145)

Ms. Emmanuella Lambropoulos: Currently, what is the approximate percentage of veterans who are receiving services?

Mr. Martin Goudie: In 2016-17, the number of individuals assisted by the veterans welfare service was over 50,000. That is contacts where we may assist for any of the schemes, any of the pension claims, as well as wider holistic support. That's in one single year. That has increased over the last five years, every single year.

Ms. Emmanuella Lambropoulos: Thank you.

The Chair: Mr. Brassard.

Mr. John Brassard (Barrie—Innisfil, CPC): Thank you, Mr. Chair.

Let me begin first of all by saying that as Canadians we're closely monitoring the situation in Great Britain with respect to the terrorist attacks that have been going on lately, and I think I can say on behalf of the committee that we stand with you during this very difficult period you're going through.

I want to talk about the loss of identity. That's one of the issues we hear about so often as we deal with transitioning members from our Canadian Forces into civilian life. We do build our troops up to deal with combat, to deal in operational theatre situations, but we do very little in terms of bringing them down from that and preparing them for a transition into civilian life.

I'm wondering if you can speak to what program, if any, the British armed services has to prepare soldiers for their transition to civilian life, to bring them down from those operational combat and theatre situations.

Mr. Martin Goudie: Anyone who is departing a combat area will go through what's called "decompression," where they will spend three or four days—generally coming back from the Middle East, it's in Cyprus—in which they are brought down from the immediate feelings that they receive.

When they return to the U.K., there are what is called TRiM-trained personnel within all units, who will monitor their personnel for any initial signs of concern. As they progress through their careers and approach the time when they are going to depart, there are two main areas that an individual will depart through. If they have done their full career in the military, they will have two years' worth of resettlement support. If they are deciding to depart of their own volition, they will have one year, because they will sign off and then spend one year's worth of resettlement.

In that period, if they have done their full service, they will receive seven weeks' worth of full time off to conduct training, including where we put them through what is called the career transition partnership, which is where they receive specialist support in things like interview techniques, training, education, and CV writing, in order to assist them as best as possible for departure. That also allows them to do things like gain work experience in different areas, in different departments, during that one-year or two-year period.

That obviously doesn't include the other aspects of ongoing through-career training that Group Captain Heffron spoke about earlier, and aspects that the British services provide.

• (1150)

Mr. John Brassard: When they come back from combat situations or operational theatres, members of the trained team you referred to are looking for signs. What specific signs, what criteria are they looking for in those soldiers who are coming back?

Gp Capt Mark Heffron: That's a difficult one. What I would add is that it is all the experts you would expect to be involved, particularly initially at the decompression piece where the guys are straight out of operations, the idea being that it's a location away from the actual hostilities. This is the point at which you have the medical teams, the psychiatric teams, the padres, and the chaplains. You have all of those trained individuals to talk to the individuals, to signpost them, and to pick up on those points. Then they feed that back to the relevant unit. Back at the base in the U.K., the individuals will receive the more specialist examinations they need.

I'm not sure exactly how they're doing that. It's not in my expertise.

Mr. John Brassard: On the issue of the two-year resettlement for full career and one-year resettlement for those who are being medically released, how long of a process prior to their release would they go through this transition piece in their career if they're being medically released from the services?

Mr. Martin Goudie: Anyone who is going to be medically discharged automatically is drawn to the full resettlement package, which means they automatically receive up to the seven weeks' worth of training. In addition to that, as part of the policy, no individual will depart through medical discharge until their medical pathway's clear and they are able to leave the service into future, whether it be, education, training, or employment. They receive as much of a package as possible up until the date of discharge.

In addition to that, we also have, as I spoke about earlier, personnel recovery units, which is where individuals who have suffered significant injuries—are wounded, injured, sick—and those with other injuries now will be placed in personnel recovery units to allow them to receive even more dedicated and direct support. Within that, they will have a singular welfare officer or a personnel recovery officer who will have 12 individuals on their caseload, and they and their families are provided with extensive one-to-one support to ensure employment, housing, schooling for children, move-of-house, and adaptation of houses through the Defence Infrastructure Organisation.

Thank you.

Mr. John Brassard: Thank you so much.

The Chair: Thank you.

Mr. Fraser, you have six minutes.

Mr. Sean Fraser (Central Nova, Lib.): Thank you very much. It's my pleasure to be here. Ordinarily I'm not a member of this committee, so it's truly a unique experience for me to be here with you today.

I'd like to pick up where some of our previous questioners left off on transition to civilian life for members of our armed forces. We recently announced a new veterans education and training benefit in Canada, and it seems like there are some differences between how this benefit would operate and the process that you just described. My understanding, from the testimony I just heard, is that in the U. K. there's an in-house service provided with the seven weeks of training with interview techniques and CV development, those sorts of things. Is there a program as well where the government would help veterans obtain university or college education or small business training provided by a third party provider?

Mr. Martin Goudie: Yes, fully. When someone joins the armed forces they are asked to sign up for what is called enhanced learning credits. During their service, if they serve four years, they receive 1,000 pounds up to three years in a row post-discharge which they can use, or if they serve eight years-plus, 2,000 pounds per year for three years. That is to allow them what is classed in the U.K. as a level 3 or above qualification, which is just one level below a degree qualification. It also allows them to use that to fully fund, if they haven't used any, a degree qualification as long as it is their first degree. You couldn't have someone have a degree and then use that funding to get a master's, for example, but they can use it for a first degree.

Career transition partnership is also linked with a program called X-forces, which is particularly for entrepreneurial and small business aspects and which people can use as part of their transition in order to develop their own, as you say, entrepreneurial and small business development post-discharge, not just going to work for someone else.

• (1155)

Mr. Sean Fraser: Do you monitor the success rate of transition into civilian life amongst people who've taken advantage of these programs compared with those who have not?

Gp Capt Mark Heffron: Yes. We can only go back to the over 80% at the six-month point when they transition out of the armed forces as being in full employment within the six-month period of leaving. It's over 80%.

Of course, we are constantly developing the career transition partnership, though of course this wasn't available 10 years ago, so we're not able to make a comparison with those who did it and those who do it now. Part of the transition work I was talking about is where we're trying to bring these things together in more of an overarching way with a transition partner that guides the whole thing through so that people receive all this right through their careers. We believe there are two points. First, a veteran can be anybody who served one day or more in the U.K. Armed Forces. Also we believe that transition begins on day two when you join the armed forces. Everything is geared up to when you leave. This is a move in the right direction, which you can't compare with the past.

Mr. Sean Fraser: I'll switch gears a little bit to talk about the delivery of care. I heard you mention the NHS earlier. Am I correct in my understanding that the NHS is responsible for the administration of care to veterans and that it would be paid for by the Ministry of Defence, or Veterans UK? Can you describe to me how the payment scheme versus service provider works in the U.K. for veterans?

Gp Capt Mark Heffron: As I said, there is no veterans agency or department or anything here. Veterans are a part of society, so each government department has to do its best. When a veteran leaves the armed forces, as a member of society he will register with a general practitioner like anybody else. That is where he gets all his assistance once we have moved him out. It is all done through the National Health Service of the Department of Health, and that is where the funding comes from also.

Mr. Sean Fraser: I'd like to interject for just a moment, as I have limited time remaining. Does that include in-home care provided to elderly veterans?

Gp Capt Mark Heffron: That is correct, yes.

Mr. Sean Fraser: Just while we're on the subject of in-home care, are there programs that allow for social supports to let veterans stay in their homes? It could be accessibility features that could be built into their homes. Is there other funding available that helps veterans stay in their homes longer?

Mr. Martin Goudie: Again, in general, that is through the local authorities. Our local councils have funding in place in order to adapt homes and ensure the installation of guide rails, stair lifts, wet rooms, etc. It's not specifically for veterans. However, with regard to those who are wounded, injured, sick, and transitioning out of service, there is funding for our internal Defence Infrastructure Organisation to adapt transitioning armed forces members' homes in order to ensure they are fit for purpose if those veterans have injuries.

Mr. Sean Fraser: Thank you very much.

The Chair: Thank you.

Ms. Wagantall, you have five minutes.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you, Mr. Chair.

Thank you so much for being here with us today. This is very helpful.

I would like to ask Paul Kingham a few questions with regard to the veterans advisory and pensions committees.

I understand that the individual chairs are appointed by the minister. Can you give us some background on how it is that you gather intel, the perspectives of the various veterans? Of course, it's a broad range of services and a broad range of veterans who need those services. How do you ensure that you're hearing from your veterans?

• (1200)

Mr. Paul Kingham: The strength of the system, as Rob mentioned earlier, is that there are 13 committees. If you don't mind, I'll use my own committee as an example. My own committee is in the northeast of England. Whilst we're connected nationally to everything that's going on and to the support and service that is delivered by Veterans UK, we're also interconnected with the charities that are right within our region and with the local authorities.

The previous questioner was asking questions about support for veterans to stay in their own homes. For example, as a former regimental secretary, Mark Heffron mentioned the regimental system. One of the strengths of the regimental system is that it provides welfare grants and welfare in aid by keeping in contact with the elderly veterans. It does the first-line support, and there are other larger charities—for instance, ABF The Soldiers' Charity, which is the army benevolent fund—that would underwrite larger care or care beyond what a regiment could provide. As a regimental secretary some 15 years ago, for example, we delivered a housing adaptation that cost almost 6,000 pounds by splitting it amongst the charities. That's available, but equally, there's more support available from the local authorities, some of which is statutory and some of which varies by region.

One of the earlier questioners asked about the delivery of mental health care provisions in particular. One of the issues we have—and hopefully the Veterans' Gateway will help with this—is the myriad of both statutory and non-statutory providers, particularly with regard to homelessness or those who are involved with crime. Northumbria University, which is up in my patch, has actually been commissioned centrally to carry out a study about how veterans can better access the support and how the clinical commissioning bodies—that's the bit of the National Health Service that actually buys the service in—can try to ensure that it's buying in the appropriate care at the appropriate level and that veterans are able to access it.

Notwithstanding our being a much smaller country than Canada, frequently the issue is being able to put the person with the need in contact with the people who can actually meet that need.

The Veterans' Gateway is obviously an automated system, but the whole regimental system for the army and RAF Benevolent Fund and the Royal Navy Benevolent Trust, along with some other specialized service charities, fill the rest of that void.

Mrs. Cathay Wagantall: I'm sure it's similar for you. We're finding that veterans' groups, veterans helping veterans, are a very positive way to deliver services because they're so in touch and are aware of how to meet needs very effectively.

We have so many cropping up all over the place, and to determine how to use those services is almost.... Are you talking about within your network, having a directory of some kind of those who have been affirmed by the ministry that they can choose from, or are they told which services they're to go to?

Mr. Paul Kingham: I wouldn't say they're told; they're guided. But part of the Veterans' Gateway is to give the veteran choice.

If the veteran goes onto the gateway obviously they can speak to an individual and they don't have to do it just on a computer screen. We look at the issues they're facing, and they can get a whole list of people who can potentially support them, so there is a bit of choice in that way.

Mrs. Cathay Wagantall: Pain and suffering compensation is an indicator to our veterans of how much we value what they've sacrificed for us. I notice in the U.K. you've doubled the maximum lump sum since 2008, and it's significantly higher than what we have in Canada.

What's the rationale behind that? Do you see that as a means of affirming them so their mental health, everything...? Is it a more positive statement to them?

• (1205)

Mr. Paul Kingham: It was largely formed from the unfortunate horrific injuries that people were sustaining in the more recent conflicts. At the start of the scheme, which was very loosely based on the criminal injuries compensation scheme, that type of injury wasn't really catered to, so you could have the possibility of a veteran with three or more serious injuries being awarded compensation for only two of them.

Quite clearly when you look at a full compensation scheme, yes, those with a higher tariff have a guaranteed income for life, but to cater to their ongoing care and housing needs, particularly if they're not able to work at all, that's why the higher figure is required.

Mrs. Cathay Wagantall: Okay, thank you.

The Chair: Ms. Mathysen, you have three minutes.

Ms. Irene Mathysen: Thank you, Mr. Chair.

We've been talking about the mental health needs of veterans. It's very important. When a veteran serves, his or her whole family serves. I wonder what kinds of mental health supports are available for the families of veterans.

Since I have a very limited amount of time I'm going to throw a second question at you. Do you have supports in place for veterans struggling with military sexual trauma?

Gp Capt Mark Heffron: I can answer about the families.

From the transition work we are going through at the moment, we are doing more for the families who are affected. I won't go through that again, because I don't want to waste your time. In terms of mental health, it's an area we wish to go into where the spouses and families are concerned.

I didn't hear your second piece with regard to sexual...?

Ms. Irene Mathysen: What supports do you have in place for veterans suffering with military sexual trauma? Is it considered an operational stress injury, or a "related to service" type of injury?

Gp Capt Mark Heffron: That is a difficult one. I haven't anything on that. We have that so very rarely. It's something we would have to look at further.

We have a system whereby anyone in the armed forces can complain. We have a service complaints system but that can be used for anything, and I stress not only this. We have a very well-funded service complaint system run by the three services. It's been pushed through our Parliament. It comes under legislation, and we have a service complaints ombudsman.

Each individual who puts in a complaint has to state what the complaint is for, if that would involve any kind of mistreatment or bullying or harassment, whatever that might be, so this would all be included. They also have to declare what they seek as a result of the complaint. It is processed through the services and there is an appeal process within that, and within each service, and at the end the case may be referred to or may be overseen by the service complaints ombudsman who is independent of the armed forces and is appointed through Parliament and who can look to see that the armed forces are operating as they should.

The Chair: That ends our first hour. We're going to suspend for about three to four minutes and come back with Paul Kingham, chair of the veterans advisory and pensions committees. We'll just suspend for a couple of minutes and come back.

On behalf of the committee, I'd like to thank everybody who participated today. If there's any information that you want to

elaborate on or any questions that you want to send us or any thoughts that you have, if you could email them to the clerk, he'll distribute those to all the committee.

Again, on behalf of the committee, thanks for taking the time out of your day today. We'll be back in a minute. Thank you.

• (1205)

_____ (Pause) _____

• (1220)

The Chair: I'd like to resume the meeting. I have some bad news or some good news, depending on.... We can't get reception or can't get connected back to the U.K., so we're going to have to ask them to come back for our next meeting in September. With that, I think we can adjourn. I need a motion to adjourn.

Before that, if we don't see you in the next few days—or if we stay till July, then we can have meetings in July, but hopefully not—I want to wish everybody all the best of luck.

We have a motion by Mr. Colin Fraser to adjourn.

(Motion agreed to)

The Chair: Thank you. The meeting is adjourned.

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