

Presentation

To The
WSIB Funding Review
Professor Harry Arthurs, Chair

Thunder Bay, Ontario

Presented by the
Thunder Bay & District
Injured Workers' Support Group

April 13th 2011

About our Organization

Our group, The Thunder Bay & District Injured Workers Support Group, was founded in 1984 in response to the then pending legislation, Bill 101. The geographic area that the Thunder Bay & District Injured Workers' Support Group membership resides in is approximately one-quarter of a million square miles.

We are a group of workers (and family members) who have been injured or made sick on the job. We have first hand experience of the WCB/WSIB system and know it needs improvement!

The Thunder Bay & District Injured Workers' Support Group's (TB&DIWSG) mission is to help create Dignity, Respect and Justice for Injured and Disabled Workers in the Workers' Compensation System by assisting and educating workers, injured workers, the general public, our elected representatives and WSIB staff.

The organization has four main goals:

1. Provide information and support to injured workers;
2. Provide analysis of legislation and make recommendations for improvements and reform;
3. Educate each other and the general public; and
4. Lobby government and the WSIB to establish Justice for Injured and Disabled Workers.

The TB&DIWSG is a democratically governed group with a Board of Directors elected at the annual general meeting (AGM). Our members are injured workers, family members and other individuals who support injured workers and their issues.

Initial Thoughts on the WSIB Funding Review

We are concerned that the funding review has such a restricted mandate. We have seen tinkering with the system many times over the years and rarely has this resulted in significant improvements for injured workers. Overall, we have seen the Workers' Compensation system become more complex and more adversarial.

Both of these trends have also resulted in the growth of "employer representatives or consultants" who offer their services to employers. They often suggest they can save the employer money dealing with this big, complex system. Unfortunately, the employer consultants do not usually share the same goals as the employers they work for and certainly not for the system as a whole. They are out for a quick buck, and if the injured worker suffers, no problem. Far too often the employer also suffers with low worker morale and disrupted labour relations. The system itself suffers thru revenue leakage – over \$2,000,000,000 from experience rating off-balances and increasing adversarial relationships with its key stakeholder groups.

As the system becomes more adversarial, it faces a challenge of reduced credibility and greater criticism. As confidence in the system wanes, stakeholders more regularly

question if its being managed effectively and efficiently. And no one likes to pay into a system they think is "out of control". Add to this that successive governments have treated the WSIB/WCB as a political football, in recent time reducing (and keeping low as the unfunded liability rose) employer assessments to the tune of \$800,000,000 per year.

We feel that the Workers' Compensation system has gone out of balance and is now creating undue hardship on workers with a permanent disability/impairment. You Mr. Chairman, are focused on solving the financial balance for the system. But what about the life balance of the people the system was created to serve, injured and disabled workers?

It looks like the government has chosen to "accommodate" employers' desire to have lower premium rates. Injured workers want to go back to work, but accommodation for them is discretionary. And if employment is not sustainable, then it's the injured workers' fault. And both the Government and the WSIB have resisted keeping track of employment numbers for permanently injured workers.

For many years we have asked the Ministry of Labour and the management of the WSIB – and previously the WCB – to track the outcomes of the people they serve, particularly those injured workers who end up with a permanent, life long disability. We have submitted a proposal to the Minister of Labour to amend the Memorandum of Understanding between the MOL and WSIB to require tracking outcomes (employment, wage loss and health status) of workers with a permanent disability.

No action is being taken. We feel like we are invisible. A recent study (2006) done by Street Health in Toronto on Homelessness found the 57% of the homeless people interviewed were hurt at work.

No one bothers to keep track of our loss and suffering and people believe injured workers get "cash for life". This may be a common understanding but not reflected in our experience. We are attaching a survey we did of workers with a permanent disability in Thunder Bay. A few of the findings:

- 71% are living under the poverty line
- 42% are receiving welfare (OW or ODSP)
- 18% are receiving WSIB benefits
- 15% are working
- 63% are depressed
- 15% contemplated suicide

We regularly receive emails such as this:

I have been injured since 1997 with two back surgeries , lower. I am going bankrupt soon. severe depression and stress. All related to my back pain. Injury has moved up to my upper back and neck. I can barely do normal everyday activities. I have been in treatment for self medicating my self. ie alcohol and drugs. i have two children five and 7 months old that suffer for me. me and my wife are at each others throat. I would love

to tell my whole story to you. please please contact me i don't know what to do. cant take the stress no more

We also believe that the failures of the workers' compensation system end up negatively affecting the bottom line of our provincial and local governments. They are being billed to assist Ontario citizens who become hurt or are made ill at work and end up unemployed, living in poverty and causing pain and suffering in their families and our communities.

Examples of this cost shifting from employers to the public purse include;

- to Canada Pension Disability benefits;
- to Ontario Disability Support Program;
- to E.I. sick pay;
- to Indian Affairs for aboriginal workers;
- to OHIP – public health care;
- to injured workers and their families.

Why are we being ignored?

Our Experiences as Injured and Disabled Workers

It is common for people to understand the world through their own experiences. We as injured and disabled workers have a particular experience to share.

We have seen costs to employers for Workers Compensation reduced by about 30% in the last ten – fifteen years. Ninety percent of these savings have gone to large employers making up only 10% of all employers in the province. That means a savings to these largest employers of over \$500,000,000 a year. While at the same time, workers who become injured and disabled are falling further into poverty. Injured Workers have seen their benefits cut by Bill 162 in 1990, by Bill 165 in 1995 and by Bill 99 in 1998.

While benefits for injured and disabled workers were cut, wages for top management at the WCB/WSIB more than doubled so the CEO now makes more than \$400,000 per year and the number of staff earning over \$100,000 is growing rapidly.

It is believed that by knowing one's history, we, as a society, can learn from our achievements and mistakes. We encourage you to understand our collective history with the Workers' Compensation Act and the agency that delivers it to Ontario's Injured Workers.

The Workers' Compensation System was created in Canada in 1914-15 following an Ontario Royal Commission led by Chief Justice William Meredith. He called it a "Historic Compromise" and laid out the following principles:

- Employers: would not get sued leading to social stability that would be the result;
- Workers: no fault system=no delays; non-adversarial, no harassment; an impartial, independent public board;
- Inquiry system: help the worker, give them the benefit of the doubt;

- Employers to pay (as they are protected from lawsuits): the burden was not to fall on the injured worker, their family, or society in general.
- Payment was to occur for as long as the disability lasts;
- Payment was to be based on the concept of lost wages.

To limit the period during which compensation is to be paid regardless of the duration of the disability . . . is in my opinion, not only inconsistent with the principle upon which a true compensation law is based, but (also) unjust to the injured workman for . . . he will be left without earning power at a time when his need of an income will presumably be greater than (before) he was injured.

Meredith, 1915

. . . it would be the gravest mistake if questions as to the scope of the proposed legislation was to be determined, not by consideration of what is just to the working man, but of what he can be least put off with or if the legislature were to be deterred from passing a law designed to do full justice, owing to groundless fears that disaster to the industries of the province would follow from the enactment of it.

Meredith, Final Report, 1915

In 1985, Bill 81 was introduced and passed in this provincial Parliament. One of the provisions of this Bill was meant to protect disabled workers from the negative effects that inflation had on their permanent pension. Full indexing of benefits to the Consumer Price Index was supported by all parties and passed into legislation. For the years previous to Bill 81, the Legislature had increased pensions on an annual basis in response to the crying need of these disabled workers falling further into poverty. This had been one of the four main demands of the Injured Worker Movement in Ontario.

Thousands of injured workers had seen their meagre pensions reduced each year because of inflation. Steve Mantis, our past President, recalls one example of this. "In 1978 when I lost my arm, I met another injured worker with the same level of amputation at the Downsview Hospital. He had been hurt 30 years earlier at Massey Ferguson making good wages. When we compared our monthly pension cheques, he was making only 10 % of what I received." This was due to the effects of inflation and the ceiling on insured earnings at the time of his injury.

On June 20, 1988, Greg Sorbara, then Minister of Labour introduced Bill 162 and in his opening remarks stated:

"The Bill(162) will provide fairer compensation for workers who suffer from permanent disability as a result of a work-related injury or illness. It will emphasize

the goal of helping injured workers return to the work-force earlier and more successfully.

It will oblige employers to reinstate injured workers in their jobs.

It will impose new obligations on the Workers' Compensation Board to provide injured workers with timely access to Vocational Rehabilitation services.

As it now stands, the system of Workers' Compensation in this province is not keeping up with a major purpose for which it was originally established -- to restore the financial position of injured workers as close as possible to that which existed prior to their injury. For too many Injured Workers, the level of pension benefits has been inadequate to cover lost income.

The time has come to ensure fairness in Workers' Compensation. The time has come to provide opportunity for Injured Workers to return to active employment. The time has come to act."

Who could argue with such principles? The immediate reaction was quite positive and hopeful. These were the exact things that Injured Workers have been seeking for years.

Bill 162 was passed and came into effect January 2, 1990, bringing in the "wage loss system" in Ontario. Now 21 years later, the problems still exist. Recent statistics from the WCB show that as of Jan. 1, 2008, 220,141 workers have received recognition for a permanent disability since 1990. Of those permanently disabled workers, 23,460 receive a Future Economic Loss monthly wage loss payment until they reach the age of 65. That's a little over 10%.

Research in this area is lacking but studies done in Ontario report that between 50% and 78% of the workers who become permanently disabled are chronically unemployed. As you can see, with only a small fraction of disabled workers receiving benefits, the majority of disabled workers in need are not being served by this "new and improved system".

These are the people who have been hurt even worse by the changes to the Workers' Compensation Act that remove the protection against inflation. Amendments to the Compensation Act in 1998 took away the inflation protection passed in 1985 with the introduction of the modified Freidland Formula. Each year, workers with permanent disabilities will receive less and less income, and 50 -78 % of these men and women are unemployed.

Overriding principles in our brief:

- KISS – when recommending changes, strive to make the system simpler and easier to understand and navigate;
- Create a system that gathers more public support;
- Create a system that is sustainable.

System funding & the Unfunded Liability (UFL)

It seems clear that the UFL has grown primarily due to a premature reduction in employer assessment rates which was directed by the government. While all say the WSIB is independent and operates at arms length from the government, this doesn't seem to apply when setting employer assessment rates.

A funding policy needs to be established and rigidly followed and the government must support this otherwise it will be no different that the current situation.

We recommend a steady state system. One similar to public systems such as CPP or OHIP – that go for years without changing the assessment rate.

What we learned from the technical sessions that happened in January of this year is that the present system is a guessing game of what all the future liabilities are. Then figuring out what to charge each employer based on their share of this figure. Not only did we learn that these guesses are often wrong, they do not reflect what injured workers are actually entitled to in terms of their legal rights and benefits. Assumptions can change, thereby changing the future liabilities. And it even seems that these assumptions can be vulnerable to political interference as happened in the Harris years in order to support lowering employers assessment rates.

We are concerned that the current process can have negative impacts in a number of ways, including:

- Administration at the WCB/WSIB can strive to fulfill the assumptions of the actuaries rather than providing benefits based on the actual experiences of the injured workers;
- Credibility – how long can we have faith in a system that is based on guesswork to balance their books?
- Uncertainty for employers – regularly fluctuating assessment rates can cause problems for long term planning
- We expect that the actual costs of the system are regularly underestimated – which in turn provide faulty data to policy makers who then rely on this faulty data to find the best course forward. Is it any surprise when they get it wrong?

1) What should the WSIB set as its funding target?

We support a steady state funding system with a reserve of 60%.

2) What is a reasonable time frame for WSIB to reach its funding target?

Our suggested target could be reached within 3 – 5 years.

Premium rates

We support the move to a flat rate system with only 1 rate group that more closely reflects the principle of collective liability – this could be all employers pay the same rate

(\$2.35 per \$100). And as noted above, a steady state system where rates are not recalculated each year but stay the same for years at a time at a reasonable level. This reliance on actuaries to manage the rate structure is a mistake that causes confusion and uncertainty – which is not particularly good for the economy.

- 3) Is the current WSIB premium rate setting methodology appropriate? What would improve it?

The current practice seems to be ass backwards. It seems the government sets the rates then the WSIB finds a way to justify the rate. The government must really be at arms length and allow the WSIB to increase rates to reflect the actual costs.

By setting the rates artificially low, the WSIB then must put additional pressure on injured workers to reduce the costs and balance the budget on the backs of disabled workers.

We recommend a rate setting more like OHIP that makes it simple to understand and administer and universal coverage for all workers and all employees. This could lead to a substantial reduction in the rate for many employers.

We believe that a system that covered all workers and employers in Ontario and set a rate that applied to all equally would be truly one of collective liability and one that would find support in the vast majority of people in our province.

While economists might suggest that higher rates for some employers creates an incentive to reduce injuries and diseases, there is very little evidence to support this theory. We do know that the closer the rates are to costs actually incurred by an employer, the more they are motivated to fight their workers' claims. This approach becomes detrimental to both the employer and the workers.

- 4) Should premiums rates increase until the WSIB funding target is reached?

Yes, that is assuming the present rate setting system continues. If we move to our suggestion above, we would most likely see a fall in the average rate that would then be charged to all employers in Ontario.

Rate groups

There are currently 154 rate groups in Ontario. This causes a lot of confusion and employers playing the system to get into a lower rate group. There are about 200 staff at WSIB that work in this area of making sure employers are in the correct rate group. By adopting the recommendations we propose, these resources could be better used in actually creating safer workplaces and accommodations for disabled workers.

- 5) Is the WSIB rate group structure appropriate given the principle of collective, no fault liability?

No, it is moving more and more to individual liability and this undermines the system. We recommend moving to one flat rate for all workers and their employers.

6) What opportunities exist to improve the rate group structure?

We recommend that the rate groups be reduced to 1 rate group that will return the system to a collective liability principle. We also recommend eliminating Schedule 2 and bring all those businesses into the collective liability structure. We also recommend covering all workers and employers in Ontario – make it a model system that we can all be proud of, like OHIP.

One exception to the one rate for all might be for small business. We understand that small business has a separate rate for OHIP payments and that is worth exploring further.

Employer Incentives

7) Is the present design and operation of the WSIB's employer incentive programs appropriate? If not, how should they be changed?

No, these programs are not appropriate. There is no real evidence that they actually improve OH&S or re-employment but do create an adversarial relationship between workers and management – far too often rupturing the employment relationship. They also are a financial drain on the system – an amount in the billions of dollars.

Another major concern is the effect on OH&S programs in the workplace. These programs might have a negative impact in the workplace by the practices that have grown up around experience rating. We have seen a major shift in reporting accidents and diseases. Twenty years ago lost time and no lost time claims were split almost 50-50. Now no lost time claims are more like 25% of the total reported claims with no lost time claims running at about 75%.

Injured workers have told us over and over that they were encouraged to either not report their claim or report it as only a no lost time claim. This has often created real problems for those injured workers (imagine the WSIB adjudicator who must deal with an injured worker with a serious, long term injury who had only a no lost time claim. Well, it wasn't even severe enough to take off time, why are you now claiming its serious and ongoing now?) The effect on Health and Safety at work may be significant.

As you may well know, the foundation of a good OH&S program is conscientious reporting of all injuries and accidents. This leads to accident investigations to prevent future accidents. But what happens when the workplace culture is to not report accidents? There will be fewer investigations and we run the risk of increased frequency of accidents.

We suspect this might already be happening. While there is a decrease of injury claims we are seeing an increase in serious, permanent injuries. The Non Economic Loss

Award (NEL) recognizes when an injury or disease becomes a permanent impairment. The number of NEL awards has increased by over 60% from 1999 to 2008 while reported claims fell by %15 over the same period.

So, not only do we have more serious long term injuries – which are the main cost drivers in the system – the administration of the WSIB is focusing on the reduction in lost time claims thinking that will lead to lower costs. You may have noticed the WSIB is surprised by the increasing number of injured workers on “locked-in claims” over the last few years and have developed strategies to reduce this number.

Because they evaluate the performance of the system based on lost time claims (they use lost time claims as the denominator in their analysis of trends in claims durations) they are missing the big picture. The increase in serious injuries should be the focus, not administratively trying to keep that number down. We are concerned that this miscalculation will spell even further troubles for the Workers Compensation and Health & Safety System into the future.

We recommend eliminating all the existing employer incentive programs except WorkWell.

8) What other incentives might be used to promote safety and re-employment?

We recommend the creation of an excellence fund to help cost share actual OH&S improvements in the workplace and support the employment of injured workers by cost sharing reasonable accommodations in the workplace that remain with the worker. We also suggest examining the German system of grants and levies to promote employment of injured and disabled workers.

Here is an excerpt from a letter to Premier McGuinty that our provincial body sent last year which we support:

Last year the Toronto Star came out with a series of articles exposing the ill-conceived incentive system used by our workers' compensation system to promote occupational health and safety in Ontario. The system is known as experience rating. While the WSIB took some initial action to address the embarrassment of the situation, we are highly concerned that no further meaningful change will occur.

Premier McGuinty, there is a powerful contingent of employers and employer consultants who want to see experience rating stay because, managed by claim management experts, it can be a lucrative source of profit. ONIWG has tried to explain for over a decade that experience rating, not only does not function to improve health and safety at the workplace, but it provokes practices ("claims management") by employers which are achingly harmful to workers who have been injured and their families. These harms lead to dire psychological and economic consequences. While these are unintended consequences, they are absolutely and inevitably tied to the flawed programme.

Despite this, somehow it is the employer lobby which has had the ear of government and certainly during the Mike Harris government, experience rating became even more seriously entrenched in the system. When will the injured workers be listened to? We are the ones with the direct knowledge, through experience and study, of the harmful effects of both the surcharges and rebates contained in the system. We want this harm to stop now.

At this point, under the current scrutiny, the employers and their lawyers and consultants have given up their past claim that experience rating provides them with incentives to improve workplace health and safety. Surely with both sides now agreeing on this point, the moment should be seized to strike experience rating from the legislation, policy and practice of the WSIB and replace it, if desired, with a system which recognises and supports actual excellence in workplace health and safety. Injured workers and their advocates have made various suggestions of what those systems could look like. At this time, the Board spends over \$200 million/year on the experience rating programme. Just think what that money could accomplish redirected to more inspectors, actual investments in safety, and other direct systems to truly reduce the rate of accident and disease from work in Ontario.

But now the employers have latched on to another idea to keep experience rating. They claim it is for equity. Premier McGuinty, this is a misconstrued idea. The idea of equity is that if one workplace is safer than another, it should not have to pay the same rate as the less safe one. But experience rating has nothing to do with measuring the conditions of work. It gives us no clue as to how safe or healthy a workplace is. The only thing we can say is that experience rating measures how effectively an employer can prevent an injured worker from receiving WSIB benefits and/or how quickly get a worker off such benefits. There is not even a measure of how this is done. (The fact that there is no measure of how injured workers fail to receive benefits is why a company could get a rebate in the same year that someone had been killed on the job. Stopping this embarrassment is the one and only change that the Board has made to correct the serious flaws of the system.) Experience rating serves up harm to injured workers, not legitimate equity for employers.

In response to the exposure of experience rating, the WSIB contracted a firm in the spring of 2008 to look into the system and to provide some suggestions. We were disconcerted and skeptical with the choice of firm: Morneau Sobeco, which is itself engaged in claims management services and promotes experience rating programmes. The report is now out and not surprisingly, while acknowledging problems with the system, it actually suggests entrenching it further! This is unacceptable!

We are not opposed to a form of incentive to employers and the compensation legislation already has provisions for merit rating that adjusts rates according to the actual conditions of work based on inspections. This section is not currently used. Merit rating, as described in the legislation, would come closer to providing the equity sought by some employers and their advocates.

While experience rating continues, workers who get injured, and their families, are suffering. While experience rating continues, Ontario's commitment to improved occupational health and safety is measured on inaccurate data.

Funding for Occupational Diseases

The recent disclosure by the province admitting that some workers may have been exposed to Agent Orange decades ago underlines the difficulty in assigning the appropriate tariffs in compensating Industrial Disease victims. This was also true in the case of lung cancer among gold miners in the major gold producing areas of the province.

In the cases cited above, we "reacted" as opposed to "acted". That process ensures among other things; (a) Individuals will not be compensated-due to death, incapacitation, illiteracy, language difficulties, etc., etc. (b) Companies that may have contributed to the diseases and illnesses are no longer in business, moved out of the jurisdiction, changed names, etc., etc.

Some diseases, most notably, silicosis among miners, may have numerous contributing employers.

There is among some miners, a nomadic streak. They may work under numerous headframes - in several provinces in their mining careers. One miner I know was proud to acknowledge that he had moved more than 110 times in his mining work life. If such a miner were to contract silicosis, where would you send the bill? Typically, where there are multiple exposures outside the province, WSIB will send the silicates to another province.

Industrial Diseases typically will be fifteen to thirty years in the making. The incubation periods will vary in the case of mining, with levels of silica, minerals, mining methods, etc. Mines that refine and smelt their own metals may produce industrial diseases different from the miner. Miners, who have surface jobs because of their advancing years and diminishing stamina, may incur multiple diseases.

In the case of silicotics in mining, we know how to prevent silicosis. One can only conclude that it is still cheaper in Ontario to pay silicotics rather than prevent the disease. Historically, approximately 50% of silicotic claims are rejected here in Ontario.

As long as man descends into the bowels of the earth, drills holes in bedrock, fills the holes with explosives and detonates the whole shebang, we will have silica and if we do not exercise good judgement, we will expose miners to silica who will contract silicosis. This is not rocket science.

Dr. Louis W. Spolyar read a paper before the Sixth Conference of McIntyre Research Foundation on Silicosis in Toronto on February 9, 1954. Among other things he said, "Pliny was perhaps the first to describe a device used by refineries to prevent inhalation of a fatal dust." I repeat, "To prevent inhalation." Pliny, by the way, lived from 23 AD to 79 AD. Mr. Chairman, they cannot say they haven't had sufficient time to check out Pliny.

In addition to Pliny's observations, we know we can suppress dust by water sprays, we can dilute dust by increased ventilation, we can control dust by proper maintenance and proper engineering. We have mining inspectors who should be inspecting mines to ensure all policies of the mine are well and truly followed and enforced.

We should not, especially with gold at record levels, be discussing what is a reasonable tariff to impose on gold mines to pay silicotics.

On the morning of August 13, 2003 in Dryden, Ontario, during a major construction project at the local paper mill, there were 59 workers in the emergency at the Dryden Hospital receiving oxygen. Alarms at the work site were turned off so as not to alarm the citizens. To the best of our knowledge, no charges were laid. No one, except the affected workers, sees anything wrong. It was said by a WSIB doctor that the Dryden workers were psychosomatic. You'll forgive our cynicism, Mr. Chair, but let me give you a recent example. Suicide is becoming an Industrial Disease here in North Western Ontario. Workers physically harmed in the workplace are being stalked by agents of the accident employer. Front and back doors of homes are being monitored with cameras to record the movements of injured women. The WSIB staff state these are matters for the police.

In one instance, a woman who alleges she has been raped, was denied WSIB benefits because there were no witnesses.

Workers in receipt of CPD and Long Term Disability benefits are being told to go to work and if they don't, they have deductions for 40 hours at minimum wage deducted from their income and clawbacks applied to their CPD benefits. It seems that this is how the administration at the WSIB plan to balance their financial books. This is wrong and needs to be addressed.

9) How should Occ disease claims be funded?

They should be integrated into the regular funding formula that includes a projected cost for future disease claims

10) Should they be a collective liability for all employers or charged back to specific employers?

They should be part of a collective liability system.

11) Should the WSIB establish a special fund for occ dis. Claims?

We do not support the creation of a separate fund for occupational diseases but recommend that a reasonable assessment be added to the employers overall assessment rate that includes the costs of future diseases.

Indexation of partial disability benefits

12) Should the present indexation formula – that provides limited inflation protection for partially disabled workers – be replaced? And if so, by what?

We recommend that there be full inflation protection for partially disabled workers with quarterly increases based on the Consumer Price Index. We also recommend that benefits be adjusted to reflect full cost of living protection retroactive to 1995.

Whether we look to the review done by Paul Weiler in the 1980s to remarks by Minister of Labour Steve Peters, there is strong support for linking all injured workers benefits to an annual cost of living adjustment. Prof. Weiler spoke about regular cost of living adjustments to all injured workers as a right – not as a trade off. Now is the time to right a historic inequity.

We were quite dismayed by the research study that was cited in the WSIB's presentation entitled *Benefits to the Funding Review - technical session*. An excerpt of an article prepared by Steve Mantis, one of our executive members appears below concerning this research study.

The paper Emile Tompa and his team prepared - *Comparative Benefits Adequacy and Equity of Three Canadian Workers' Compensation Programs for Long-Term Disability – 2010* – clearly shows the experiences of injured workers post injury in terms of their wage loss and earning replacement by WSIB/WCB. Whether we look at the system in Ontario pre 1990, which was a pension system based on level of impairment/disability or the present wage loss system in Ontario, fewer than 37% of workers with a permanent impairment/disability were able to earn close to what they made before injury or disease.¹ Another significant portion of the total population were working as well, but at much reduced earnings.

The good news is that when we add the injured workers wages plus benefits from WCB/WSIB, we find that 69% of them are bringing in 75% or more of their pre-accident earnings.² So, even if we are generous and say that receiving 75% of 90% of your pre-

¹ That is about 37% of all the injured workers with a permanent impairment were able to earn 75% or more of their pre-accident earnings. The other 63% were in the other three quartiles, either earning 0-25% of pre-accident wages, 25-50% of wages or 50-75% of wages.

² Actually, they are bringing in 75% or more of 90% of their pre-accident earnings. The 90% number was used as pre 1998, 90% was the wage replacement rate the WSIB system was designed to provide.

accident wages is a success, there are at least 31% of an annual group of 10,000 – 16,000 injured workers recognized by the WCB/WSIB as having a permanent impairment/disability that have fallen thru the cracks of the WCB/WSIB system. We are speaking of a system designed to replace lost wages that is failing between 3100 and 4960 workers with a permanent disability each year.

Now I am touching on only a small part of all the data that was collected and analyzed by Tompa and his team. They looked at the data in a number of different ways, some of which followed patterns developed in previous research and others more original. As my area of interest was understanding the range of experiences injured workers have with the WCB/WSIB system in terms of re-employment and compensation for those lost wages, I focus on this part of the research. Emile was good enough to share some of the unpublished numbers with me so I could complete my mini analysis.

What is particularly disturbing to me is how this research study has been portrayed. For example, the WSIB prepared a presentation for the WSIB Funding Review labelled "Indexation"³ that contains a slide on page 12 referencing this study stating:

Income replacement for injured workers is meeting target;

- Replacement of pre-injury earnings	105%
- Replacement compared to control group of non-injured workers	99%

When I questioned Emile on this information, he explained that if you take all the earnings plus benefits for all the injured workers in the study, you find that many of the young workers go on to increase their earnings significantly, which skews the numbers which become meaningless.⁴

Now, why would the WSIB choose to share only that piece of information? The study has numerous references that tell a different story. Here are a few quotes from the actual paper:

Pg. 2 – we find that the distribution of labour market recovery is very polarized.

Pg. 3 – in general, findings from available studies indicate that for many individuals workers' compensation benefits fall short of adequately compensating for wage loss...

Pg 25 – Claimants in the 0-5% impairment stratum experience an earning loss substantially greater than 5%. For this group it is approx. 20%. Claimants in the 5–10% stratum experience losses in the 30-40% range. The 10-20% stratum experience wage loss in the 40-60% range. For the 20-50% stratum, it is 40–70%.

Pg. 26 – graph 5 shows that 50% of all the injured workers are experiencing wage loss

³ This presentation is available on the wsib web site – www.wsib.on.ca

⁴ It is common in our economy that young workers start out making low wages and their wages generally increase with years in the labour market.

Pgs 32-35 have charts that show significant wage losses both before and after adding in compensation benefits received.

Someone please help me. With all this to choose from, why pull out a figure, that is not even a direct quote from the study, in order to create an understanding of how well the system is serving those its designed to serve – injured workers.

In conclusion

We have numerous recommendations in our brief that may seem rather unusual. They certainly run counter to the mainstream thinking in North American Compensation systems. But then, our systems in North America seem to be far behind those in Europe and the Scandinavian countries, which not only have better programs for disabled workers but also have better health and safety performance.

We encourage you Professors Arthurs to look beyond the norm in Canada and help create a vision for our Workers Compensation system in Ontario, much like Justice Meredith did some 100 years ago.

Related Issues

Support to community groups

The Ontario Poverty Reduction Strategy lays out in its principles that people living in poverty need to be involved and consulted; and that the “strategy must recognize the heightened risk among such groups as immigrants, single mothers, people with disabilities, aboriginal peoples and racialized groups.”

In order to accomplish this, democratic organizations controlled by these target groups that bring them together to discuss their issues and concerns and represent them in dealings with the government are vitally important. That’s if the government wants real involvement and consultation. And as it has been pointed out in numerous studies, government must support such community groups financially so that they have a viable voice.

In our case, the Harris Tories cancelled the funding for our local group and our provincial umbrella organization, the Ontario Network of Injured Workers’ Groups, because we wouldn’t keep quiet. Obviously they were not interested in truly involving us in the process.

Paralegal regulation

A couple of years ago, the Ontario government passed Bill 14, an Act to regulate paralegals and gave authority to the Law Society of Upper Canada to develop regulations and enforce the law. This has had unintended consequences. It is now prohibited to provide "legal services" without a license. Legal services has a very broad definition and could include helping a person with poor language skills to understand a letter from a provincial bureaucracy.

Our group has direct experience with this new system. We are encountering many problems as we attempt to help (free of charge) our fellow injured workers find their way through a highly technical and bureaucratic system. If the government truly wants people in poverty to be involved in finding the solutions, this paralegal regulation must be amended.

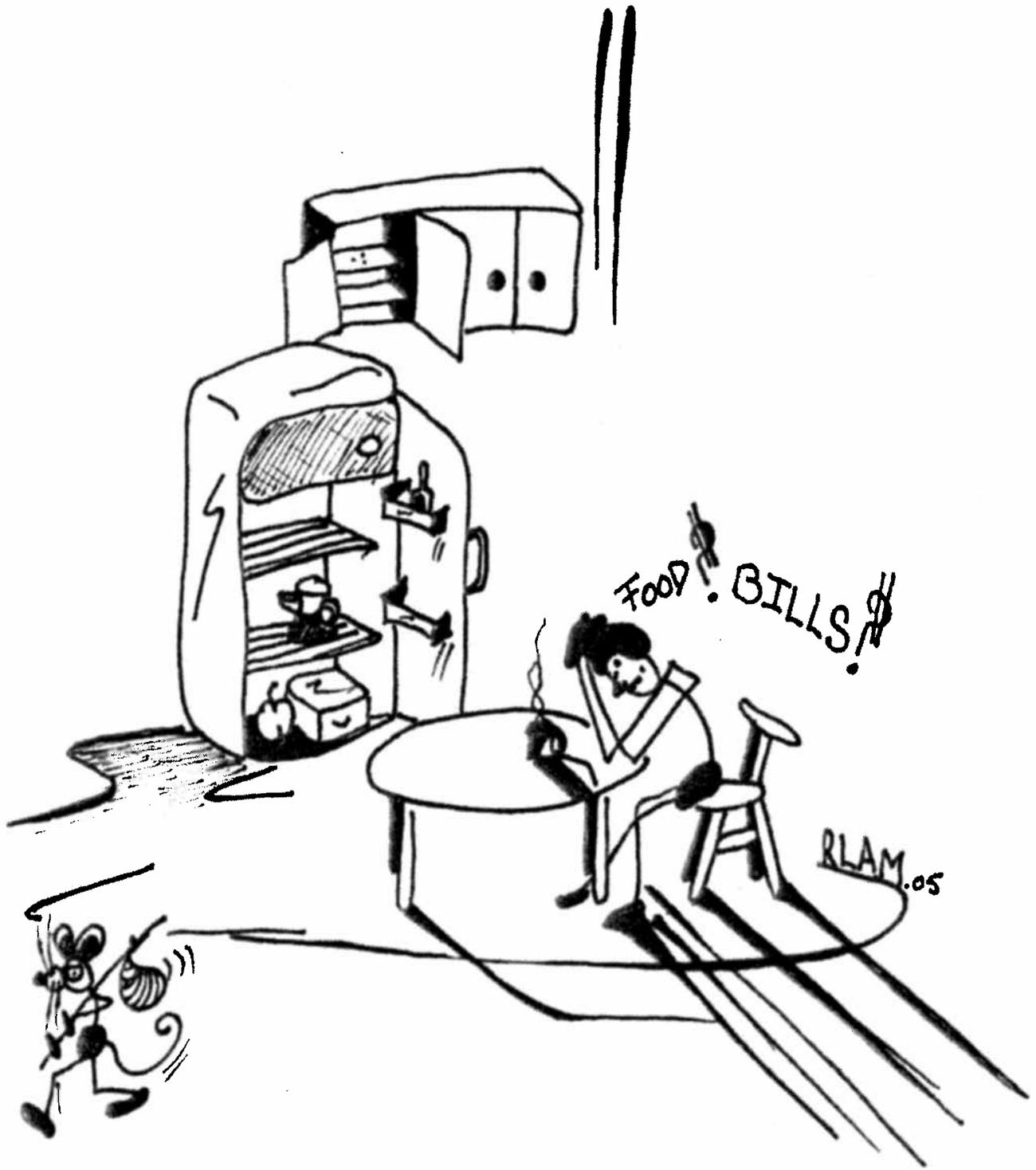
Research

After many years of asking government officials to look into the poverty of injured workers, we formed a Community – University Research Alliance (CURA) to do just that. In 2005, we formed the Research Action Alliance on the Consequences of Work Injury (RAACWI) and are now actively researching these issues. You can find out more at our website www.consequencesofworkinjury.ca

We are attaching the following appendices for further information.

- A. Poverty in Motion – The Rippling Effects – February 2008
- B. Short Summary of research findings on Workers Compensation and Return to Work (RTW) in Ontario
- C. Websites for more information:
 - www.consequencesofworkinjury.ca
 - www.injuredworkersonline.org

Poverty in Motion



Acknowledgements

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A special thank you to our funder, KAIROS, and to the Lutheran Community Care, the Shelter House, the John Howard Society and the Street Reach Ministries for their support and assistance.

This report was possible due to the help of many individuals. Thank you to research facilitators, Mark Rantala and Danielle McLean. The input from Dr. Liu of the Lakehead University Sociology Department was greatly appreciated.

Lastly thank you to the participants who graciously shared their experiences with us.

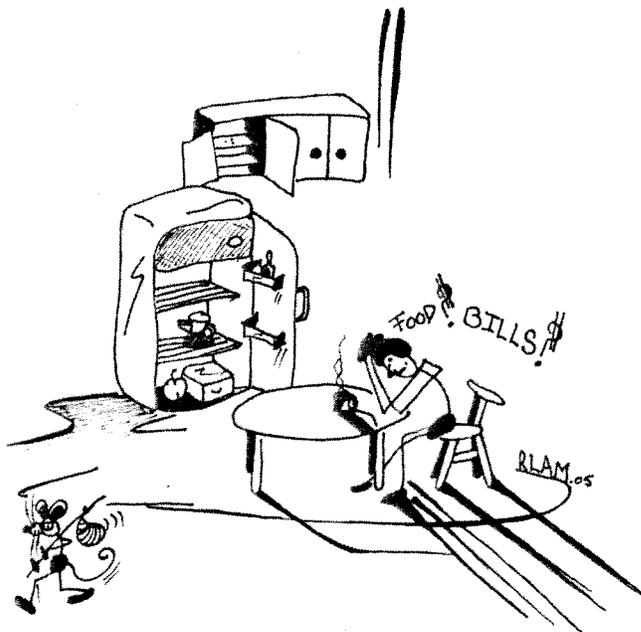
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Introduction

The inspiration for this study grew out of a similar study that was conducted in downtown Toronto that found that 57% of those who were living on the streets had experienced a workplace injury at some point in their lives.

There are some 344,000 workers in Ontario who have suffered from a workplace injury or disease, which has left them with a permanent disability. Somewhere between 50 and 80% of these workers are chronically unemployed as a result.

Since 1995, the cumulative increase in the cost of living has been 29%. During the same time period, disabled workers' benefits have gone up only 4.9%. Permanently injured workers have lost almost 24% of their pensions.

The purpose of this small pilot study is to determine the relationship between workplace injury and poverty in Thunder Bay. While not representative of the experience of the whole population of injured workers in Thunder Bay, ideally this study could be used as the basis for a larger, more inclusive study in the future.

Further objectives of the report are:

- To identify the impact of workplace injury on workers
- To identify the extent workplace injury effects income
- To explore the unique challenges of impoverished injured workers in Thunder Bay
- To identify characteristics of those injured workers in our community who are particularly vulnerable to poverty

It also attempts to identify gaps in research that need to be explored. Given time and resource constraints, it would be impossible to explore all relevant themes. However, these gaps reveal a serious need for additional study and provide an opportunity for further research.

The research for this report began in the spring of 2007 as an undertaking of the Thunder Bay & District Injured Workers' Support Group. The TBDIWSG is a registered, non-profit, non-funded organization dedicated to advocating for the rights of injured workers.

Methodology

The research for this study began in the spring of 2007 when the initial survey was designed with the aid of Dr. Liu, a Statistics professor in the Sociology department at Lakehead University. The survey was designed in such a way as to examine the relationship between workplace injury and poverty indicators such as decreased income and food bank usage. The survey consisted of Likert scales, multiple choice questions, and some open ended questions designed to allow the participants to identify their own concerns, without attempting to fit their responses into a pre-defined paradigm. The survey went through various manifestations and was adjusted slightly after its initial implementation.

The sample is purposive in that all those who participated were previously identified as injured workers.

Initially the survey was distributed at an event put on by the Thunder Bay Injured Worker's Support Group. Four facilitators were on hand to answer questions and to aid in the completion of the surveys. All participants were given a stipend for their participation.

The refined survey was given to social service workers at the Thunder Bay Shelter House and the John Howard Society and workers were told that a facilitator would be available should anyone need assistance in completing the questionnaire; no assistance was needed.

In total, 40 surveys were completed, with 20 coming from participants who attended events hosted by the Thunder Bay Injured Workers Support Group and 20 who were utilizing services of the Street Reach Ministry, the Shelter House and the John Howard Society.

Every participant did not answer all the survey questions so total responses may vary per question.

Sample

At the time of the survey, the largest group of respondents were between the ages of 50 and 59. Most of the respondents were male (n=33), only 18% being female (n=7)

Current Age	Frequency
1-19	1
20-29	6
30-39	3
40-49	8
50-59	12
60-69	6
70-79	2
TOTAL	n=38

The average age when workplace injury occurred was 50 years old.

Injured Age in Categories	
Age	Frequency
1-19	1
20-29	6
30-39	3
40-49	8
50-59	11
60-69	6
70-79	2
TOTAL	n=37

Twenty-eight percent were single (n=11) but no other distinction was made for those who identified as being in a relationship. The number of marriages, common-law living arrangements, or similar relationships was not tallied.

Nearly 30% percent of participants had less than a high school education (n=11). As well, 30% had finished high school. Just over 12% had completed some postsecondary (n=5), and 25% hold a trades' certificate. Twelve percent (n=5) have a college diploma. None of the participants in this study had a university education.

The fact that none of the participants had a university education may be significant.

Effects of Workplace Injury

Income

Ninety percent of respondents believe their income would have increased or stayed at a comparable level, had they not been injured at work. In reality, nearly all respondents reported a significant decrease in income as a result of their workplace injury. The most drastic decrease in income came from an individual who reported once making between \$60,000-\$69,000 and now has a yearly income of approximately \$10,000.

Pre Injury Income	Frequency
No income	1
Less than \$5,000	2
\$5,000-\$9,999	5
\$10,000-\$14,999	1
\$15,000-\$19,999	2
\$20,000-\$29,999	6
\$30,000-\$39,999	6
\$40,000-\$49,999	8
\$50,000-\$59,999	2
\$60,000-\$69,999	2
\$70,000-\$79,999	1
\$80,000-\$89,999	1
TOTAL	n=37

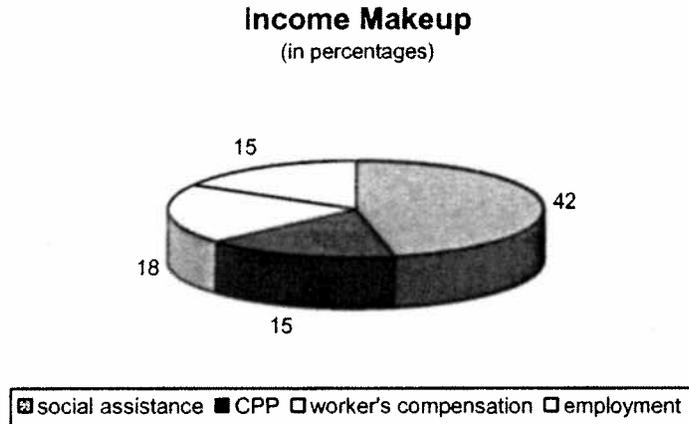
Post Injury Income	Frequency
No income	3
Less than \$5,000	3
\$5,000-\$9,999	9
\$10,000-\$14,999	6
\$15,000-\$19,999	3
\$20,000-\$29,999	4
\$30,000-\$39,999	3
\$40,000-\$49,999	1
\$50,000-\$59,999	2
TOTAL	n=34

71% reported living below the low-income cut off, or "poverty line."⁵
Income Makeup

⁵ Canada currently does not have an officially recognized poverty line. Nonetheless, many anti-poverty groups speak of the "poverty line" as calculated using Statistic Canada's Low Income Cut Off amounts. Statistics Canada holds that the LICO is not a poverty line, but in absence of any other suitable measure, many organizations refer to it as such. The LICO for a single individual in Thunder Bay is \$17,895.

Income Makeup

42% of respondents reported their income consists of welfare (Ontario Works or Ontario Disability Support Payments) 15% reported receiving CPP support payments. 18% receive worker's compensation, and 15% reported employment income. Comparatively, more individuals collect social assistance than they do a pay cheque.



It should be noted that 41% of respondents reported at least two sources of income.

28% of participants supported only themselves on their income. Nearly 39% supported themselves and their spouse (or significant other). 5% (n= 2) supported their spouse and child, and nearly 8% (n=3) supported their spouse and two children. One respondent reported being supported by his spouse's income only, and 3 reported being supported by the income of their spouses and children.



The lack in adequate income has lead to strategies such as utilizing food banks or shelters in order to make ends meet. Nearly 27% reported visiting a food bank, and 20% had reported staying in a shelter. Five percent reported having to move into affordable housing due to decrease in income.

Industry and Injury

Prior to their injuries, most (72%) individuals were working in full time positions (n=28), followed by those in contract positions (n=9). Only a small number of the participants were engaged in part time work (n=5). Some people were working at more than one job.

Most workplace injuries occurred to individuals in manual labour positions, which were in the construction, forestry and trades/transportation sector. This is not surprising considering Northwestern Ontario's dependence on this type of industry.

Industry	Injured Age in Categories						
	1-19	20-29	30-39	40-49	50-59	60-69	70-79
Agriculture	0	0	0	0	1	0	0
Forestry, Fishing, Mining, Oil and Gas	0	1	0	2	3	1	1
Construction	0	2	2	1	3	2	0
Trade	0	1	1	0	1	2	1
Transportation and Warehousing	0	1	0	3	2	0	0
Professional, Scientific and Technical Services	0	0	0	0	0	1	0
Accommodation and food services	1	1	0	1	0	0	0
Public Administration	0	0	0	1	0	0	0

Reporting Injury

Interestingly, only 64% of workplace accidents were reported to the Workplace Safety and Insurance Board. Unfortunately, researching reasons for this were outside the scope of this study. Recommendations for future research would include exploring why workplace injuries are not reported, what actions were taken, and do injured workers believe their experiences would have resulted differently had they been reported to the WSIB?

For those who did report their injuries, again 64% experienced difficulties with the process. Recommendations for future research would be examining the types of difficulties workers experience and suggestions from applicants on how to make the process more effective.

When asked about the experience reporting injury, many had negative comments. One felt that the process was too invasive, and that "lots of people asking many questions – too many", and that claims were "refused after nothing." They found the process to be complicated and demeaning.

One participant described his distress at his employer's "disbelief that work was a causal relationship to injury suffered." Another reported that the WCB "treated [me] like a criminal and made me jump through hoops."

Employment Prospects

Of the sample, 78% reported being unemployed. Nearly all were actively looking for a job, but half (n=20) acknowledged that their prospects of finding a job as "unrealistic". Twenty-three percent reported not having a suitable job to apply for.

Post injury, 18% (n=7) reported having to work at a "worse" job than their previous job.

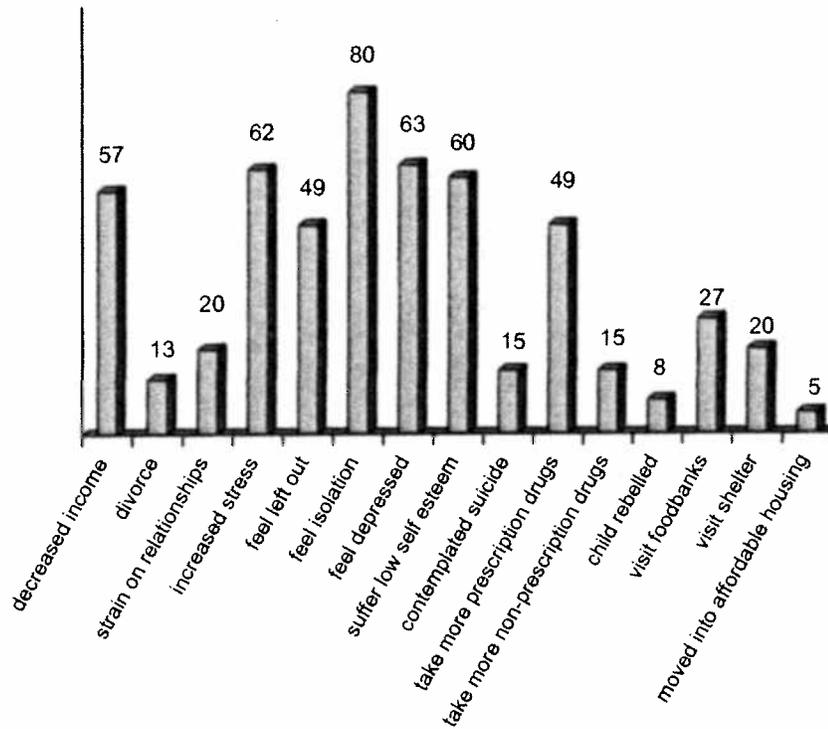
Personal results of injury

For those who believe their accidents have resulted in permanent injuries nearly 45% reported their spouses had either sought employment or work more hours. One respondent even reported his child having to engage in paid employment in order to supplement the household income (n=1). Twenty-two or 57% reported a decrease in household income due to injury.

Most respondents who reported a change in their relationships found that workplace injury negatively impacted their relationship with their spouse. 13% reported divorce or separation as a direct result of the effects of workplace injury (n=5). Close to 20% reported a strain in their relationship due directly to workplace injury (n=8). Nearly 8% reported a partner becoming withdrawn due to injury, and 13% noted problems stemming from the injury but reported staying together in attempts to work it out.

Most respondents reported an increase in stress resulting from workplace injury. Participants told of their fears and concerns, with one saying, "All I think about is money, money, money and my pain." Another reported feeling extremely anxious wondering, "Will anyone help me? Will I be fired? Will I be covered?" One participant expressed his feelings of being misunderstood: "I wish for more understanding about what I experience. Esteem issues and injury get so bad that I can't get a job. I wish for people to understand the hidden aspects of the pain and humiliation. It is not easy."

Effects of Workplace Injury (in percentages)



An incredibly high number of participants reported negative feelings stemming from their injury and subsequent inability to work. Sixty-two percent reported feeling stress. Forty-nine percent feel “left out” and 80% feel isolated. Considering that injury often results in decreased income, many are unable to participate in events that require money, even in small amounts. Sixty-three percent reported depression and 60% suffer from low self-esteem. Especially troubling is that 15% report feelings of helplessness and 15% have contemplated suicide.

Forty-nine percent reported taking more prescription drugs. Whether this use was recreational or non-recreational or abusive was not specified. A total of 15% reported using non-prescription drugs as a result of their injury.

Some participants found that the workplace injury has had a positive effect on their life. Interestingly, 10% of respondents reported that workplace injury has strengthened their relationship with their spouses. One respondent noted: “My spouse and I have become closer because we made a choice to deal with my injury together. We attend meetings and doctors’ appointments together as much as possible.” For others, the support they received while dealing with their injuries has enriched their lives. For one respondent, the anger and frustration he felt has turned into motivation to better his situation. For others, the helping individuals they encountered at the Thunder Bay District Injured Workers Support Group were a source of support. One individual even reported that being close to death as a result of his injury helped him re-evaluate his life, and acted as the catalyst to live a better life, physically, psychologically and emotionally.

Family and Children

Eleven participants reported having children, and nearly 73% (n=29) reported having a family that consists of either a spouse, children, or both.

The effects of workplace injury and subsequent loss of income affects familial relations. Twenty percent reported a strain in their relationship directly related to work place injury. Stress inevitably spills over into relationships between spouses and children. Changes in lifestyle, necessitated by lack of income and feelings of uncertainty add to family stress levels. Children rebelling (n=3) and dropping out of school (n=1) were reported by participants, albeit in small numbers. Thankfully, most respondents felt they did an adequate job in dealing with their stress internally and did not allow it to spill over to their families. Thus, 84% felt that their situation did not lead to increased stress for their children (n=31). Nine percent reported that their children are unable to participate in extra circular activities due to lack of money. (n=3)

Suggestions

When asked for their input on what could be done to better the situation for injured workers, the respondents provided many suggestions. Many participants suggested that the government forge a working relationship with workers' rights groups, such as the TBDIWSG.

Some suggestions centered on increased education regarding workers' rights, and increasingly, the responsibility of employers to provide safe workplaces, thus reducing the likelihood of an accident occurring in the first place. Some participants felt that workplace safety should be taught to young children in school.

Other suggestions included increasing services for those living on low incomes. Participants also suggested a raise in the rates for social assistance and compensation to reflect the actual rise in the Cost of Living.

Another suggestion was increased research into Canada's high rate of occupational illness and deaths. Respondents also suggested that there be stiffer penalties for employers who knowingly neglect to clean up dangerous workplaces.

Some participants felt that the process of applying for social assistance and compensation was unnecessarily complicated and humiliating. Some participants suggested having policy makers "jump through the hoops" that injured workers are required to, in order to make them understand. One participant felt that case workers for WSIB, ODSP and Ontario Works should take sensitivity training, and change their sometimes derogatory attitude towards clients. Most also wished for more understanding of their situations.

Areas for Further Research

It is important to note that this study is not representative of the experience of injured workers in Thunder Bay on the whole. Due to limited time constraints and budget, this study was limited to a small sample size. It is useful in demonstrating some trends that we can assume extend to injured workers on the whole, and provides the basis for a larger, more inclusive study in the future.

Demographic information

A breakdown of the number of injured workers living in the city would be useful. Having a breakdown, which gives the number of individuals who are disabled, and a breakdown of disabilities, such as physical or mental, and the number who are poor would help draw much needed attention to the poverty faced by those who are disabled. The current lack of information for this segment is troubling, especially considering people with disabilities are far more likely than those without disabilities to be living in poverty.

Numbers of injured workers receiving OW or ODSP would also be useful. Support programs such as these are designed for individuals who are unable to work.

Reporting of Injuries

Given that only 64% of injuries suffered by this sample group were reported to the WSIB, recommendations for further research could include exploring why injuries were not reported, what action was taken, and do workers feel their situation would have been different had it been reported?

Income Levels

This study asked injured workers to speculate as to whether or not their income would have increased had their injury not occurred. Actual study needs to be undertaken which provides a detailed picture of employment wages, and this number should be compared with actual incomes of injured workers to demonstrate the dramatic effect workplace injury has on income.

Also, actual average incomes for injured workers in the city would be useful for demonstrating the devastating economic impacts of workplace injury, and would aid in arguments regarding increasing social assistance rates. It is clear that injured workers are living far below the poverty line and are turning to the welfare system to help, while there are specific systems in place designed to help those injured at work. These programs are failing injured workers, and numbers of injured workers who rely on social assistance are demonstrative of that fact.

Occupational Illness

Given that two thirds of fatalities reported to WSIB are related to occupational disease much future research needs to be dedicated to the topic. Research on the frequency of illness in specific industries, such as paper mills which has been noted as an industry of concern, needs to be undertaken.

Recommendations

1. Benefit levels for WSIB, Ontario Works and ODSP should be restored to pre-1995 levels and fully indexed to inflation on an annual basis, both retroactively and going forward.
2. The practice of "deeming" an injured worker by the WSIB to have a job following injury – and subtracting the hypothetical wage from their wage loss benefit – must stop.
3. The Experience rating programs developed by the WSIB for employers over the last twenty years must be changed to actually support safe workplaces. At present, the programs foster "claims management", not reporting injuries and hiding claims.
4. All workers in Ontario should be covered by Workers' Compensation in the case of a workplace injury or disease. At present, less than 70% of the workforce is covered.
5. Change the name of the Workplace Safety and Insurance Board (WSIB) back to the Workers' Compensation Board (WCB) and put support to workers injured or diseased at work, or their survivors, as their top priority.
6. Life long compensation for a life long illness or injury
7. Injured workers should not become a financial burden on their families or other agencies

References

Injured Workers' Online. (2007) *Injured Workers' 2007 Cost of Living Facts & Figures*. Accessed December 2007 from:

[http://www.injuredworkersonline.org/Documents/2007 COLA Facts.pdf](http://www.injuredworkersonline.org/Documents/2007_COLA_Facts.pdf)

Shartal, Cowan, Khandor, German. (2006) *Failing the Homeless: Barriers in the Ontario Disability Support Program for Homeless People with Disabilities*. Street Health, Toronto.

<http://www.streethhealth.ca/Downloads/FailFull.pdf>

Short Summary of research findings on Workers Compensation and Return to Work (RTW) in Ontario

March 2010

1. 1981 – WCB Survey of Pensioners
Survey of injured workers in Ontario collecting partial permanent disability benefits found 40% unemployed and another 5% underemployed.
 2. 1988-90 – Survey of 11- 12,000 injured workers in Ontario collecting partial permanent disability benefits. Done in preparation of the changes from a pension system to a wage loss system (Bill 162 in 1990). Looked at employment experience following disability and a separate survey concerning rates of diminished loss of quality of life experienced by workers with various impairments.
- Returns to Work by Ontario Workers With Permanent Partial Disabilities (1993) Johnson & Baldwin
Examined factors that influence RTW. Found 71% employed three years post injury.
 - Managing Work Disability: Why First Return to Work is not a Measure of Success (1995) Bulter, Johnson & Baldwin
Analyzed data further – found over 50% unemployment 5 years post injury.
(note: when reading the full study, it may be unemployment might be over 60%)
 - Quality of life research done by John Burton and Sandra Sinclair – points out that the AMA guides (and the pre -1990 WCB meat chart) undervalue the extent of the impact of most impairments – particularly back injuries, chronic pain, heart disease and respiratory disease. Was to be used to develop a new meat chart for NEL ratings. Thrown out because it was too expensive.

3. WCB Future Economic Loss (FEL) Study 1994 Found 78% unemployed at first review (R1) 3 years post injury.
4. Vocational Rehabilitation and Re-employment from the Injured Worker's Perspective (1995) Canadian Injured Workers Alliance
This report compiles the results of a research study. In this study, it was found that 74.3% of workers with a permanent disability are chronically unemployed, that 60% are re-injured upon their return to work, and more.
5. Participatory Research by Injured Workers: From Reflection to Action on Compensation and Return-to-Work Issues (2001)
Involved over 300 injured workers. Found that the compensation system and RTW process is perceived as problematic and unsatisfactory by a large proportion of IW in Southern Ont. Lots more detail as well.
6. Pre 1990 Claims Unit study – Peri Ballantyne (2001)

40 IW were interviewed – all pre 1990 – on average 17 years post injury. Most workers had chronic employment instability following injury – 60% unemployment at time of interview.

Injury and Return to Work

Prior to their injuries, the workers in this study had stable employment histories, were committed to their work, recognized the difficulties, and in some cases, the danger and risks involved in their work, and they described the benefits of their work, related to income and financial security, and a favourable standard of living.

Many said their injury was not immediately recognized. In some workplaces, regular heavy and painful work prevented them from realizing a significant injury had occurred. Some injuries occurred during a "traumatic event" and were indisputable, while others occurred over time. Others were the result of a discrete event that was sometimes misinterpreted by a worker or challenged by an employer. The workplaces had a range of informal and formal procedures for reporting an injury.

After being injured, most found it difficult to retain employment. Those who had a "secure job" prior to their injury were more likely to be employed. The definition of "secure employment" for this study means a job in a larger-sized firm or company, or one in a unionized environment. Less than half of the injured workers interviewed were in jobs of this nature at the time of their injuries. However, even those having a "secure"

position did not necessarily retain their pre-injury level of employment. As well, union membership didn't ensure protection of a worker's position. Workers in less secure workplaces or occupations often had limited opportunities for work after they were injured and they were more likely to become unemployed or take jobs that under-used their skills/education. Many retired well before the "normal" retirement age—only two did so voluntarily.

Some workers in the study described successful rehabilitation, retraining and return-to-work experiences. However, many workers who returned to work after injury discussed the risks of their disabilities getting worse, and of re-injury. Many felt their workplaces did not fully protect them, and in some cases, they felt the work they did made their injuries or disabilities worse.

Quality of Life Issues

The progress of an injury and recovery was central to how workers' felt about their quality of life after an injury. Most people had a reoccurrence or worsening of their injury, while many others experienced new injuries. Several developed other illnesses which made their original disability worse and which limited their chances for successful return-to-work. Many workers spoke of living with chronic pain and several were concerned their long-term use of medications to control pain.

Many workers struggled over losses related to the inability to support their families and several described family breakdown. The financial consequences of the loss of employment following injury were of great concern for injured workers. They described greatly reduced incomes, as well as the loss of benefits such as extended health, life insurance, retirement pension contributions, etc."

7. Return to Work in Small Workplaces: Sociological Perspective on Workplace Experience with Ontario's 'Early and Safe' Strategy Joan M. Eakin, Judy Clarke, Ellen MacEachen (2002)

"Results: When delegated to the workplace, the implementation of ESRTW is superimposed on and becomes part of the everyday social organization, interactions and customs of the workplace ('how things are done around here'). The requirements of ESRTW are filtered through the logic of the workplace and 'adapted' to the needs and standpoints of the parties involved. For employers, ESRTW is a business problem, with significant administrative and managerial challenges, that can draw them, often involuntarily, into the disciplinary and medical management of RTW. Compliance with ESRTW and compensation regulations can impose an administrative burden, conflict with workplace norms, undermine their managerial authority, and damage relationships with the injured worker and with other employees. For workers, ESRTW can be a struggle to protect their personal credibility and integrity, and to reconstruct their physical and working lives within the ambiguous and contested terms of 'co-operation'. Workers suffer under what we call the 'discourse of abuse' – persistent, pervasive imputations of fraudulence and 'overuse' of rights. Surveillance and its effects can

extend into the injured workers' homes and family life. During the vulnerable and fragile stage of bodily injury and recovery, workers confront a range of social difficulties in determining when they should return to work, in managing issues of loyalty and commitment to the firm and employers, and in engaging in modified work that can be meaningless or socially threatening. For both employers and injured workers, damaged moral relationships and trust can trigger snowballing of social strains, induce attitudinal 'hardening' and resistance, and impede the achievement of mutually acceptable solutions to the problems of injury and return to work.

Conclusions: *The study has produced some important concepts and insight into the process of return to work in small workplaces which can be used to reflect on current policy and practice and to inform other research. Findings bring into question some the assumptions and principles of ESRTW, suggesting that the strategy might be transferring costs to workers and their families, and to employers, and that the notion of 'safe' needs to include social as well as physical security. The study also points to some paradoxical perversities in the strategy of self-reliance in small workplace settings, and cautions against a one-size-fits-all approach to RTW. Some issues – such as the disturbing implications of the discourse of abuse for the experience and disability of injured workers – transcend the matter of size and deserve consideration with respect to all workplaces and the system as a whole.”*

8. WORKERS WITHOUT WORK: INJURED WORKERS AND WELL-BEING

Sharon Dale Stone (2002)

Injured Workers and Worker Identity

Although the question of identity was not the primary focus of the research, interview data show that injured workers who are unable to return to work are forced to re-evaluate their sense of identity. Following workplace injury, a number of changes take place: the loss of gainful employment challenges a worker's own internal sense of well being; it is frequently cause for friends and family to regard them differently; and it leads to new people intruding into their lives. These changes, along with the necessity of dealing with health professionals and claims adjudicators, serve to reinforce the sense of having a new and less socially valued identity to get used to — the identity of injured worker.

The strength of the worker identity, and the way it is tied to a sense of well being, is apparent as focus group participants talked about what it meant to them to no longer be able to go to work. For several participants, being unable to work made their experience of workplace injury one of the most devastating of their lives. One man, for example, did not like to dwell on the implications of his injury, and became overwrought after talking about the issue in the focus group. He reflected:

- *You know, I haven't cried a whole lot in my life, I've cried a few times, I cried when I couldn't go to work, you know, I cried when my boy got hit last year by a car, almost killed, and I cried today. (man, former construction worker)*

9. Value for Money Audit on LMR – Deloitte – 2003

55.7% unemployment following LMR.

10. RAACWI Health Survey – preliminary findings – 2010

At approx. two years post injury, workers with a first time injury who had received a NEL award – only 55% were currently employed.