



**“It’s like we’re forcing them to do it”  
Vocational retraining challenges facing  
providers and workers in Ontario’s  
Labour-Market Re-Entry program**

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## What prompted this study

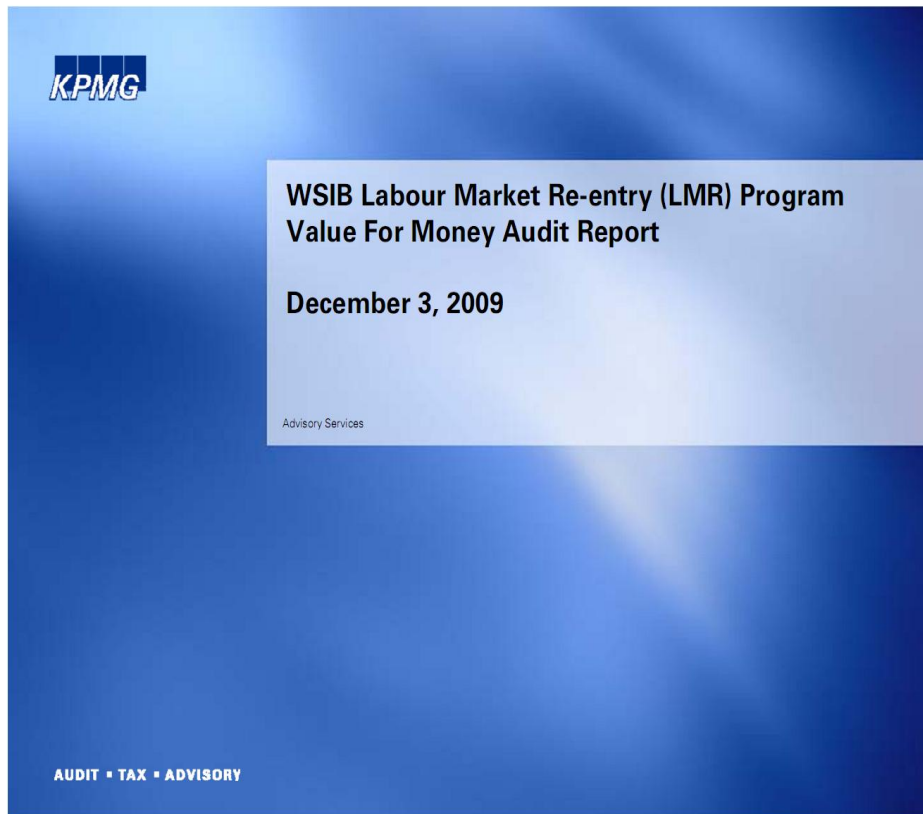
Much scientific research on RTW but little on labour market re-entry when worker cannot return to pre-injury employer.

LMR is *distinct* from RTW, because:

- workers are returning to the general labour market rather than to an employer.
- workers have a permanent disability and other problems that prevented RTW



## LMR has been in the news lately



### Critics denounce `farcical' training plan

January 29, 2009

David Bruser, Staff Reporter

*A Star investigation raised serious questions about the Workplace Safety and Insurance Board's jobs program. After developing severe asthma at the factory where he used to work, Nelson Fachola was given 18 months of retraining at a cost of \$33,000 - but remains unemployed. Conservatives seek audit of costly classes that don't help workers....*



## Focus of today's talk

1. How & why we conducted the study
2. LMR program background
3. The problem of worker 'buy in' to LMR
  - A. Worker ill health
  - B. Worker choice
4. Discussion & conclusions

*“Why don't workers ‘buy in’ to LMR?”*





## How & why we conducted the study

**Study purpose:** To gain an understanding of how labour market re-entry for injured workers is actually carried out in Ontario and of the particular challenges and opportunities in the process.



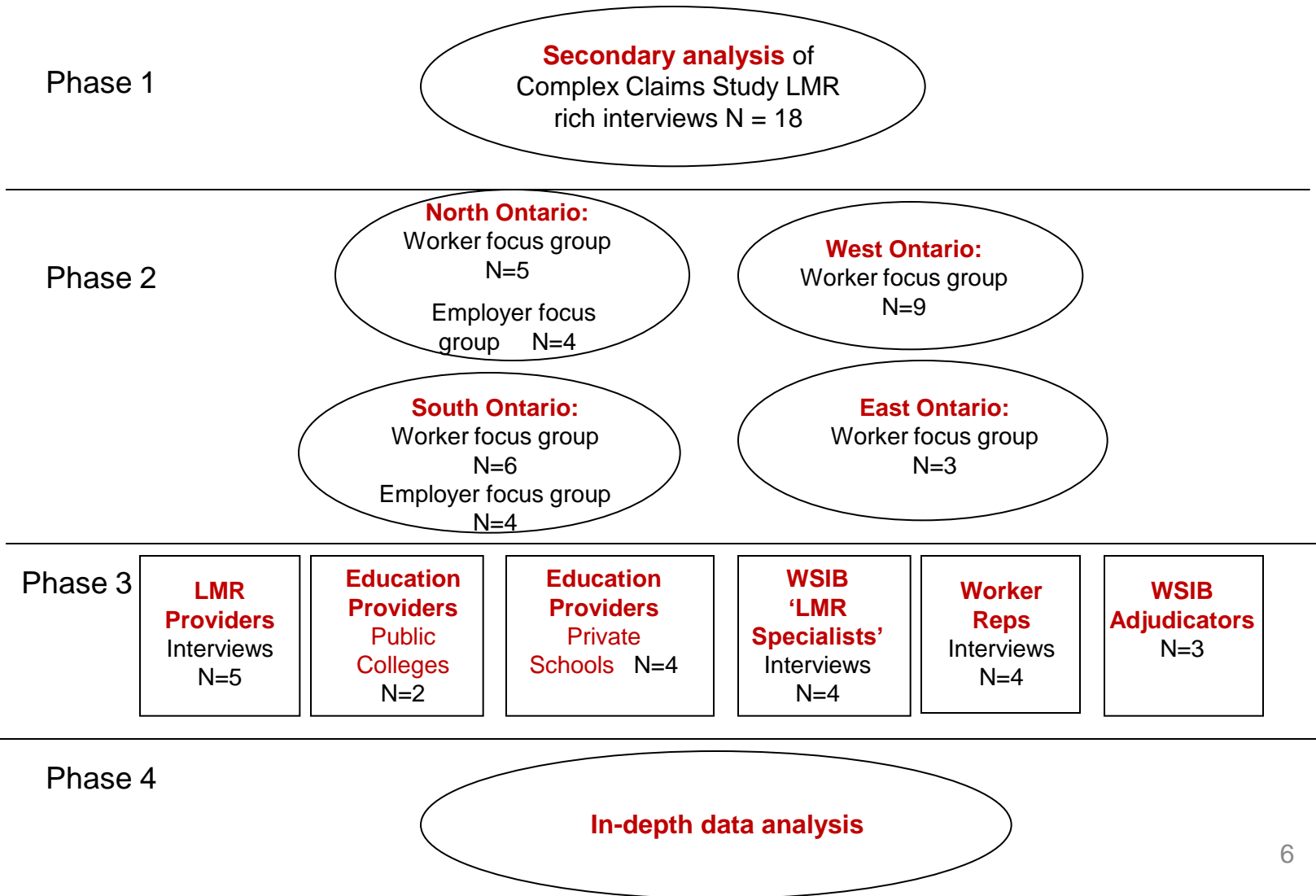
# Study design & data gathering overview

## **Iterative Data Analysis**

Development of codes, themes

## **Document analysis**

LMR-related marketing, WSIB policy and literature, education policy





## Sampling, recruitment & analysis

**Purposive sampling:** Contact with all key players in LMR chain; sampled across Ontario regions (Total participants: 71). Collected related documents and policies.

### **Broad recruitment:**

*Workers:* legal clinics, unions, occupational health clinics, injured worker groups, physiotherapists and chiropractors.

*Service providers:* Cold calling and referrals. Selected for LMR responsibilities and experience.

**Analysis:** verbatim transcripts, data coded, focus on constant comparison, deviant cases, discourse, document analysis.

Study conducted 2007-2009



## Study guided by Advisory Committee

- WSIB
- LMR Provider
- Office of Worker Adviser
- Office of Employer Adviser
- Injured worker support group
- H&S Legal Clinic
- Union





## **LMR Program Background**

**WSIB adjudicator sends worker to LMR when RTW does not work out**

- Employer unable or unwilling to accommodate
- Generally permanent injury changing workers' abilities

**Goal of LMR is to enable workers to restore their previous earning potential**

- On completion of LMR, Loss of Earnings benefits are recalculated

**LMR program outcome is to render the worker EMPLOYABLE**

**LMR program is subcontracted by WSIB to outside providers**



## LMR program is outsourced by WSIB to 7 providers. They must:

- Assess the worker
- If appropriate, identify a retraining goal (Suitable Employment of Business or SEB)
- Set up retraining – subcontract to educators
- Monitor workers' performance
- Send regular reports to WSIB
- Ensure worker completes retraining plan on time, within cost, within SEB goals



**Key LMR challenge:**

**Lack of worker ‘buy  
in’ to vocational  
retraining**





## WSIB Provider frustration: workers don't recognize LMR opportunity

It's been my experience that **a lot of clients don't want to go to LMR. It's like we're forcing them to do it...** I say it's **your choice to go** but...you have to be aware that your benefits are dependent on your cooperation. (WSIB Provider 2)

The [LMR] case manager was trying to come up with different things for him. He had a **full slate of choices**...but because he resented being there and **he didn't buy into [that]** it was an **opportunity for him** he was not going to participate. (WSIB Provider 4)



## Workers need to be more motivated, take ownership

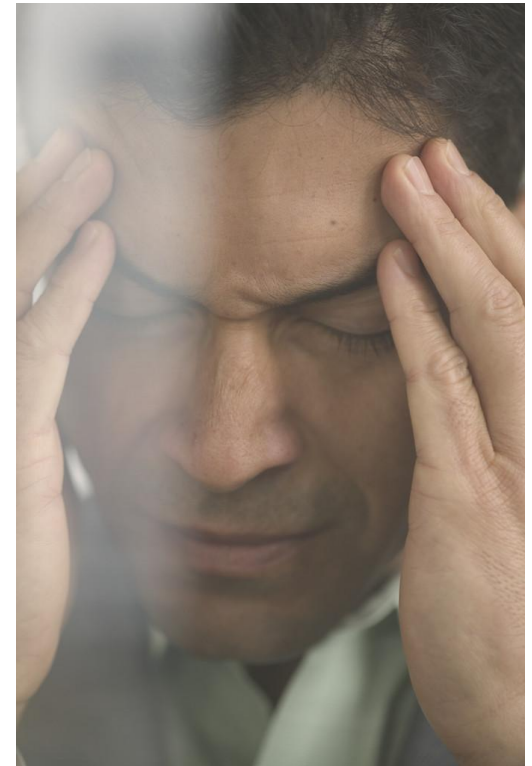
I personally think it's **motivation**. ...And, you know, like {sigh} I try to get workers to **look at this as a second chance** and a new start (WSIB Provider 1)

A lot of the workers are pain focused ... **He is focusing on is the pain and not what he can do.** (WSIB Provider 3)

First...they have to make that switch in their head that, "Guess what? We have to stop and **move on.**" Then they need to **become engaged in the LMR process....[and] take some ownership** around REALLY thinking about what it is that they think they can do or might **WANT** to do. (WSIB Provider 7)



# A. Worker ill-health during LMR





# I. The Labour Market Re-entry program logic: move beyond injury

## Labour Market Re-entry Process

- ✓ Assess worker's transferrable skills and aptitudes
- ✓ Design education program for a job that does not exceed functional limitations
- ✓ Once retrained, the worker is employable & not in need of benefits

If we are going to retrain an individual it's usually in an occupation that's going to be either light or sedentary of physical demands. **So, their injury won't have a large impact on what they are going to do.** (LMR Provider Bryan)

**Logic:** The injury is no longer a barrier to employment



## Injury is still a problem

### WORKERS:

- Chronic pain
  - “Each one of us that’s going into an Labour Market Re-entry program have a **chronic condition** that we will always live with.”
- Ongoing surgeries
  - “I got to go for **more surgeries** again....They paint you a perfect picture that you can do this, and you can do that.”
- On strong medication
  - “I live on **pain pills**. I take...**Oxycontins** everyday.”





Providers say pain = biggest barrier to retraining

The *biggest* issue we have ...*is helping the client through their pain. ... The majority of clients have, still, significant pain...* (LMR Provider Firm A)

Retention is one of the **biggest problems** ...at our centre. We'll have clients who...**take a lot of medication** and...we teach them something and the next day they don't remember any of it. (Education provider School C)

We do **often** [have LMR problems] because people may have a **surgery** in the middle of their program or something may have happened to **aggravate their injury**. (Education Provider School B)



## WSIB providers also refer to problem of pain

### Pain within a “success” story

Can you...describe to me an *LMR success story* and why you think it went well?

R: ...Like I said, with LMR it becomes very difficult... .... I currently have one ....He had...high marks.... [but soon] he started... **experiencing pain** in his back, becoming very pain focused.... Couldn't go to school anymore...So we pulled him out of the program...and sent him to a **pain clinic** .... ... and now he's back in his [educational] program. (WSIB Provider 3).



If health problems are present, why are they not managed?





## Health problems don't fit into LMR program logic

**Logic of LMR Program:** Education programs are tailored to jobs that do not exceed functional limitations

**BUT....**medication use, chronic pain, depression, emotional loss

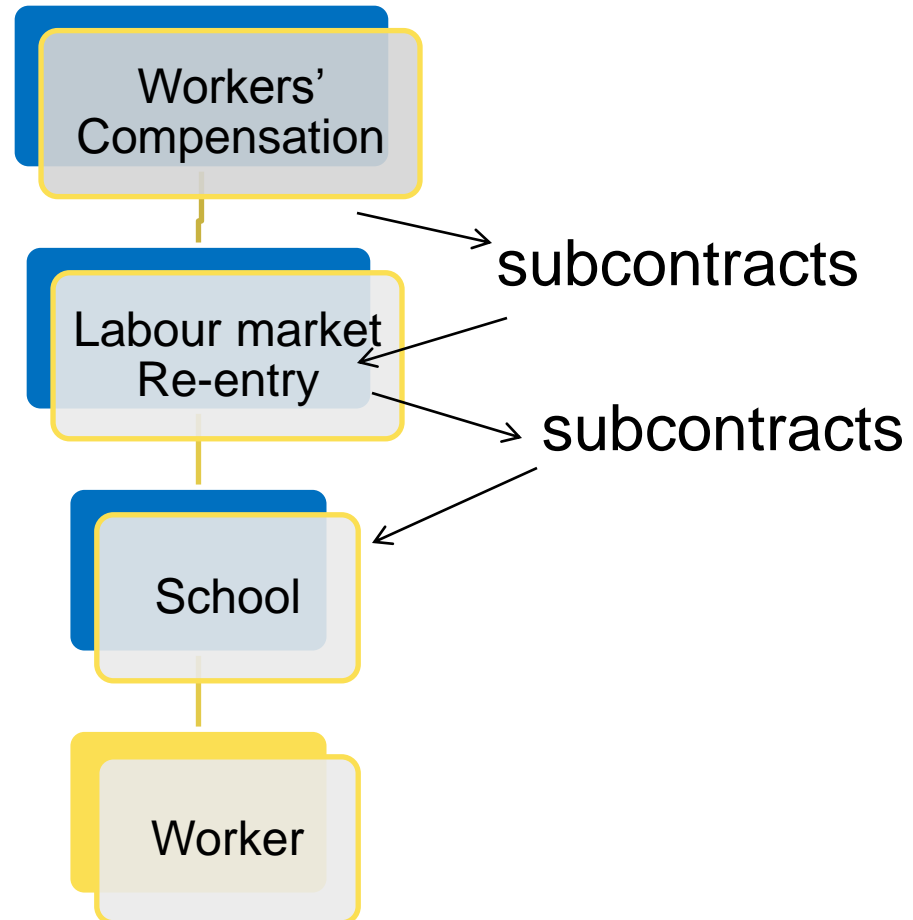
**Logic of MMR:** Workers sent to Labour Market Re-entry when at or near “Maximum Medical Recovery ” or “recovery threshold” (acute injury model)

**BUT: MMR  RECOVERED**

MMR does not easily encompass chronic health problems

➤ *Problem that thwarted RTW is still present: pain /meds /depression*

System organisation  
makes it difficult for  
decision-makers to  
*know* about health  
problems:  
communication layers





## System organisation makes it difficult for decision-makers to *know* about health problems: communication rules

**Sickness absence?** Workers must tell WSIB adjudicator (who is distant), not LMR case manager (who is nearby).

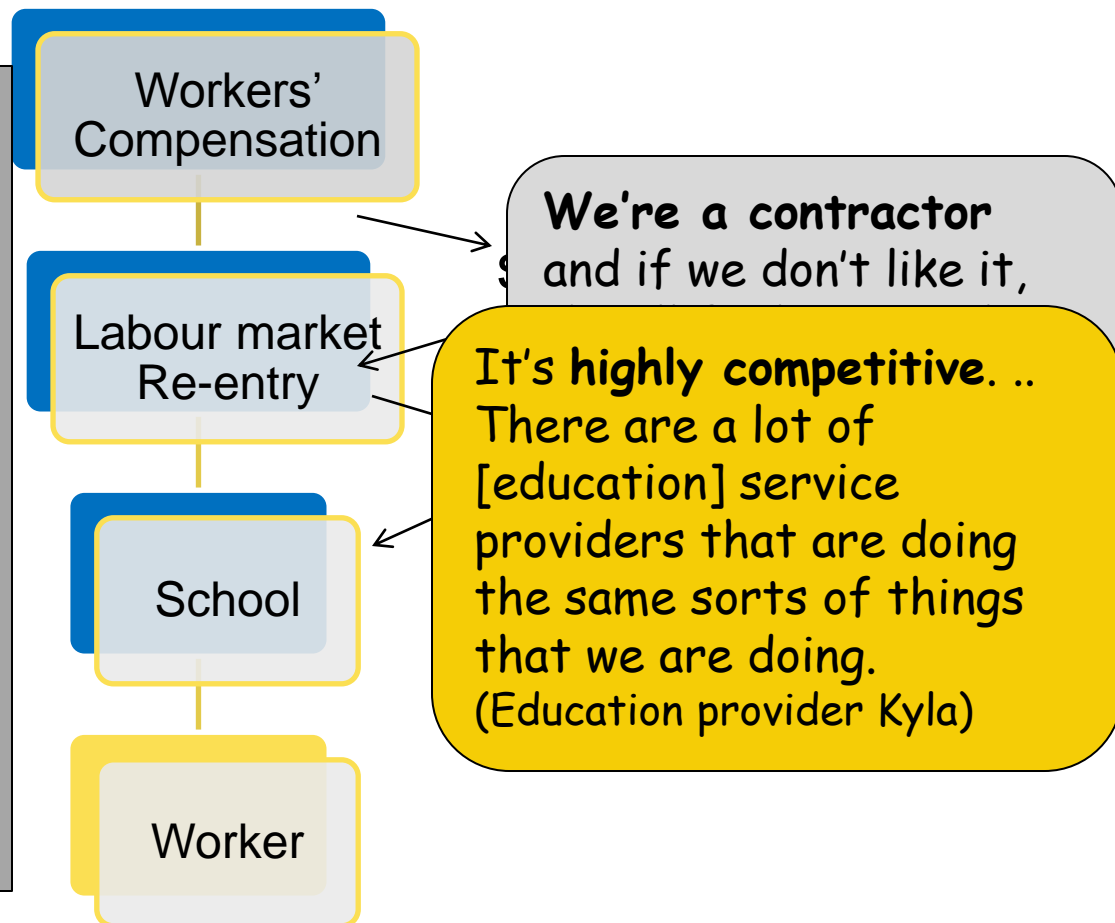
**Problems with program quality?** Tell LMR case manager (who is contracted by WSIB and risks having contract cancelled)

**We've heard those complaints. ... The recourse usually is through the service provider who then brings it to our attention ...probably [with] a recommendation on what they feel. {pause} It doesn't happen very often. (WSIB service provider)**

**Health?** *Basic physical precautions* are communicated from WSIB to LMR. Nothing from LMR to educators.

## Sub-contractors have *disincentives* to draw attention to system problems

The problem comes when they're in the [LMR] plan [and having chronic pain]. And, and then WSIB...they'll make it clear that that's **not part of the compensable injury** .... They could reduce their benefits...or just...terminate them in their plan....[And] **we have to kind of ride the fence** you know? Because **we're not supposed to act as advocates for the client.**  
(LMR Provider Dylan)





## B. Worker choice in retraining







## Worker frustration: “I had no choice”

I bet you 90% of my clients say to me “Well, they told me that I had to do this. **I had no choice.**” ..... I think there has to be a **better buy in process.** (Worker Rep Mary)

I've been frustrated--- {laughs} ...everybody keeps telling me...”...**keep your mouth shut** and just go with it.” (Injured worker Anne)

It's like, “Okay, we just want to get you out and... on with your life” ...but they make the decisions for you....I was forced into this program. I have no interest in computers, never did.... **It's take the course or you're basically cut off.** (Injured worker Kevin)

## How worker retraining choices made?

1. Informed consent problems
2. No time to choose
3. Guided choices
4. Restricted choices
5. Choice is about goal, not process





# 1. Problems with informed consent

*Do workers know what they are choosing?*

I felt like I had to learn the rules of whatever it is. ... and it took me a long time.... The process that they're putting me through isn't clear, they just give you what you need to know, for the next moment..... **They want you to participate, but they're not giving you enough information.** (Worker FG Central P4)



## Workers sign contracts but don't understand them

P3: Actually I have that in one of my letters that he says that you signed for this. And **half the stuff that I signed with that provider I don't know what it is.** There's large numbers on there.  
{Laughing}

I: So...you're signing forms...Do you understand everything that you're signing?....

P5: **I haven't got a clue what I signed.**

P3: **Nope, me either.** [Yeah]

P1: Like I said ... when we read it... **when you question them [they say] they'll get back to you and they never do.**

(Worker FG North)



## Who informs workers and what are they told?

LMR providers are regularly the party to make **first contact** with the worker about LMR

**The majority of clients know very little. ... Oftentimes they don't even understand why they've been referred [to LMR]. ... They may be on the waiting list for surgery or ...there's still some other outstanding issue. ....So we...try and explain ... they've decided that you're medically fit to return to work. (LMR Provider Firm A)**



## 2. No time to choose

Choose quickly- the 45 day assessment & choice time frame

P1: The 2 choices you make....you know, you have [technically] 45 days but that's from the time that the WSIB sends the file to the primary provider and then they...go through the file. Like, I had 2 weeks to decide.... And that's **not...enough time** to research each of those options...

P4: I had **less than a week.**

(Workers FG South)



### 3. Guided choices

Workers counseled by LMR providers to make certain choices

My LMR provider...says "Well, you know we should bring a 3<sup>rd</sup> one in, because I'm not sure they'll go for these 2...**You have a choice but-**". So they brought in this...thing called service advisor which is in the ... industry right? So, I thought, "You know what?...I'm open to everything...." So, I thought, "Great okay, we'll pick that as a 3<sup>rd</sup> one, cause I've got to pick 3." Well lo and behold guess what, **they throw the first 2 out which I have an education, I have knowledge in, and I have a little experience in, and they give me one that I have no idea what I am going into. (Worker FG South, P7)**



## Workers led to same jobs

I find that there's certain service providers that send in the exact same plans for different people. [Yes] So they're like **cookie cutter** plans, they're just changing the names. And they don't fit and work for everybody. (WSIB Provider 1)

## Workers guided to inappropriate training plans

**We kept getting people referred to the child and youth worker program with back problems** and finally one day we said... What are they doing?" And we met with them [LMR providers] and child and youth work doesn't have a distinct job description in the National Occupational Classification. It's... grouped in with social work which is a sedentary occupation....And child and youth work is...**you're sometimes wrestling with teenagers and putting them into holds. It's not exactly an occupation for people with... bulging discs.** (Public College Educator J)





## 4. Restricted choices

We're always supposed to choose the **most cost-effective plan** ....  
(WSIB Provider 1)

There's pressure for you to **pick a job that will make the same amount of money** you made when you were working. Often times without the realistic understanding of **whether that's achievable for you**. (Worker Rep Samuel)



We've...joked among ourselves...that **some workers succeed despite LMR....**because for workers who are really motivated...I think sometimes **we even frustrate some...by...making them....** Like they'll tell you "Oh, I would never go for that, I want to go for this course. **This is what I would do if I was in my own time and spending my own money. Why won't you support it?"** And I've even heard of workers who will say "Thank you but I really want to do this and I know you are not going to support me to" ...."I'm going to go and do it. Thanks for offering me LMR, but no thanks."  
(WSIB Provider 4)



## 5. Choice is about education goal, not process

### Problems with quality of education

#### Inflated grades

**About half way through my upgrading ...I started noticing that...my marks were inflated.... According to the test...I was a genius, I was in the 95 average...Well, the way it worked is I would write a test, if I would get a failing mark they would correct it, and then they would make me write it again... So, then I failed an entrance test into the [college] program. (Worker FG South P9)**

#### Fast courses

**It's 2 months a grade level ...We lose a competitive edge if it's going to take us 3 years to upgrade somebody and it's going to take [competitor] one year. ....The companies seem all competitive with "We can do it faster." (Upgrading School Firm C)**



**Focus on timeline**—rushed programs become clear in face of pedagogic realities

They [LMR providers] just say that...**we have to be done in 3 years** because that's all the support he... can have. ... ..“Well can they take the stuff in the summer and can they do this and can they do an online course?” And I often have to say to them, “You know, **if they're not getting it with the teacher in the classroom they ain't going to get it online**”. And it's just some basic **pedagogical realities**... (Public College Educator J)

Stripped down courses

We have lower level as well as an upper level. ...**They could still get exactly the same information but with less words.** ... [Or] the school system though has a variety of strands .....**We don't say, “Oh, at Grade 5 you need to learn all of these strands”** because as an adult you don't essentially need to. (Private Upgrading school



## Why do these limited choice conditions exist?

### Model of an informed, literate, choice-making worker.... BUT

Overwhelmed workers, don't know what questions to ask

And ... it's such an overwhelming process and I hear so often from adjudicators and managers, "Well, why didn't this person ask questions at the beginning", you know, and it's because **it's such an overwhelming process.** (worker rep Janice)

Workers on meds, unable to think clearly

I: Did you get to choose from...?

R: No, they just sent me into--- that's another thing: my mind. **With all the pills I'm on I can't remember anything.** (IW Brian)



## Choice is limited to education goals

### A ready market for this limitation: jobs transformed into courses

- E.g. Cash register training program/ Customer service/ Office assistant/ Call centre training

### Some workers are not education-oriented

I was talking to [someone] the other day and I said “**Most of the people that we have in LMR are people who have dropped out of school**” .... ..because they didn't like it and they were always problematic in school .... .. It's ... very difficult... **as an adjudicator because you're constantly having to discuss cooperation with them** and ...if you don't cooperate your benefits are going to be **terminated** and I don't like doing that. ... I have to do it because that's part of our legislation. (WSIB Provider 2)



## Within LMR education goal market

Private educators sell services to LMR  
subcontracted by WSIB

- Providers meet contract terms:

Private upgrading school programs  
**“exemption”** under Private Career

So: *no government regulation/quality*  
education for injured workers.

## Private Career Colleges Act

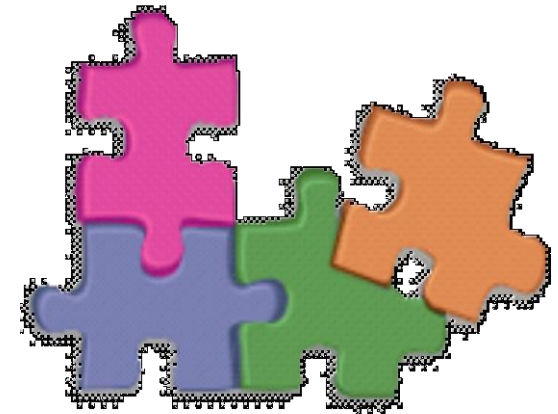
“Institutions that are exempt from registration under the Private Career Colleges Act, 2005 are permitted to deliver the programs, but students at such institutions should be aware that **they are not entitled to rights under the Private Career Colleges Act, 2005.**”

**Programs that are contracted exclusively to a third party rather than to individual students do not require approval.** This includes private training providers who contract exclusively with businesses for the purpose of employee training.”

## Discussion

Findings as relevant to:

- Difficulties with outsourcing services
  - “*Going through the motions*”
- The problem of worker ‘buy in’
  - The worker motivation discourse







# 1. Difficulties with outsourcing services

## Disjointed processes

- Outsourcing ideal: ‘providers are the experts’
- Outsourcing challenges
  - Providers meeting letter of contractual obligations
  - Unclear avenue for worker complaints (who is the boss in LMR?)
  - Who is looking at the whole picture?
- Unclear outcome terms for providers and WSIB: “**employability**”



## Scenario of '*going through the motions*'

**WORKERS** have pain, taking strong meds, missing classes, not learning, in program that does not match interests/needs

- *BUT comply to keep getting compensation benefits*

**EDUCATORS** note pain, medication use, choice problems that impact retraining

- *BUT their role isn't to deal with health*
- *Don't want to lose clients, so manage health as best as possible, modify teaching to fit contract timeline*
- *Manage information to contract-provider*



**LMR PROVIDERS** see pain, mental health, time rush problems that affect worker school attendance & performance

- *BUT don't want to turn away clients*
- *If accommodation for worker problems was not built into the SEB plan, then difficult to retro-fit into the contract (and don't want to appear ill-prepared)*
- *School subcontracting tailored to own contract needs*

**WSIB** make decisions about worker 'compliance' with LMR and deem workers as 'employable'

- *BUT have a distant role*
- *Health, choice, program quality problems don't easily filter up to them*



## 2. The problem of worker ‘buy in’

Workers need to “recognise opportunities”, “become engaged”, “take ownership”. (*get smarter and try harder*)

**Based on notion of *worker motivation*.**

**BUT LMR conditions point to problems with the program:**

- Workers ongoing health problems present but not easily considered
- Workers’ choices significantly restricted/guided to align with needs of providers



## The worker motivation discourse

### An 'easy' target.

But program appears more oriented to **worker cooperation** (vs motivation)

I say it's **your choice to go** but...you have to be aware that your benefits are dependent on your **cooperation**. (WSIB Provider 2)

Worker motivation can cause cooperation problems

We've...joked among ourselves...that some workers succeed despite LMR...because for **workers who are really motivated**...I think sometimes **we even frustrate some...by...making them**... (WSIB Provider 4)



## Conclusion: Theory & methods

**Discourses are powerful, can direct questions.** Discourse of motivation draws attention to certain programmatic (and research) questions and not others

- Focus on problems with workers (not program)
- Leads to strong focus on interventions on individual workers ('worker expectation' research, studies to different kinds of vulnerable workers)

**Process issues can be difficult to examine** using quantitative methods. However, important to be aware of their possible role in outcomes



## Conclusion: Vocational rehabilitation

**Consider different goals and stakes of players in system**, especially those who have significant resources and decision-making power.

- Where is quality feedback loop?
- Is school the only way to re-enter the employment market?

### **Consider notion of ‘*employability*’**

Worker achievement can be **‘deemed’** after reports from LMR providers that workers have completed program.

- *But in context of health, choice, and program quality issues: what did workers achieve in LMR? Independent measurement of student skills pre- and post-LMR?)*

Are injured workers in LMR really competitively employable? (permanent injuries, chronic health problems, newly trained with no experience, older workers)



# Questions?/Comments?







**Institute  
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Research Excellence  
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Plan to attend the 2010 conference of the  
Canadian Association for Research on Work and Health (CARWH)

# **Worker Health in a Changing World of Work**

hosted by the Institute for Work & Health

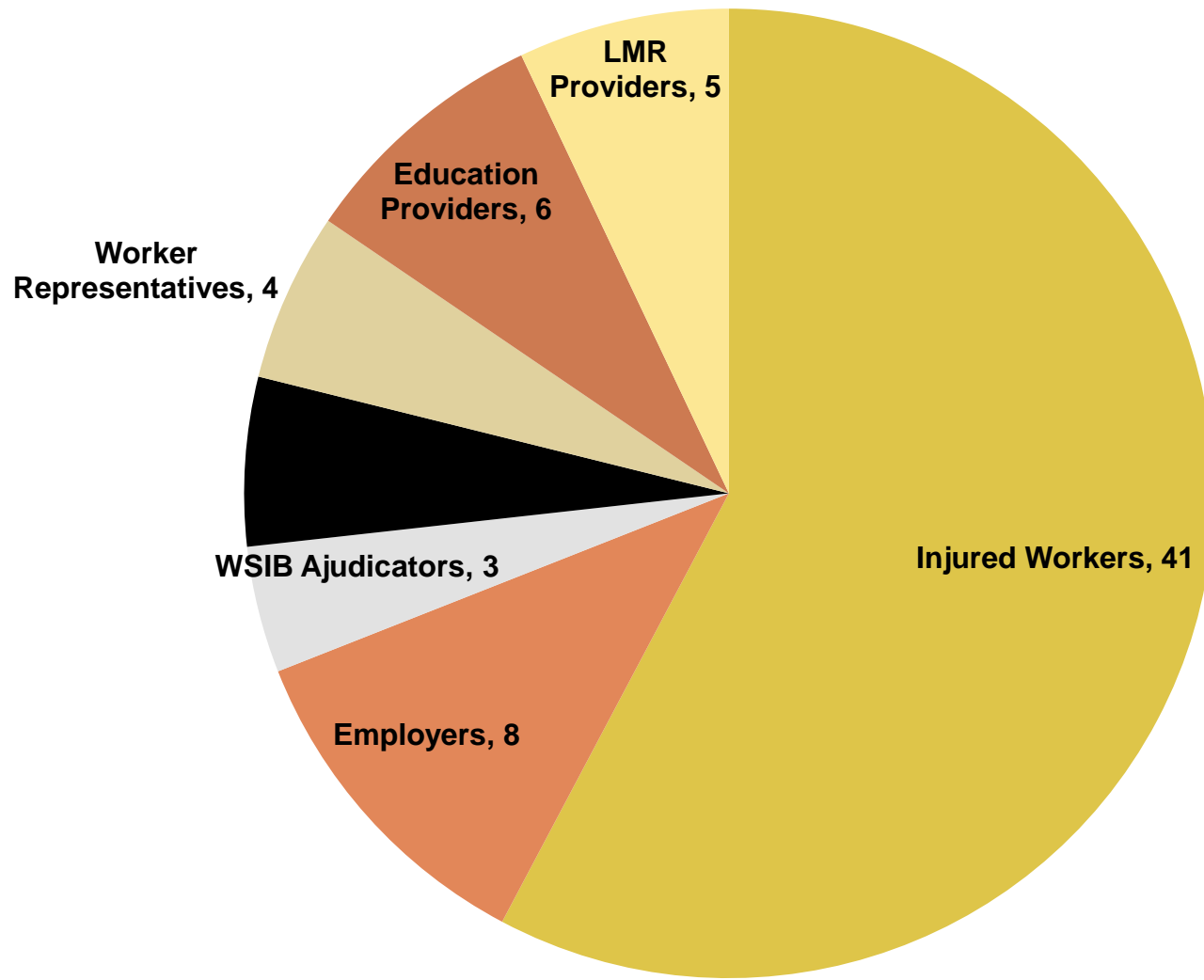
**May 28-29**

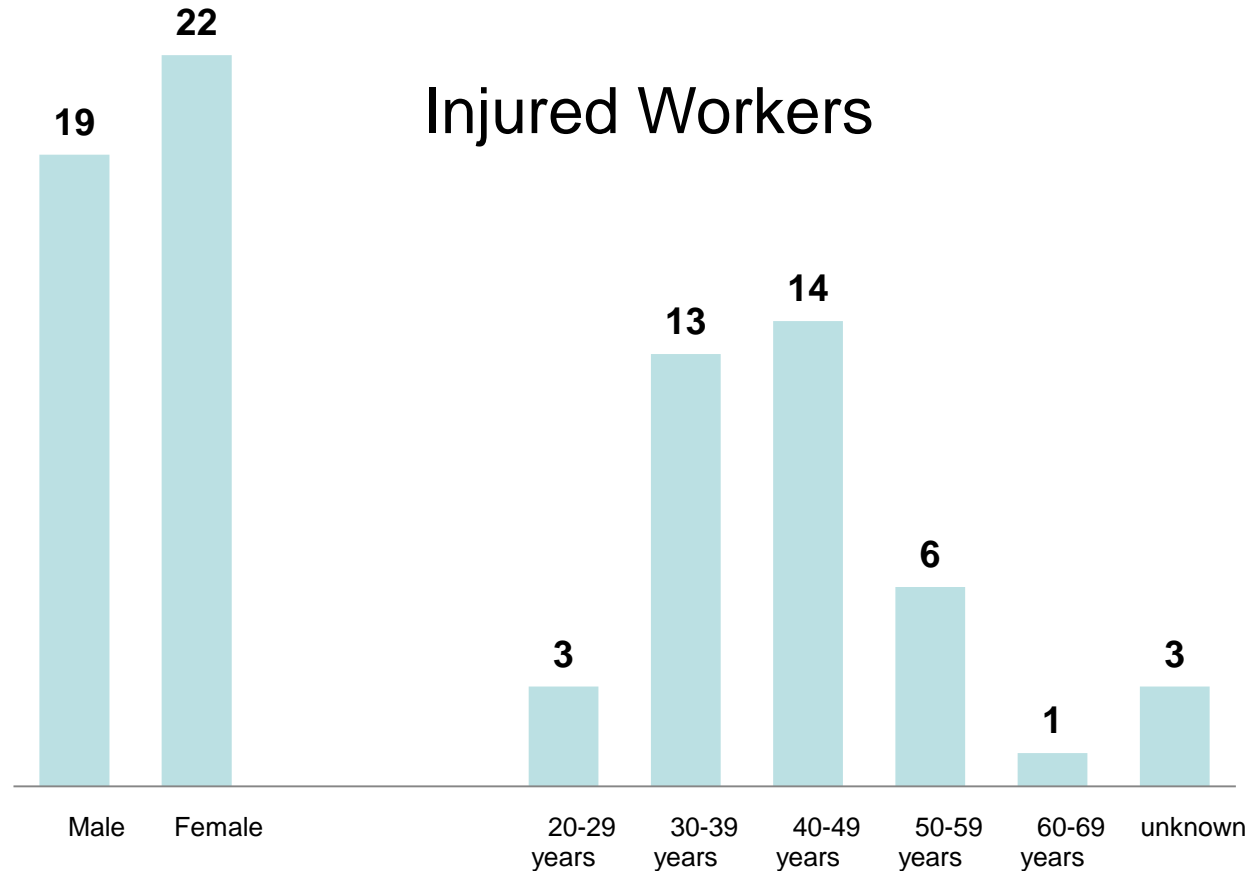
**Keynotes on precarious work and work at night & cancer risk • 75 presentations**

**May 27 • Student day • Pre-conference workshops**

89 Chestnut Conference Centre, Toronto

<http://carwh2010.iwh.on.ca/>



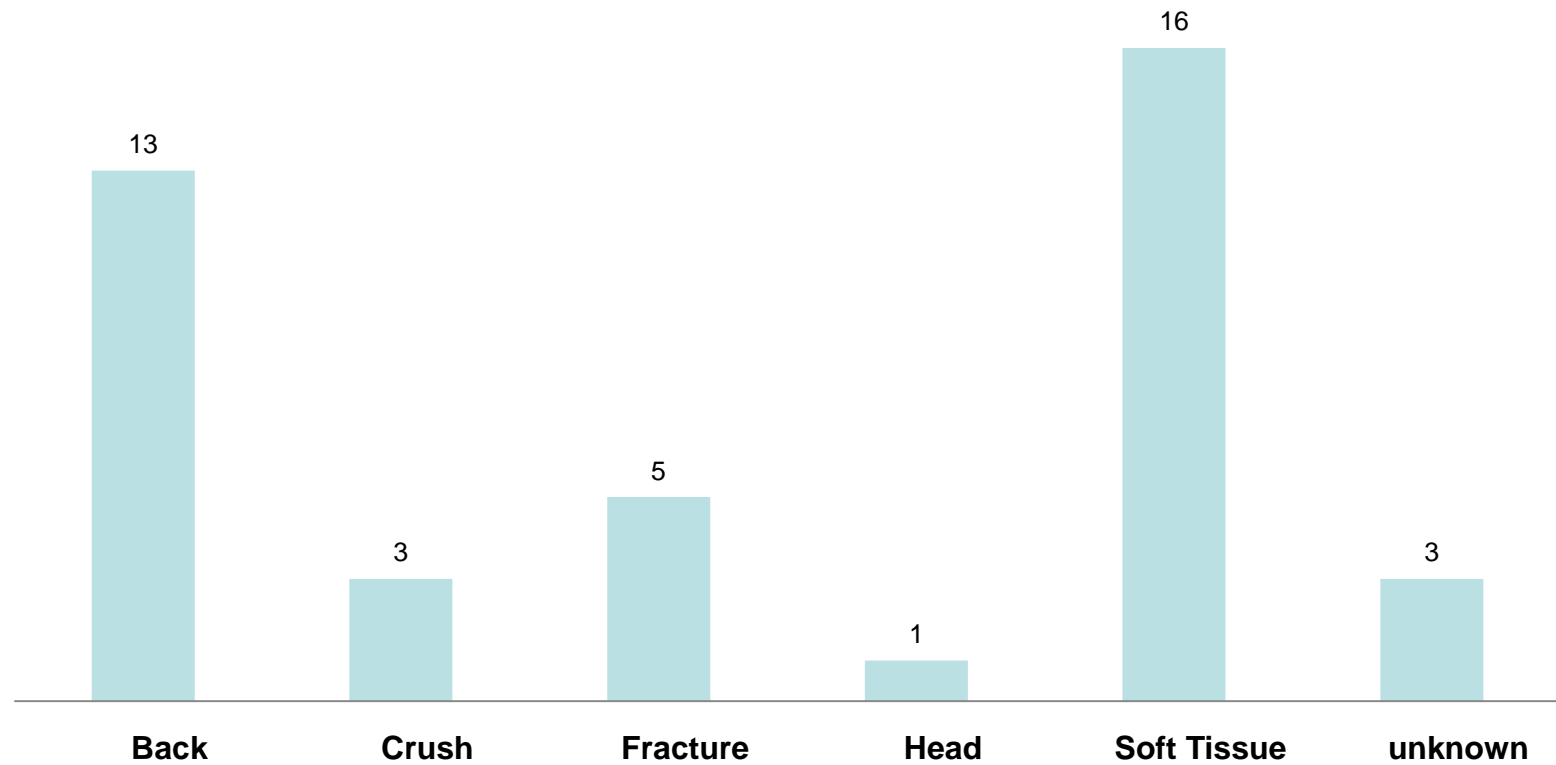


Gender

Age at Time of  
Injury

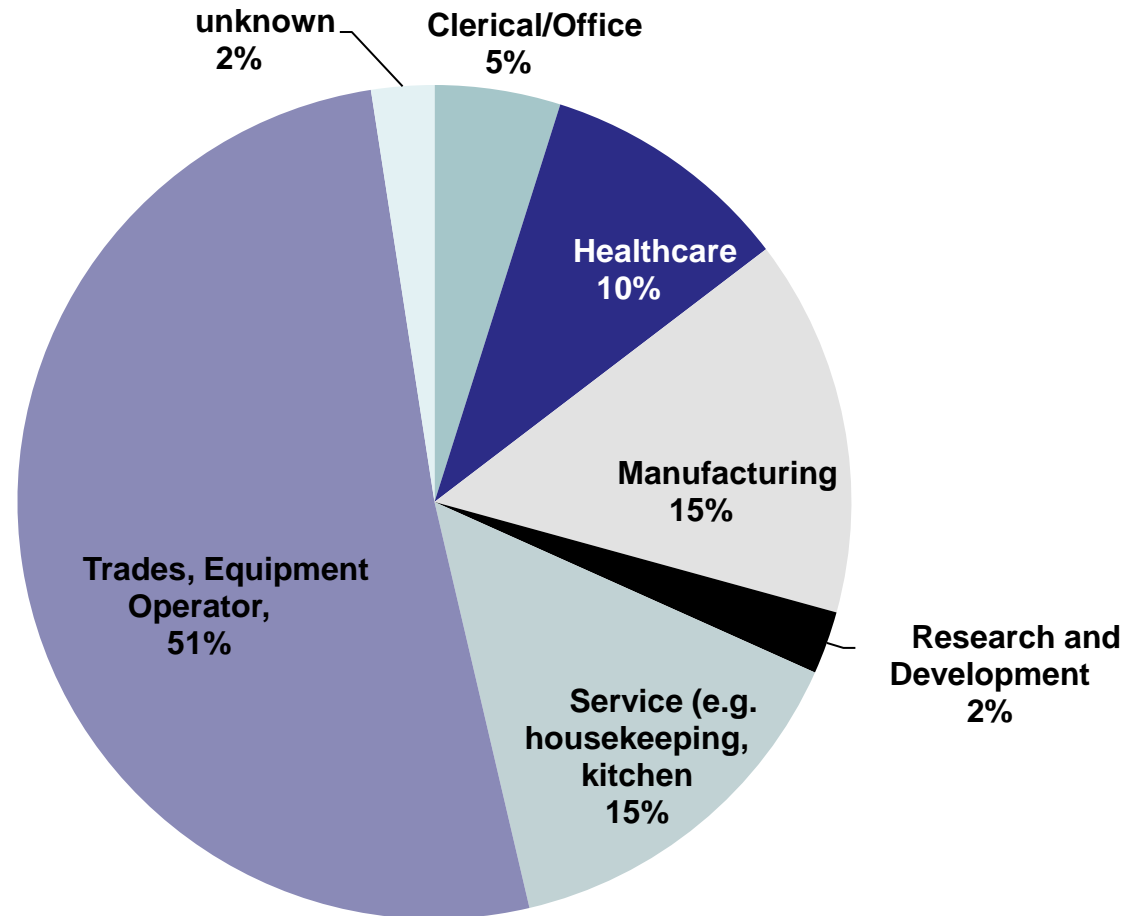


## Initial Injury of Injured Workers



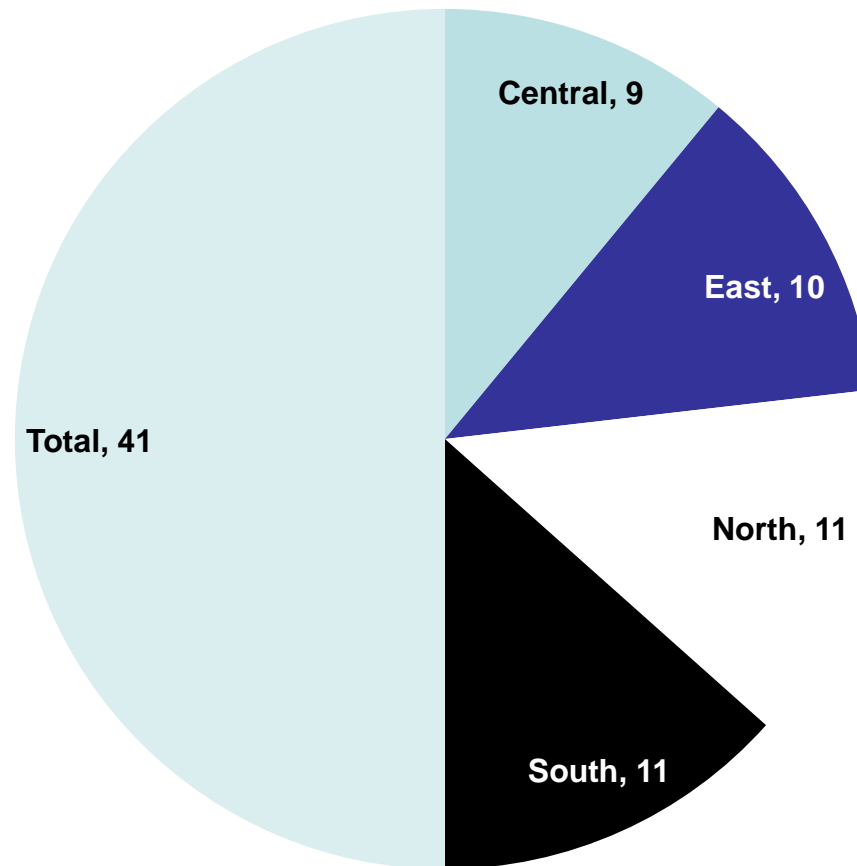


## Pre-Injury Occupation of Injured Workers



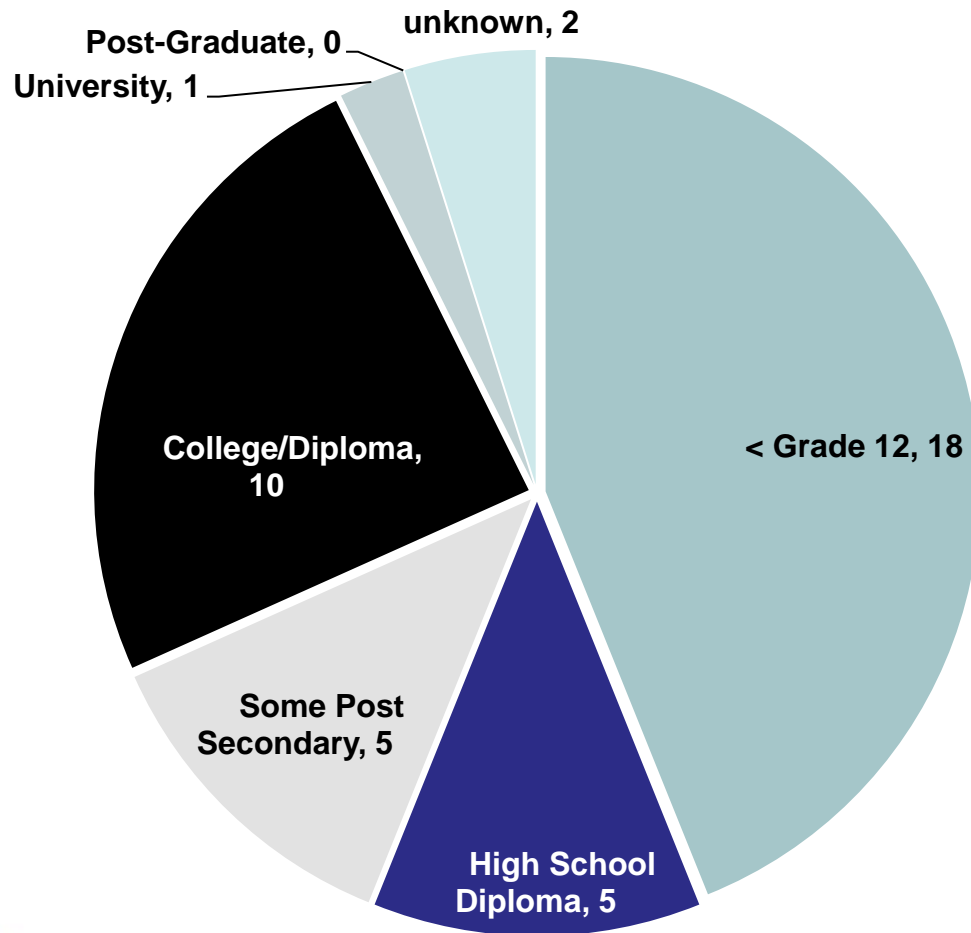


## Geographic Distribution of Injured Workers





## Education of Injured Workers





## Employer Sample

<b>Region</b>	<b>Industry Sector</b>	<b>Organizational Role</b>	<b>Number of Employees</b>
Central	Manufacturing	Health and Safety Coordinator	600-700
Central	Healthcare	Director of OHS	>10,000
Central	Manufacturing	Occupational Health Nurse	500
Central	Service	Human Resources Coordinator	240
North	Service	Human Resources Manager	220
North	Service	Liaison	4000
North	Manufacturing	Supervisor, Disability Management	1200
North	Healthcare	Rehabilitation Consultant	3500





## Why so many health problems?

Employers have legal and financial incentives to prolong RTW beyond cost window... drawing out unproductive injury time

The three year liability window

P3: We're just trying to keep her working... we just want to prevent...that **three year mark before we get hit** ... (Employer FG Central)

Avoid WSIB and Ministry of Labour attention

P4: If you put them into labour market re-entry and you get the large surcharge... Now you've **drawn the attention of Work Well and the Ministry of Labour**. ...Besides the surcharge, there's this **punitive [aspect]...the Ministry of Labour hired all these inspectors, and off they go**...All of a sudden there's a whole pile of **consequences** for these different things. (Employer FG Central)



**Employers have financial incentives to send MOST unhealthy injured workers to LMR via the Secondary Injury Enhancement Fund**

**P4: As long as they're within that three year NEER window, we'll be dinged with HUGE surcharges. ... [If] they're maxed out with trying to find work for these [work injured] people . ... Then you start looking at who has a pre-existing condition, because ...we've got cost relief [through SIEF]. ... You end up...being forced into these financial decisions, and you're going to take the person who has the most pre-existing, who is actually the worst candidate to be retrained. (Employer focus group, Central)**