9.0 VOCATIONAL REHABILITATION

9.0 INTRODUCTION

Vocational rehabilitation relates to the efforts made to help workers recover or adjust to the challenges of their injuries. The following paper will outline the respondents’ recommendations for these efforts. The majority of responses in this category were from injured workers concerned that vocational rehabilitation did not meet their needs. In particular, injured workers discussed their needs, the roles of various stakeholders and the required changes for vocational rehabilitation. Although representing a minority response, employers also insisted that vocational rehabilitation should ensure that injured workers are returned to the work place.

The paper is sub-divided into the following sub-issues:

- WCB role in rehabilitation;
- duty to accommodate
- measurement and durability of rehabilitation;
- timeliness and early intervention;
- purpose of vocational rehabilitation;
- rights, obligations and incentives of employers in rehabilitation;
- rights, obligations and incentives of workers in rehabilitation;
- counseling and other forms of social rehabilitation and;
- income continuity.

9.1 WCB ROLE IN REHABILITATION

9.1.1. Overall Response
Respondents under this sub-issue were concerned with the responsibilities of the WCB concerning rehabilitation. The role of WCB was the most commonly discussed of the rehabilitation sub-issues. A majority of the responses were rated as medium in intensity.

A majority (103/140) of the responses in this sub-issue were from injured workers. A few of the responses were from the following: independent employers (12/140), members of the general public (9/140), unions (6/140), advocates (2/140), medical professionals (2/140), professional associations (2/140), consultants (2/140), employers associations (1/140) and municipal government services (1/140).

9.1.2. Discussion
Respondents express concern that current rehabilitation does not promote the physical and psychological well-being of injured workers. Respondents wonder what motivations underlie rehabilitation. They also wonder if the needs of injured workers are important. A concern is that rehabilitation should better assess and address the needs of injured workers.

In addition, another concern is that the WCB is not helping injured workers to overcome their injuries and disabilities. Returning workers to the workplace is viewed as a natural role for
WCB. The controversy centres around whether injured workers should be able to choose if they return to the workplace. The responses to this study suggest that they should be able to choose.

9.1.3. Recommendations
Among members of the general public, professional associations and injured workers, rehabilitation is viewed as a right of the injured worker. Furthermore, there is concern that the WCB should ensure that workers are able to return to work. Rehabilitation should also consider the health and quality of lifestyle in addition to the employability of the injured worker.

Among independent employers, employer associations and advocates, it is recommended that the WCB should promote and support the rehabilitation of injured workers. In particular, more effort is needed concerning the return of injured workers to work.

Medical professionals insist that the WCB should base rehabilitation decisions upon medical advice. It is also recommended that the WCB should investigate rehabilitation partners and provide assurances of their independence before clients are sent. More follow-up is recommended for workers who have returned to work after an injury. It’s suggested that health care practitioners should be mandated to cooperate in the rehabilitation of injured workers by providing information to WCB and employers. The information should include the workers’ functional abilities. WCB should also be mandated to provide early rehabilitation and written rehabilitation plans.

Among unions a number of roles are suggested for the WCB concerning the rehabilitation. For example, it is recommended that the WCB should promote cooperation and communication among stakeholders in rehabilitation. ‘Team members’ might include the employer, the worker, the worker representation, doctors and the WCB. The stakeholders would be responsible for ensuring that the worker’s rehabilitation is appropriate and not harmful. Another role of the WCB should be to compensate employers who have accommodated workers. The compensation would be offered to offset costs such as alterations to the physical space or the creation of ‘extra’ jobs. WCB should also guarantee the right of injured or disabled workers to participate in rehabilitation.

Among municipal government services, it was suggested that the role of WCB concerning rehabilitation should be changed from that of direct-provider to referral only.

Example Recommendations
- Create a ‘Return to Work Department’ within the WCB that would monitor the appropriateness of modified jobs and return to work schemes of employers.
- Monitor WCB rehabilitation partners, such as rehabilitation centers, to ensure appropriateness of service.
- Amend Section 16 of the Act to ensure that access to rehabilitation is a right of the injured worker.
- Involve the injured workers in the design and implementation of their rehabilitation.
- Find employment for injured workers.
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- Notify workers in advance of decisions regarding their particular rehabilitation.
- Ensure that injured workers are employed before halting training or education.
- Review rehabilitation programs regularly to ensure that they are not harmful, discouraging or inappropriate.
- Provide retraining and rehabilitation even in WCB budgets are reduced.
- Compare statistics on rehabilitation and re-injury to guide program development.
- Conduct thorough aptitude testing of workers before retraining commences.
- Ensure that rehabilitation does not interfere with the medical appointments of an injured worker.
- Provide rehabilitation near to the homes of injured workers and.
- Do not restrict retraining to income levels similar to the worker’s pre-injury employment.
- Ensure that the rehabilitation consultant explores, with the employer, the modified work that is available to injured workers.
- Place injured workers in return to work programs as soon as possible.
- Involve the medical advisor earlier.
- Out-source the retraining of injured workers to private firms.

9.1.4. Quotes
- “Rehabilitation should be offered in all cases where a worker is unfit to return to his former job”.  (INJ-298)
- “WCB administrations should be more supportive of injured workers. They should help to obtain attainable health goals, explore and support employment opportunities, and help workers to find freedom within their disabilities”.  (INJ-448)
- “WCB should encourage and support the injured worker in his quest to find alternative employment after having suffered an injury”.  (INJ-552)
- “There must be an obligation on the employer and the WCB to design and provide rehabilitation programs that ensure an early return to work will not adversely affect the worker’s injury or dignity”.  (UNI-010)
- “The Rehabilitation Department must direct injured workers to the earliest sustainable return to work done prior to the injury, or as near to the pre-injury work as possible”.  (IEM-035)

9.2 DUTY TO ACCOMMODATE

9.2.1. Overall Response
Respondents under this sub-issue were concerned about the employer’s responsibility to provide light or modified duties to injured or disabled workers. To accommodate an injured worker is to provide duties and responsibilities that are commensurate with the challenges and abilities of the worker. A majority of the responses were rated as being medium in intensity.

More than half (48/83) of the respondents under this sub-issue were injured workers. A few responses were offered by the following: independent employers (12/83), unions (8/83), union associations (4/83), members of the general public (4/83), injured workers associations (2/83), advocates (2/83), consultants (1/83), employers associations (1/83), medical professionals (1/83) and members of legislative assembly (1/83).
9.2.2. Discussion
Respondents express concern that injured or disabled workers are not afforded adequate opportunities to return to the work place with modified or light duties. Respondents wonder why the WCB does not encourage or compell employers to provide modified or light duties. Offering accommodated or modified employment is seen to promote rehabilitation. In addition, providing safe and appropriate work is viewed as being therapeutic.

In contrast, a minority concern is that the accommodation of injured workers creates undue hardships for employers. It is wondered why the rehabilitation needs of workers are able to create problems with the productivity and profitability of employers.

9.2.3. Recommendations
Among injured workers, it is put forward that employers should be encouraged to provide modified or light work duties to injured workers. In addition, union seniority should not prevent light duty assignments for injured workers.

Similar recommendations are offered by independent employers. Support could take the form of financial help or technical assistance. WCB should also encourage and/or pay physicians to work with employers in designing appropriate modified duty programs.

Among members of the general public, it is recommended that if a worker is accommodated in a position that pays less than was previously earned, then the WCB should pay the difference.

Medical professionals, union associations, unions and injured workers suggest that employers should be compelled to provide modified or light duties to injured or permanently disabled workers. In fact, it is suggested that the Act should include a provision ensuring that employers have a duty, to the standard of “undue hardship” under the Human Rights Code, to accommodate injured workers attempting to return to the workplace. It was put forward that if productive work is available, then jobs should be adjusted to accommodate the injured workers.

Example Recommendations
- The WCB should cooperate with employers to accommodate injured workers with light duties.
- Light duties and gradual return to work programs should be eliminated.
- Modified work programs should be developed if the employer and work are willing.
- The WCB should offer support to employers concerning modified work programs.
- Benefits should be reduced for workers that refuse modified work duties that are approved by their physicians.

9.2.4. Quotes
- “If an injured employee cannot return to the pre-injury job, employers should be required to retrain the worker for positions in the same company”. (INJ-279)
- “Require employers to accommodate permanently disabled workers”. (MEP-004)
• “Employers should be able to keep workers with minor injuries on the payroll at light duty. ‘Light duty’ should be explained thoroughly to the doctor, and the doctor should make the decision”. (IEM-244)

9.3 MEASUREMENT AND DURABILITY IN REHABILITATION

9.3.1. Overall Response
Respondents under this sub-issue were concerned with the length of rehabilitation for injured and disabled workers. In addition, respondents also offered comments concerning the measurements, performance evaluations or indicators of success of rehabilitation programs. A majority of the responses were rated as being of medium intensity.

A majority (67/82) of the responses were from injured workers. A few of the responses were offered from the following: independent employers (6/82), unions (2/82) advocates (1/82), consultants (3/82), members of the general public (1/82), employer associations (1/82) and medical professionals (1/82).

9.3.2. Discussion
In this sub-issue, respondents express concern that the measurements or assessments of a worker’s rehabilitation ignore the needs of the worker. In particular, respondents wonder why rehabilitation is often terminated or limited before workers are healed and ready to return to the workplace. A controversy centres around whether the needs of the workers or the financial needs of the WCB guide the rehabilitation process. Respondents also wonder how rehabilitation can be assessed or measured without understanding the needs of the worker or the challenges of particular work places.

A minority concern is that rehabilitation efforts are being conducted unnecessarily. Some respondents wonder why lengthy rehabilitation is wasted on injured or disabled workers when there are little chances of progress. The concern is that the resources of the WCB are being wasted.

9.3.3. Recommendations
Among injured workers, it is recommended that the measurements of rehabilitation should be appropriate to the injuries or disabilities of the workers. In particular, it is recommended that the WCB should better understand and meet the challenges of paraplegics during rehabilitation. In addition, the assessment of rehabilitation should be a comparison of the challenges of the particular work environments balanced against the physical and mental capabilities of the workers. Only when a worker is ready to return to work should rehabilitation be stopped. It is suggested that workers should be tested at the end of rehabilitation to ensure that they are capable of working. Also, it is cautioned that adequate time for healing should be offered to injured workers during rehabilitation.

Among employer associations and independent employers, it is suggested that during rehabilitation, the injured worker should be placed in a job to which they are mentally and physically suited. In order to determine whether or not rehabilitation should continue, injured
workers should be assessed as to their ability to return to work. For those workers who are not able to return to even modified work, rehabilitation should cease. For others for whom returning to work is possible, rehabilitation should continue. These assessments of the injured workers’ ability to return to work should be completed with a combination of therapy and light duty where appropriate. In addition, more ongoing assessments of injured workers are said to be needed especially with workers on long-term rehabilitation plans.

Among unions, it is suggested that the measurements of rehabilitation should be guided by employment offices and vocational schools. Understanding the challenges of various jobs is necessary in determining how the rehabilitation of an injured worker is proceeding. Without this information, it is difficult to determine when a worker is ready to return to work. In addition, follow up evaluations are needed in order to ensure that the worker is capable of fulfilling the requirements of the job.

Members of the general public insist that there should be no time limits placed upon the rehabilitation of the injured workers.

Among advocates, it is insisted that workers should not be forced to return to work against the recommendations of their doctors. It is suggested that the measurement of rehabilitation should be based upon the diagnoses of private doctors.

Example Recommendations

- Range of movement tests are seen as being harmful and should be stopped.
- Preset limits of therapy or treatment for injured workers should be eliminate.
- Functional evaluations of the injured worker should guide the rehabilitation efforts.
- Decisions about the progress of rehabilitation should be made according the advice and examinations made by physicians.
- Limit vocational rehabilitation to one year.
- Compell injured workers to provide reports about their rehabilitation progress.

9.3.4. Quotes

- “Before insisting a claimant go back to work, the WCB should be certain the worker is capable of it”. (INJ-242)
- “Return-to-Work programs should take into account all aspects of an injured worker’s capabilities--physical and mental”. (INJ-240)
- “If workers go back to the job before they are totally healed, they may get worse injuries. They should have time to completely recover”. (INJ-442)
- “There should be no time constraints put on any rehabilitation”. (GEN-133)
- “WCB needs a plan made with employers that evaluates the likelihood of a full return to work for an injured employee. This must constitute grounds for termination under law when there is no possibility to return to work or to transfer to a parallel position”. (IEM-214)
9.4 TIMELINES AND EARLY INTERVENTION

9.4.1. Overall Response
Respondents under this sub-issue were concerned about the timelines and timeliness of vocational rehabilitation. A majority of the responses were rated as being of moderate intensity.

More than half (54/76) of the respondents under this sub-issue were injured workers. A few of the respondents were the following: independent employers (11/76), unions (5/76), employers associations (4/76) and union associations (2/76).

9.4.2. Discussion
The majority concern is that the WCB does not offer adequate rehabilitation to injured or disabled workers. Rehabilitation should be offered early and should not be forced upon an injured worker. Forcing a worker towards rehabilitation programs is considered problematic. In addition, respondents wonder why the WCB does not offer timely and appropriate rehabilitation in a manner that allows workers to select what they need. There is concern that employers and accountants are determining workers’ rehabilitation programs rather than the workers and their doctors.

Respondents are also concerned that injured or disabled workers do not receive rehabilitation early enough. Delaying rehabilitation is viewed as a continuation of the suffering of injured workers. In general, employers wonder why injured workers are not compelled to participate in rehabilitation. Concern is that too many workers are not receiving the help that they needed. Consequently, too many workers remain out of work and the costs of WCB continue to rise.

9.4.3. Recommendations

Theme: Rehabilitation must be provided early and it should be mandatory
Among independent employers, it is recommended that injured workers should be returned to work as soon as possible. Re-training and re-education programs, under vocational rehabilitation, should be planned and administered as soon as possible. It is also recommended that links should be improved with all parties involved in the rehabilitation process. Returning an injured worker to the workplace is seen as being therapeutic. In addition, early intervention in rehabilitation is seen as the best treatment for the injured worker and an ideal means of reducing the costs of the WCB.

Theme: Rehabilitation must be provided early and it should be optional
Among injured workers and unions, it is put forward that rehabilitation should be offered early. It is also recommended that injured workers should not be forced to return to the work force or to participate in rehabilitation. It is recommended that the rehabilitation teams should not begin until the workers are ready. Furthermore, the rehabilitation teams should be familiar with the requirements and demands of particular jobs.

Among union associations, it is suggested that vocational rehabilitation should commence within 90 days of the initial claim where it is unlikely that a worker will return to his/her pre-injury
employment. It is also suggested that the WCB should develop a process for providing additional funding to industry associations to develop early intervention rehabilitation programs. In addition, there should be an expanded role for private practitioners to provide timely rehabilitation.

**Example Recommendations**

- Ensure that workers who have suffered mental illness are returned to work on a graduated basis.
- Establish gradual return to work programs for all workers.
- Offer rehabilitation early to workers who have suffered a head or brain injuries.
- Offer debriefing and counseling to injured workers as soon as possible.
- Provide aptitude tests, counseling, job placement assistance, educational upgrading, and transportation, if necessary.
- Do not demand that injured workers from small towns to relocate to bigger cities for work.
- Retrain injured workers in a field/job, which suits their modified/limited capabilities, and one which will not exacerbate their condition, but rather enables the worker to continue to rehabilitate from their injury, while working.
- Offer greater flexibility in the procedures governing vocational rehabilitation that recognizes the nature and availability of employment in the region.
- Assign only one rehabilitation consultant to a case to ensure consistency of care.

**9.4.4. Quotes**

- “Injured workers must be encouraged to re enter the work force as soon as possible”. (IEM-106)
- “WCB and the medical system must focus on early intervention so that a disability is not created by letting untreated and undirected workers drift into the disability curve”. (IEM-137)
- “Early intervention in rehabilitation should be a standard practice”. (IEM-191)
- “The worker should be able to return to work before being ordered to do so”. (INJ-149)
- “There is a need for debriefing and counseling within a very short period of time of the incident occurring”. (UNI-091)

**9.5 PURPOSE OF VOCATIONAL REHABILITATION**

**9.5.1. Overall Response**

Respondents in this sub-issue were concerned about the purposes of vocational rehabilitation. A majority of the responses were rated as being of high intensity.

More than half (42/65) of respondents were injured workers. A few of the respondents were from the following: independent employers (9/65), unions (3/65), employers associations (2/65), advocates (2/65), consultants (1/65) , members of the general public (1/65), injured workers associations (1/65), medical professionals (1/65), municipal government services (1/65), non governmental organizations (1/65) and union associations (1/65).
9.5.2. Discussion
Respondents state that vocational rehabilitation should help injured or disabled workers. There is concern that workers require more counselling, retraining and other rehabilitation. In general, respondents are concerned that more should be done so that injured workers can return to the workplace. For example, respondents wonder why injured workers are not trained according to the demands of a new economy in areas such as self-employment, literacy and numeracy.

There is also concern that the needs of the injured workers are not being addressed during rehabilitation. A fear that the financial limitations of the WCB and the needs of employers determine the workers’ rehabilitation is expressed. There is concern expressed that rehabilitation does not adequately consider the psychological, emotional and physical well-being of injured workers.

9.5.3. Recommendations

Theme: Return To Work
Among independent employers, employers associations, members of the general public, advocates and municipal government services it is put forward that the most important purpose of vocational rehabilitation should be the returning the injured workers to the workplace. Returning to work is viewed as being effective therapy for the injured workers.

Among non-government organizations, it is recommended that proper assessment for vocational rehabilitation should be implemented. In cases where it is obvious that the employee requires retraining or that the employee will never return to work with the accident employer, vocational rehabilitation specialists should not be required to proceed with all five steps of the rehabilitation process.

Theme: Retraining and Job Placement
Among independent employers, advocates and injured workers it is put forward that vocational rehabilitation should match the skills of workers with the opportunities in the marketplace. In some cases, workers might have to be retrained for jobs that they have not previously held.

Theme: Prepare Injured Workers for the New Economy
Among consultants, it is recommended that as the economy is becoming increasingly information-based, greater skills in literacy and numeracy are needed. The purpose of vocational rehabilitation should be to provide these skills and to prepare workers for careers in self-employment, contract work and temporary employment.

Among injured workers, it is recommended that some may require self-employment support and training. Vocational rehabilitation should provide self-employment training as other retraining efforts are inappropriate for some workers.

Theme: Focus on the Needs of the Injured Workers
Among injured workers associations, union associations, unions and injured workers, it is recommended that vocational rehabilitation should better address the needs of injured workers. For example, when a worker is unable to return to previous employment, retraining and
education should be offered. Every effort should be made to restore a worker’s mental, social, lifestyle and financial conditions.

Unions suggest that return to work, early intervention, modified and light duty accommodations should be part of an all inclusive rehabilitation program.

Among medical professionals, it is recommended that rehabilitation teams should disclose whether they are working for the employer or the worker. Injured workers should know whether they are being evaluated for the employer or rehabilitated for their own welfare. In addition, having a third-party-sponsored rehabilitation system is recommended.

**Example Recommendations**

- Training should be mandatory for all injured workers.
- Return to work should be attempted promptly.
- Ensure the return to work efforts consider the safety of the worker and.
- Focus on the strengths of the worker rather than limitations.
- Replace rehabilitation officers with independent consultants and case study reviews to ensure impartiality in rehabilitation activities.
- Offer an independent advocate to the injured worker to ensure that rehabilitation efforts are appropriate for the worker.
- Offer rather than force training and education for injured workers.
- Ensure that rehabilitation plans are appropriate considering the needs of the injured workers.
- Consult with employment offices, potential employers and vocational schools when retraining workers.
- Review the pain clinic, modified work centers, the richmond facility and the rehabilitation center to ensure that the are appropriate to the needs of injured workers.
- Do not force older workers, such as those aged 60 years, to retrain or reenter the work force.
- Rehabilitation should focus on pain management techniques.
- Money should not drive the rehabilitation efforts.
- Consider a worker’s pre-accident promotional and wage level conditions during rehabilitation and.
- Change section 16 of the act to make rehabilitation mandatory.
- Rehabilitation should also lead to meaningful work rather than ‘make-work’ projects.
- Rehabilitation plans should be written so that the physicians of injured worker can assess the appropriateness.
- ‘Light duties’ should be eliminated because employers are not taking their responsibilities seriously.
- Ongoing support should be ensured to injured workers during rehabilitation.

9.5.4. **Quotes**

- “Job training and education should be offered to claimants”. (INJ-079)
- “Injured workers who are being rehabilitated must be encouraged to return to work as soon and as safely as possible”. (EMA-026)
• “The purpose of vocational rehabilitation should be to return workers to the workplace”.
  (IEM-117)

9.6 RIGHTS, OBLIGATIONS AND INCENTIVES OF EMPLOYERS IN REHABILITATION

9.6.1. Overall Response
Respondents under this sub-issue were concerned with the roles of employers during rehabilitation. A majority of the responses were rated as being of medium intensity.

More than half (31/50) of the respondents were injured workers. A few of the respondents were from the following: unions (7/50), employers associations (5/50), independent employers (2/50), members of the general public (1/50), members of legislative assembly (1/50), municipal government services (1/50), professional associations (1/50) and union associations (1/50).

9.6.2. Discussion
Respondents express concern that employers are not sufficiently involved with the rehabilitation of injured or disabled workers. Respondents wonder why employers are not forced to become involved. The concern is that some employers abandon injured or disabled workers. The result is that the injured workers’ physical, financial and emotional well-being are further jeopardized.

In contrast, a minority concern is that employers should become more involved with rehabilitation but for different reasons. In particular, employers want to be more familiar with the progress of the rehabilitation treatments. A problem is that employers are uncertain about when an injured worker will return to the work place.

9.6.3. Recommendations
Among injured workers, it is suggested that employers should become more involved in the rehabilitation of injured or disabled workers. In fact, a few suggest that the WCB should intervene and should compel employers to become more involved. Publicly fining employers who do not participate in return to work or accommodation programs is suggested. Disallowing the appeal involvement of employers who are not participating the rehabilitation of its workers is also put forward. As a cautionary note, it is suggested that the employers should offer modified jobs and support to injured workers but they should not be able to dictate when and how an injured worker participates in rehabilitation. The needs of the worker should guide rehabilitation, not the needs of employers. Changing the job title of ‘Vocational Rehabilitation Consultant’ to ‘Vocational Rehabilitationist’ was suggested as a way of ensuring that the interests of workers remain paramount.

In addition, employers associations also advise that employers should be active participants in the return to work programs of injured workers. Employers should be part of the rehabilitation team that would include the Rehabilitation Officer, medical personnel, members of the union and the injured worker. It is suggested that employers must share the responsibility for designing return to work programs. As a qualification, it is put forward that not all employers must be required to accommodate injured or disabled workers. In particular, temporary help
service firms should be exempt from mandatory accommodation rules due to the nature of that industry. It is suggested that employers must be part of the rehabilitation process so that they are informed of the status of the worker and when a return to work might be expected. It is suggested that the ERA system might be changed to encourage employers to become more involved in rehabilitation. Advice and technical support might also be offered to employers.

Unions recommend that employers should be held responsible to accommodate injured or disabled workers. If there is no work available, then it is advised that the employers should be wholly responsible for the rehabilitation costs of the injured or disabled worker. It is also suggested that new regulations should be created empowering the WCB to compel employers to employ workers. Injured or disabled workers should have the right to return to work to their pre-injury employers. In addition, employers should be responsible to employ the worker as long as the disability lasts. If no light duty positions are available, then the employer should be compelled to create a position. Furthermore, it is recommended that employers and labour should work cooperatively to accommodate workers using the principles of ergonomics. Jobs could be modified to accommodate a permanent or temporary disability.

Example Recommendations
- Cooperate in the early and safe return to work of the worker by contacting the worker as soon as possible after the injury occurs.
- Maintain contact throughout the period of disability.
- Identify and arrange suitable return to work activities and.
- Provide the board with information regarding the worker’s return to work.
- Employers should be involved with rehabilitation as soon as possible.
- Employers should participate in the rehabilitation assessments and should provide more support to injured workers.

9.6.4. Quotes
- “A team approach, with the Rehab Officer, the injured worker and members of the union and management team is the best approach to keeping an injured worker in the loop while off on injury and then getting the worker back to work at the appropriate time”. (IEM-056)
- “WCB should intervene and make arrangements to have an injured worker reinstated with his original employer”. (INJ-147)
- “Add new regulations empowering rehabilitation officers to pressure employers to continue to employ injured workers”. (UNI-001)
- “The term “light duty” should be clearly defined. If no light duty exists, employers should be required to create a position”. (UNI-069)

9.7 RIGHTS, OBLIGATIONS AND INCENTIVES OF WORKERS IN REHABILITATION

9.7.1. Overall Response
Respondents under this sub-issue were concerned with the roles of workers in rehabilitation. A majority of the responses were rated as being of medium intensity.
A majority (22/44) of the responses in this sub-issue were from injured workers. A few of the responses were from the following: independent employers (12/44), members of the general public (3/44), unions (2/44), consultants (1/44), employers associations (2/44), professional associations (1/44) and union associations (1/44).

9.7.2. Discussion
Under this sub-issue, respondents express concern that injured workers do not have access to adequate rehabilitation. Respondents wonder why employers are not compelled to participate in rehabilitation by providing modified or light duties. Concern is also raised that the WCB is not ensuring that rehabilitation is appropriate and accessible.

In contrast, a minority concern centres around the optional nature of rehabilitation. Employers, in particular, wonder why many injured workers do not participate in the retraining and counseling. It is also questioned why workers are not forced to participate in rehabilitation. However, in this sub-issue the majority favor that rehabilitation should remain optional.

9.7.3. Recommendations
Injured workers, unions and union associations insist that they should have the right to return to work in modified positions. It is suggested that the WCB should be able to prevent employers from refusing to accommodate injured or disabled workers. Injured workers should also have the right to retraining regardless of age. Injured workers claim that the WCB should share information with the workers about their rehabilitation options. Brain injured workers, in particular, are said to require more information concerning their rights and opportunities about rehabilitation.

Among employer associations and independent employers, it is put forward that workers should be compelled to participate in return to work measures that are approved by the WCB. Workers should also be required to earnestly participate in the rehabilitation process. Incentives, penalties and requirements for injured workers are suggested such as mandatory attendance at rehabilitation programs. There is concern expressed that injured workers too often refuse to participate in rehabilitation programs such as return to work schemes.

Members of the general public suggest that the worker should be part of a team that determines rehabilitation. The team would consist of the employer, doctors and others involved in the claim.

Medical professionals recommend that workers should be compelled through legislation to participate in rehabilitation. In particular, the workers should be mandated to undergo safe and early return-to-work programs.

Example Recommendations
- Offer injured workers travel expenses when they must commute to rehabilitation facilities.
- Ensure that the job shop program is an appropriate use of time.
- Enable injured workers to refuse dangerous, harmful or inappropriate rehabilitation efforts.
- Allow injured workers to provide input into their rehabilitation.
• Ensure that rehabilitation is provided for through a public system rather than a for-profit system.
• Return to work programs should not result in a loss of pay for the injured or disabled worker.
• Injured workers should have the right to provide input into their rehabilitation.

9.7.4. Quotes
• “Workers should be required under the Act to participate in return to work measures approved by the board”. (EMA-014)
• “A claimant should face a penalty for refusing to come to work to be assigned tasks she/he is able to perform”. (IEM-225)

9.8 COUNSELLING AND OTHER FORMS OF SOCIAL REHABILITATION

9.8.1. Overall Response
Respondents under this sub-issue were concerned about the rehabilitation of the psychological and emotional states of injured workers. A majority of responses were rated as being of medium intensity.

A majority (23/36) of responses were from injured workers. A few of the responses were from the following: injured workers associations (2/36), members of the general public (4/36), advocates (1/36), consultants (3/36), professional associations (1/36) and unions (2/36).

9.8.2. Discussion
In this sub-issue, respondents are concerned that counselling and other forms of social rehabilitation are not adequately offered to injured workers. In fact, respondents wonder why counselling is not offered soon after the worker comes to the WCB. Concern also centres around the lack of counselling and supports that are offered to the families of injured or disabled workers. Respondents wonder how the well-being of an injured worker can be promoted without considering the needs of the family.

In particular, respondents express concern that certain injured workers especially require counselling and other rehabilitation. The needs of workers who have suffered head or brain injuries are viewed as being ignored.

9.8.3. Recommendations
Among members of the general public, injured workers, professional associations and injured workers associations, it is put forward that counselling should be offered to the families of the injured or disabled workers. In fact, providing counselling services as soon as possible is recommended. Information, aid and support is needed in order to families to deal with injury, disability, loss of employment and death. Having counselling services that are independent of the WCB was viewed as being important. The creation of independent regional Fatality Response Teams is also recommended. In addition, workers who have suffered brain injuries are those who should be offered counselling services. Offering counselling similar to the Brain Injury Society was recommended.
Among advocates, consultants, unions, members of the general public and injured workers, it is recommended that counselling should be offered to all disabled and injured workers. In fact, the counselling should be offered to the injured worker as soon as possible. It is suggested that health care workers, in particular, should be offered counselling. Injured and disabled workers could be hired to provide counseling services. The types of counselling should include the following:

- stress management;
- budgeting;
- financial management;
- attitudes, values and beliefs;
- dependency and procrastination;
- post traumatic stress;
- pain management;
- family therapy and;
- the challenges according to the specific injuries of the worker.

Among unions, it is suggested that injured workers should have the right to request a psychological evaluation. An evaluation is considered to be important especially after a worker has experienced stress factors.

9.8.4. Quotes

- “Claimants should be given the right for independent psychological evaluations when stress factors are evident, in the same way that a claimant has the right to seek a medical evaluation by his or her own doctor”. (UNI-102)
- “Injured workers should have easy access to pain management therapy and family counseling”. (INJ-563)
- “Counseling for the entire family of an injured worker”. (INJ-441)
- “Families of injured workers should have access to counseling provided by WCB because of the stress they endure”. (INJ-320)

9.9 INCOME CONTINUITY

9.9.1. Overall Response
Respondents under this sub-issue are concerned with continuity of income for injured workers during rehabilitation. Income continuity is the least discussed of the rehabilitation sub-issues. A majority of the responses were rated as being of medium level.

A majority (7/10) of the responses were from injured workers. A few of the responses were offered by the following: union associations (1/10), independent employers (1/10) and unions (1/10).

9.9.2. Discussion
Under this sub-issue, respondents express concern that injured workers should be entitled to income continuity during rehabilitation. Respondents wonder how an injured worker is
supposed to recover when they must be concerned about money. Concern is also expressed that the financial needs of WCB are more important than those of workers.

9.10.3. Recommendations
Injured workers recommend that the WCB provide compensation to workers until re-entry or retraining efforts are exhausted. It is put forward that injured workers should receive benefits throughout their rehabilitation. Others suggest that Social Services should provide compensation benefits rather than the WCB. It is suggested that the benefits provided by Social Services would be more consistently provided and the income of injured workers would be continuous.

In contrast, among independent employers it is suggested that employers should have mandatory long-term disability insurance to provide income to workers once the term of compensation has ended.

Employers associations recommend a direct payment plan for workers on rehabilitation. Employers would be expected to provide income payments to injured workers and the WCB would subsidize employers for periods of time.

9.9.4. Quotes
• “Some of the changes that should be made is that I believe any worker that gets injured, anywhere, should be covered through social services to begin with never mind the WCB”. (INJ-227)
• “The WCB be financially responsible for workers until gradual re-entry or retraining can be arranged if these things are required”. (INJ-160)
• “Employers should carry mandatory long term disability insurance to help workers once the term of compensation is ended”. (IEM-147)

OVERALL SUMMARY

The category of vocational rehabilitation has been dominated by injured workers’ concerns about their unmet needs. It was suggested that vocational rehabilitation should focus not only on returning people to the work place, but should also promote the physical, emotional and psychological well-being of injured workers and their families. Responses in this category came from a wide array of stakeholder groups. Furthermore, a majority of the responses were rated as being of medium to high intensity. In general, the responses provided recommendations according to the following themes:
• assessing the needs of injured workers;
• timely provision;
• employers’ duties;
• adequacy and appropriateness.

Injured workers expressed concern that rehabilitation programs were conducted without adequate consideration of their needs. It was recommended that injured workers, their
physicians and families should provide input into the structure and goals of rehabilitation programs. More time should be spent assessing abilities and preferences of participants, the nature of their injuries and the challenges of particular work places. In addition, the emphasis of vocational rehabilitation should be the promotion of the physical, emotional and psychological well-being of injured workers and their families rather than merely returning the injured to the work place.

Workers and employers recommended that rehabilitation should be provided as soon as possible. In fact, delaying rehabilitation was viewed as compounding the effects of the injuries and continuing the suffering of the injured workers. Workers caution that although rehabilitation should be offered as soon as safely possible, commencement should be at the control of the injured worker. Forcing an injured worker to retrain and heal was seen as problematic.

Injured workers indicated that employers were not adequately involved in the rehabilitation process. In particular, it was recommended that employers should accommodate injured workers. Providing light or modified duties to workers was viewed as being important to the healing and well-being of workers. Again, it was cautioned that accommodated work should be offered to injured workers and not forced.

In general, respondents have suggested that rehabilitation should be adequate and appropriate. For example, ensuring that injured workers and their families have adequate income supports during rehabilitation was recommended. In addition, rehabilitation should also be sufficiently long and responsive to the needs of injured workers. Providing counselling and other forms of social rehabilitation to injured workers and their families was also recommended.

In conclusion, respondents have insisted that rehabilitation should better provide for the well-being and return-to-work of injured workers. Allowing the input of stake holders such as the injured worker and their physicians was recommended. Without changes, injured workers and their families might continue to question which principle underlies vocational rehabilitation: the needs of all stakeholders or the needs of the WCB and employers.