

Disability Inclusion, Intersectionality, and Knowledge Translation

KTDRR's 2024 Virtual KT Conference
October 15, 16, and 18

Center on
**KNOWLEDGE TRANSLATION FOR
DISABILITY & REHABILITATION RESEARCH**

Taking Knowledge to the Stage and the Board Room

Marion Endicott & Steve Mantis

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RAACWI

- Research Action Alliance on the Consequences of Work Injury — 2004–2012
- Funded under the Community – University Research Alliance — a SSHRC Program (no longer in place)
- Six Ontario universities, Ontario Network of Injured Workers Groups (ONIWG), Community Legal Clinics
- Twenty-six research studies
- Training for the community

RAACWI Achievements

- A sustained relationship of mutual respect between the community and the academy.
- Increased academic interest.
- Academic appreciation of the significance of community knowledge.
- A strengthening of the community.
- Provided scientific evidence to a community that could use it in the quest for social justice.
- Dozens of Knowledge Mobilisation Initiatives.

RAACWI—Measurable Success



Injured workers speaking up with knowledge of the compensation system and research.



Strengthening of injured worker organisations.



Production of concrete research and of popular education materials.
– Injured Worker Speaker School



A shift in the research world towards increased funding for and interest in the experience of injured workers.



Academics involved in the project becoming acknowledged experts in the field.

RAACWI—Strengths

- Strong, pre-existing community that knew what it wanted.
- A nucleus of key academic researchers with seniority, courage, and curiosity.
- A funding source that expected the community to be a full and equal partner.
- The critical support of a funded, stable, and expert community-based organisation.
- A patient attention to process within a carefully constructed project structure.

Focus on Process

- Create an atmosphere in which both injured worker and academic worlds listened and gave space to learn from each other.
- Ensure that plans were made, monitored, adjusted, and evaluated.
- Ensure that the injured worker's presence, voice, and participation was up front.
- Ensure that learning and participation were happening for all in different ways.
- Ensure that research was understood and put to use.

Knowledge Translation—Taking it to the Stage

Myth of the Easy Money Jackpot



<https://injuredworkersonline.org/injured-workers-community/arts-social-justice/easy-money/>

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Various Versions of Performance Styles

Role Play

Skits

Verbatim performance

Theatre—a full-blown play

It had a beguiling title: **Easy Money**

- *Easy Money* opened at the May Works Workers Arts and Heritage Festival in Toronto and from there was performed in whole or in part a number of other times.
- *Easy Money*'s journey began with a research piece by Professor Joan Eakin:
 - “The Discourse of Abuse in Return-to-work: A Hidden Epidemic of Suffering,” in *Occupational Health and Safety: International Influences and the New Epidemics*, eds. Chris L. Peterson and Claire Mayhew (Amityville, NY: Baywood Publishing, 2005), 159–174.
- At a public presentation of this paper, members of the injured worker community listened to Joan's description of “the discourse of abuse” that was revealed in her investigation. Many were astonished and thought, “This is what I am experiencing!”

Some of us wondered:

- Could this be the basis of a theatre piece?
- A piece that would combine injured workers' lived experience with research results?
- We talked to Joan—and she was interested.

The Injured Worker Theatre Collective

- We found a director, did some extra fundraising and formed the Injured Worker Theatre Collective.
- Professionals were brought in—stage designers, a musician, and professional actors
- The use of professional actors was debated. Should it be professionals, or should it be community members?
- Many injured workers thought that weren't capable of reliably performing and that actors could authentically replace them.
- Injured workers had other misgivings—how could a play portray their real-life situation? What was the point of a play, actually?

First performance of Easy Money at Mayworks 2005



<https://injuredworkersonline.org/injured-workers-community/arts-social-justice/easy-money/>

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Deeming Fairy



<https://injuredworkersonline.org/injured-workers-community/arts-social-justice/easy-money/>

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When the curtain fell at the Mayworks Festival

- There was palpable excitement amongst the injured workers. Some felt the power of theatre for the first time.
- They were amazed that actors could so realistically portray the feelings of those caught up in the compensation maze.
- Injured workers often ask the question, “Can you see me?” One of the remarkable results of the collaborative process of creating the play and its ultimate production is that injured workers felt that they had become visible.
- They were surprised themselves.

Joan Eakin: “Staging a Study of Work-Related Injury and Return to Work: Knowledge Transfer through Research-Based Theatre”

- Reflections from an academic standpoint.
- Joan asks: “. . . what happens to scientific knowledge when it is transformed into art and into vehicles of advocacy and change? Is science enriched? Dumbed-down? Invalidated?”
- She goes on to reflect on the Easy Money experience:
 - “In our case, the play had astonishing capacity to generate generalizable abstract knowledge from empirical findings about individual workers’ experience.
 - In the play, through techniques of metaphor, dialogue and fiction, the characterization of experience and material circumstance was both personal and generic, individual and collective, particular and trans-situational.*
 - Art frees up knowledge in ways not typically allowed within the practice of science.”*

A Bigger and Truer Story

My sense:

Easy Money, by bringing together scientific social research and the lived experience of injured workers, produced, through that bringing together, something that was able to tell a bigger—and, we likely could say, truer—story than either could on their own.

Knowledge Translation—Taking it to the Board Room

Developing a model process that might open:

- ✓ Minds
- ✓ Hearts
- ✓ Policies and Practices

Using skits, personal stories, and the talking stick.

Knowledge Mobilisation—Working with the WSIB

Key Messages from 2007 meeting:

- WSIB is committed to improving its use of evidence in policy and decision making.
- WSIB senior management are prepared to have ongoing, direct communication with RAACWI through half-day sessions.
- There are ongoing opportunities to convey our research findings to the WSIB, such as through in-house professional development sessions, “Learning Exchanges”.
- RAACWI needs to be organized and focused on what we want to achieve with the Board so that we make efficient use of senior management’s time (i.e., develop our list of questions and areas of enquiry in advance).

From Research to Action: The “blue sky” process

Purpose

- A collaborative project to reduce injured worker stigma within Ontario’s workers’ compensation system

RAACWI Team

- Two academics, two injured workers, two legal case workers

WSIB Team

- Senior Vice President, Directors/Managers of Service Delivery, Staff training, Communications, Policy & Research

Injured Worker Stigma

- Being on compensation seen as “easy money”
- Injured workers suffer from stigma similar to people with mental illness— isolation, depression, fear
- Impacts health recovery and return to work
- Research helped identify and define the problem
- Collaboration between researchers, advocates and a government agency led to increased awareness and understanding on all sides
- Unique energy and “fresh eyes” benefited all parties.

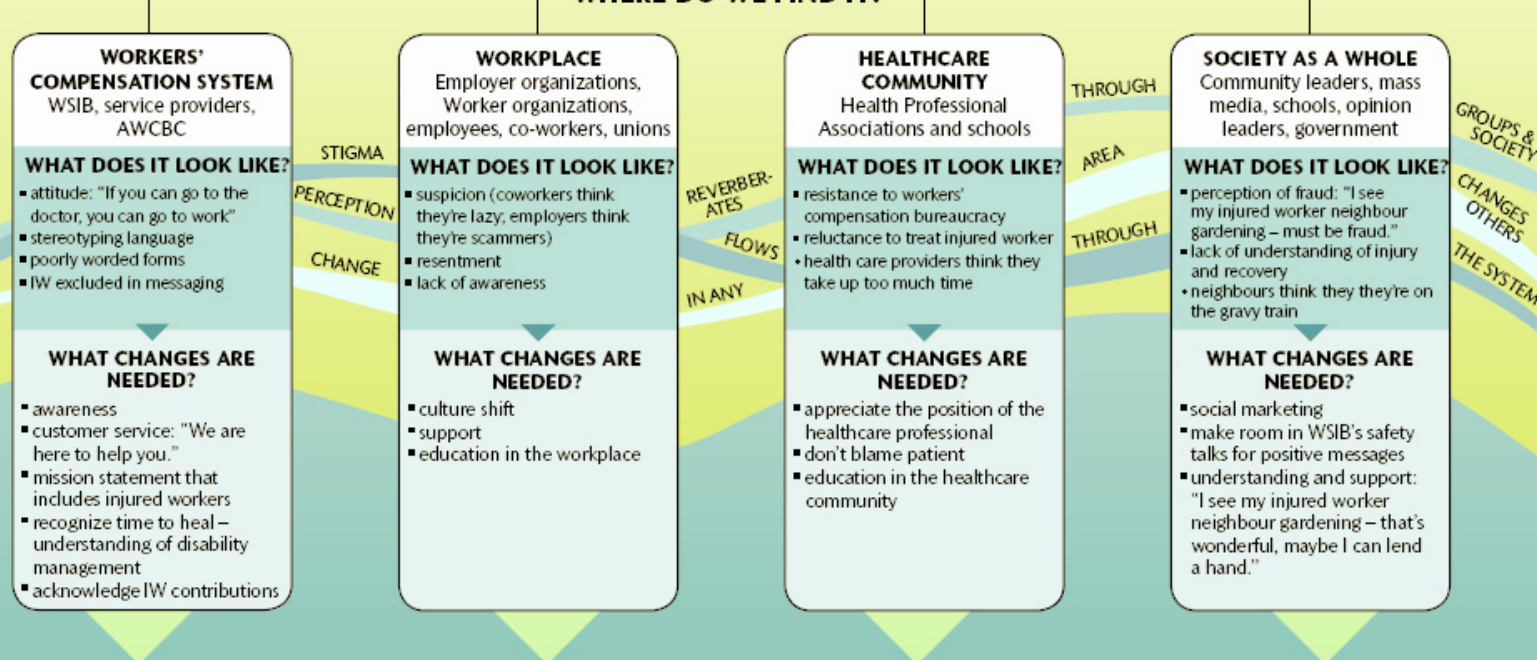
INJURED WORKER STIGMA FRAMEWORK

WHAT IS STIGMA? Stigma is a mark of disgrace that negatively sets a person apart from others. It is based on myths, misunderstandings and stereotypes that lead to stigmatization and discrimination. It affects our actions because it involves creating a negative image, looking for it and then discounting people that fall short of our expectations.

WHY IS STIGMA HARMFUL? Stigma causes us to devalue workers. It creates feelings of shame, blame, hopelessness, depression, distress, secrecy, loneliness, isolation and social exclusion and can delay recovery and return to work. It can affect the service workers get from WSIB and the health care community as well as affect their employment prospects.

WHAT DO WE WANT? Understanding of the consequences of injury and the impact of stigma on the injured worker (IW). IW treated promptly, fairly, with dignity.

WHERE DO WE FIND IT?



WHAT'S NEXT? ACTION

- Organize a voice for change; recognize the voice of the injured workers
- Continue to look for opportunities to challenge the groups above to treat workers with dignity and respect

GETTING INJURED ON THE JOB IS NOTHING TO BE ASHAMED OF; STIGMATIZING INJURED WORKERS IS.

We're also bringing the issue of injured worker stigma to the forefront of our outreach initiatives and making sure that our contracted service providers understand and share our responsibility to treat injured and ill workers with courtesy, dignity and respect.

Our service commitment extends to providing fair and equal access to the programs and benefits workers are entitled to, at times and in ways that are convenient to them and that support their diverse and unique needs.

Feedback on the WSIB service experience is welcomed at customerexperienceoffice@wsib.on.ca

We believe it's important to help make a difference — not judgments.

"When someone is injured on the job, they need our help – not snap judgments about who they are just because they got hurt on the job. We have to do everything we can to help them recover their lives, dignity and health."

**David Marshall,
WSIB President and CEO**

Getting injured on the job is nothing to be ashamed of; stigmatizing injured workers is.

*Produced by the WSIB/RAACWI
Stigma Working Group*

How you can help

- ▶ Evaluate your own attitudes and behaviour towards injured workers
- ▶ Look beyond the stereotypes and value the individual
- ▶ Alert and educate people who demonstrate stigmatizing attitudes and behaviours
- ▶ Remember that not all workplace injuries are visible. Just because someone isn't using a cane or other assistive device doesn't mean that they're not injured
- ▶ Understand that healthy activity – such as walking and gardening – can be an important part of an injured worker's recovery

Research Action Alliance in the Consequences of Work Injury

website:

www.consequencesofworkinjury.ca

email:

coordinator@consequencesofworkinjury.ca

Workplace Safety and Insurance Board

General Information: (416) 344-1000

Toll-free: 1-800-387-5540

TTY: 1-800-387-0050

website: www.wsib.on.ca

email: wsibcomm@wsib.on.ca

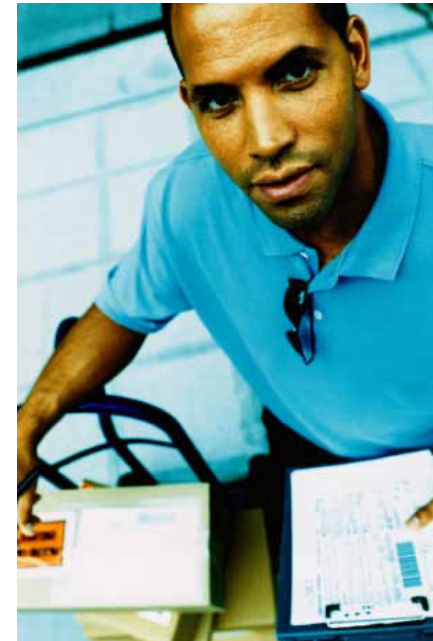
Head Office:

200 Front Street West
Toronto, Ontario
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The facts about injured worker stigma



Reflections

A collaboration opportunity arose as a result of RAACWI-supported research into frontline case management practices in the small business sector. Social scientist Dr. Joan Eakin was given unprecedented access to observe and interview frontline staff. While not directly studying stigma, Dr. Eakin uncovered systemic stigmatization of injured workers by WSIB service delivery staff, exemplified by [inter alia], disrespectful language, disregard for injured worker input, and policy interpretation and practices that favoured employer wants over those of injured workers.

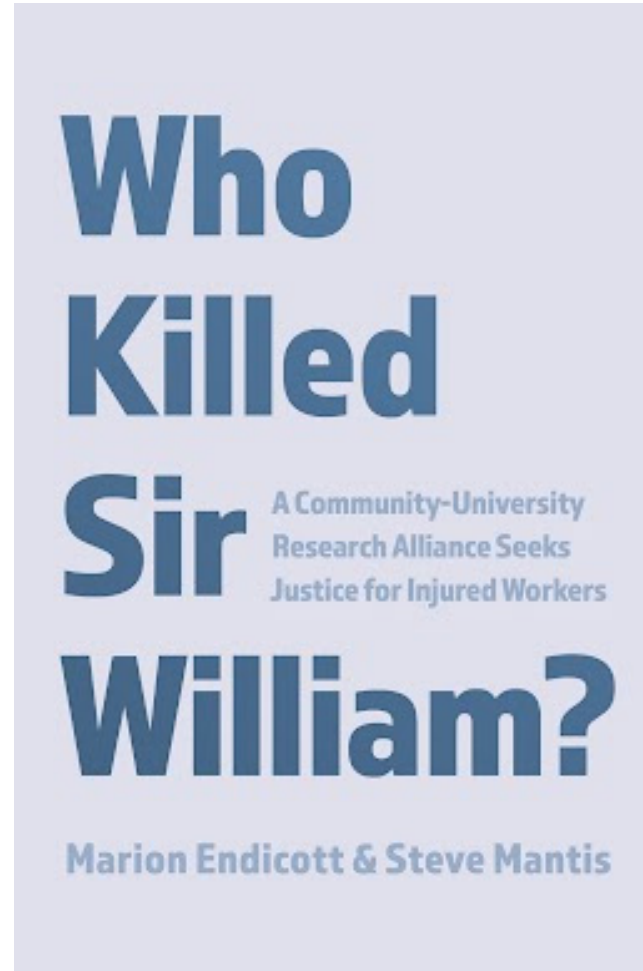
Judy, WSIB VP

As an academic research partner with RAACWI, one of my most memorable experiences was my participation in the Blue Sky Project, a RAACWI-initiated endeavour aimed at reducing the stigmatization of injured workers and at improving workers' compensation-seeking experience more generally.

Joan, Academic

A Community-University Research Alliance Seeks Justice for Injured Workers

Now available



<https://www.whokilledsirwilliam.ca>

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Thank You

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<https://books.friesenpress.com/store/title/119734000279874990/Marion-Endicott-and-Steve-Mantis-Who-Killed-Sir-William%3F>

<https://injuredworkersonline.org/who-killed-sir-william/>



Q&A

 www.ktdrr.org

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