

# RTW in Policing: Time to ACT

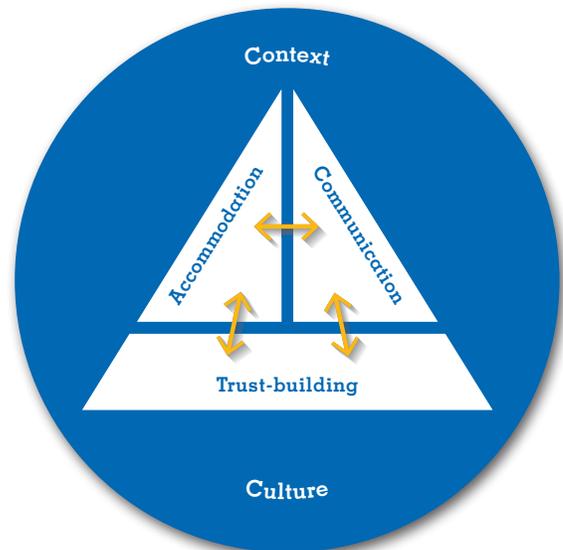
(Accommodation, Communication, Trust-building)

Little scientific evidence is available on return-to-work (RTW) practices, challenges and solutions in police services. An Institute for Work & Health (IWH) research team set out to help fill this gap in a study examining RTW in policing following both physical injuries and psychological injuries such as post-traumatic stress disorder (PTSD). We interviewed 49 police service members from across Ontario who had experience with RTW. Some were injured members (sworn and civilian). Others supported the RTW process, such as supervisors, human resources (HR) professionals and RTW specialists. Here's what we learned.

**Challenges in RTW within police services are linked to three key RTW themes: accommodation, communication and trust-building. These challenges are situated within the culture and context of policing.**

These challenges and ways to address them, as found in the research, are described in this resource. In addition, deidentified quotes from people interviewed for the study and representative of themes found throughout the study, have been included.

Note that the challenges often overlap. Therefore, consider incorporating suggestions from across the three key themes of accommodation, communication and trust-building (ACT) which aim to optimize the RTW process. Taken together, these ACT suggestions may improve RTW in policing.



## Who should use this resource?

This resource is intended for members, both sworn and civilian, in Ontario's police services. Its content is relevant to injured workers and those supporting them in the RTW process, such as supervisors, HR professionals, association representatives, etc. This resource can also be used in training or at any point in the RTW process to remind and guide practices and procedures.



Institute  
for Work &  
Health

Research Excellence  
Safe Work  
Healthy Workers

The Institute for Work & Health (IWH) is an independent, not-for-profit research organization that promotes, protects and improves the safety and health of working people by conducting actionable research that is valued by employers, workers and policy-makers.

IWH operates with the support of the Province of Ontario. The views expressed in this publication are those of the Institute and do not necessarily reflect those of the Province of Ontario.

[www.iwh.on.ca](http://www.iwh.on.ca)

For more information, please contact: [info@iwh.on.ca](mailto:info@iwh.on.ca)

This work is licensed under a Creative Commons Attribution-Non Commercial-No Derivatives 4.0 International License: <http://creativecommons.org/licenses/by-nc-nd/4.0/>. This tool can be used and shared as long as IWH is credited as the source, the tool is not modified, and the tool is used for non-commercial purposes. If you wish to modify and/or use the tool for commercial purposes, please contact: [ip@iwh.on.ca](mailto:ip@iwh.on.ca)



Published by the Institute for Work & Health (IWH), 2022

# Accommodation



## Challenges

Accommodation (i.e., adapting jobs, tasks or hours worked to allow injured workers to safely return to work) can be particularly difficult when members' injuries are complex and long-lasting; for example, when they are physically wounded in the line of duty or experience PTSD. Recovery takes time and effort on the part of injured members before workplace accommodation can even take place. In addition, as a result of stoicism, members may delay getting the help they need or may try to return too quickly so as to not appear "weak."

Psychological injuries are especially challenging. They require approaches that often differ from those for physical injuries and may involve lengthier treatment wait times and unpredictable recovery timelines.

When injured members (especially sworn members) are ready to come back to work, they often wish to return to their original job—the only job they consider "meaningful." Yet their injury-related limitations may not make this possible.

Finding accommodated work is challenging when only a few jobs within a service match medical restrictions —especially a challenge in smaller detachments, when injured members don't consider the work meaningful, or when supervisors don't understand the duty to accommodate.

*"I think I pushed a little too hard to go back. I think I went back to work too early. I went full-time after a couple months of gradual RTW. If I had to do it again now that I'm a lot better and healthy and thinking more clearly, I probably should have stayed off for another couple of months and then slowly integrated in."*

— Injured member

*"I feel a bit helpless when the absence is due to a psychological injury, just because these injuries can last so long, and the recovery process can be very complicated. Physical injuries tend to be much more clear-cut."*

— RTW specialist

*"When I was off on a mental health-related injury, [the policies for physical injuries] really didn't work that well. It felt like I was trying to fit a mental health issue into a physical issue. It kind of felt like one-size-fits-all."*

— Injured member

*"Then they said I should do some gradual work in the office. No, I don't want to do work in the office. That's not my job."*

— Injured member

*"We're not a large police service. So, if we find a spot for a member with a back injury, we know that spot has been filled. Then we get another injury. We can't put the person there because another person is already in that spot. So where else can we put this person?"*

— RTW specialist

*"I said to the supervisor 'you're going to have to take that part of that job away from her and give it to someone else until she is capable.' He said that's part of the job and it's not fair to other people. I said I understand that, but the duty to accommodate is legislated. He just kept putting out barrier after barrier."*

— HR professional

## Suggested ACTIONS

Be responsive to the injured member's needs, and work with them to find the job that best balances constraints due to availability of accommodated work with the member's restrictions and recovery process.

Be aware that, at times, specific job tasks and requirements (e.g., use of force, interacting with the public) can make it tricky for services to find accommodations that meet medical restrictions and also feel like meaningful work to the affected member. Be clear about what an injured worker and other parties can expect from the RTW process and ensure that expectations match the reality of the service.

Recognize that recovering from a complex injury is hard work that requires a lot of effort on the part of the injured worker and that, once they are cleared to return to work,

they might be frustrated if they run into delays. If delays do occur, make sure to emphasize that RTW is a collaborative endeavour, which requires adhering to workplace procedures.

Delays and setbacks within the RTW process can be perceived by workers as a lack of care for their welfare. Keep this in mind and strive for transparency to help the member understand the reason(s) behind any delays/setbacks or difficulties in finding accommodated positions that meet requirements. In addition, a setback in the RTW plan should not be perceived as a sign of weakness or a failure.

Approach the RTW plan and reintegration with flexibility and an understanding that the RTW process may not strictly follow an anticipated trajectory, especially for members with a psychological injury.

# Communication



## Challenges

Communication can be difficult when employers' need for flexibility to deal with individual cases is perceived by members as a lack of consistency and clarity in how injured members are treated in the RTW process.

Communication in the case of psychological injuries is especially challenging. Compared to physical injuries, their recovery timelines are often unknown and accommodations may need to be modified over time. For employers, knowing when, how and how often to communicate with workers with psychological injuries is often more challenging.

Communication is also challenging because RTW in policing involves coordination with multiple external parties, including health-care professionals, workers' compensation case managers, police associations and more.

Sometimes communication with injured members doesn't happen at all, or only through RTW specialists. This can leave injured members feeling forgotten by their peers, not valued by their supervisors and disconnected from the workplace.

Finally, communication does not work when members feel it isn't genuine, when they feel the person contacting them is just going through the motions and checking tasks off a list. Communication is also negatively impacted by ongoing stigma towards psychological injuries and mental health in police services.

*"Take two members, both with concussions. It's one of those things that is not clear-cut. One may come back to work on a four-week plan, gradually increasing their hours until they're back to their pre-injury position. The other might be returning to a very similar position, but it takes them months. They may have started on a four-week plan, but at week two, because of symptoms, we have to slow down the hours, we have to alter their screen access, or maybe give them a private room where they can really dim the lights."*

— RTW specialist

*"Depending on the person's situation and where they're at in their recovery, I may check in more or less often. Sometimes it's weekly, biweekly, or monthly... It really depends on the individual."*

— RTW specialist

*"There has to be this RTW plan put together. That was frustrating because I had to talk to HR and deal with workers' comp, neither of which fully understand the job I do. I contacted my employer saying, 'hey, I'm ready to come back, let's get the ball rolling on this.' And they said, 'oh, we've got to wait for the workers' comp to set up this meeting.'"*

— Injured member

*"We've had feedback from many people saying, 'when I was out of the workplace, I didn't feel like I was part of the organization. No one from my shift called me and my boss didn't call me. I felt disconnected. Nobody cared.'"*

— RTW specialist

*"I remember having a complete breakdown, thinking, 'this is where I am as an employee, I'm a flowchart.' ... She couldn't even have a conversation with me."*

— Injured member

*"My experience with RTW in policing is that many people will already have witnessed open mockery of others with mental health issues within the workplace. This is really a deterrent in terms of disclosing- people will remember others having been mocked and this makes it very difficult to come forward and ask for help."*

— RTW specialist

## Suggested ACTIONS

Timely and ongoing communication that is appropriate for the member's circumstances can help promote a smooth RTW trajectory, starting from when the member goes off work. Strive to be proactive and to communicate regular updates, as appropriate for the member's needs. As well, make sure to address any worker concerns about job security and potential promotions.

Injured workers can be overwhelmed by the RTW process; therefore, ensure communication is clear. Include information about how the process and accommodations may differ depending on injury type and individual circumstances. Adapt the mode of communication (email, phone call, text message, etc.) to the circumstances.

The ability to locate and complete paperwork/forms may vary between psychological and physical injuries. Ensure that injured workers understand what form(s) they need to complete, their content, how to fill them out. Also check that workers know where to find them and have easy access to them.

Make sure individuals contacting a member regarding RTW are aware that injured workers can feel discouraged and demotivated when they feel communication is not genuine. To avoid stigma, pay attention to how you communicate and how your words may affect the person on the other end of the conversation.

# Trust-building



## Challenges

In police services, a major trust-related concern is lack of confidentiality, real or perceived. Some workers don't trust that the details of their injury or recovery will be kept confidential, even by HR and especially related to psychological injuries. There are also concerns among all parties about rumours and stigmatizing comments about injured workers and the detrimental effect they have on injured workers' recovery and return.

Stoicism combined with a lack of trust can have a very negative effect on RTW; most notably when psychological injuries such as PTSD are seen as indications of weakness.

Trust is at risk when members perceive differential treatment based on hierarchy.

Another trust issue is related to injured members being perceived by colleagues, supervisors and even HR as malingerers who are "milking the system."

*"Because, if you know anything about police services, nothing is secret, and everybody tells everybody everything. There are privacy laws, but everybody knows everything." — Injured worker*

*"There's not a whole lot of trust when it comes to our wellness and HR person. Even if you trusted the wellness person with your personal information, they're in the same office, so your HR manager knows everything." — Injured worker*

*"Senior management has a list posted in their offices of all the people who are off sick or on workers' comp. And they call the people on that list "broken toys". They talk about how they're going to get them back to count paper clips, and things like this. So, when I went back, that's what I felt like; like I was being looked at like a broken toy." — Injured member*

*"You got to know very quickly what the hierarchy is. You have civilian females at the very bottom, male civilians above you. That's the hierarchy. There are a lot of people who are just against, first of all, females in policing in any way, but then the civilian members, to this day, I see so many civilians just being treated like they don't matter." — Injured member*

*"I had one co-worker tell me, 'you shouldn't come back to work.' I'm, like, 'what are you talking about?' 'Well, you are just sucking the system, we don't want to see guys like you here, we don't need people like you here.' That took me by surprise." — Injured member*

*"I was scared to be seen at the gym in case people would think that I was lying about being unwell. Some people don't understand how a psychological injury might 'look'. Just because I'm at the gym doesn't mean I'm not grappling with health issues. It just sucks that people would start to gossip that I'm abusing the system or faking my injury, just because they're ignorant about mental health." — Injured member*

## Suggested ACTIONS

To promote trust, take extra care to protect privacy and confidentiality around injury, recovery and accommodation.

Because rumours of malingering can be very detrimental to the RTW process, promote an understanding that injuries are not always visible and that rumours of malingering or abusing the system are unacceptable. Adopt a zero-tolerance policy for stigmatizing language and behaviours.

Ensure all communications about injuries are respectful and use non-stigmatizing language that does not equate injuries with weakness or being "damaged" or "broken."

Consider playing an educational role in mental health awareness; for example, by sharing resources and information.

Ensure an injured member is given all necessary procedural information in a transparent manner as soon as possible. Give them ongoing opportunities to ask questions without fear of stigma.