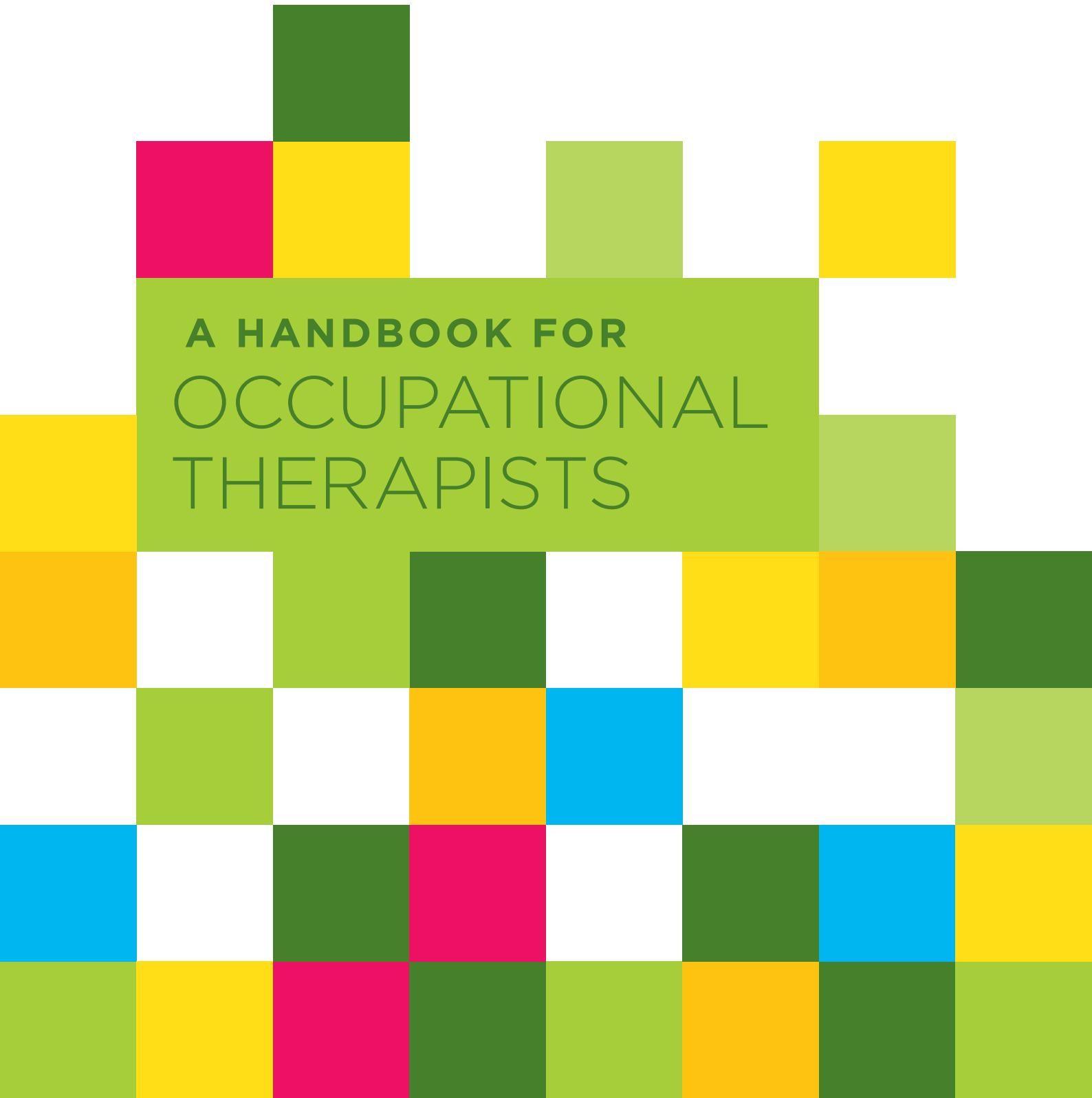

VOCATIONAL REHABILITATION FOR CLIENTS WITH CHRONIC
PAIN AND MUSCULOSKELETAL DISORDERS IN IRELAND



**A HANDBOOK FOR
OCCUPATIONAL
THERAPISTS**

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DISCLAIMER

This manual is designed for use by qualified occupational therapists (OT) who work with people with chronic pain and musculoskeletal disorders. The manual can be used to guide decision making in vocational rehabilitation services for people with musculoskeletal disorders and chronic pain however is not a substitute for the clinical reasoning of a qualified OT. All information in this handbook is correct as of February 2012. Information in the handbook is liable to change and the identified sources should be referred to check the accuracy of information. In particular details of Social Welfare payments are liable to change with each national budget.

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THIS HANDBOOK IS ENDORSED BY THE ASSOCIATION
OF OCCUPATIONAL THERAPISTS OF IRELAND

INTRODUCTION

Musculoskeletal disorders encompass a spectrum of conditions, from those of acute onset and short duration to lifelong disorders; including osteoarthritis, rheumatoid arthritis, osteoporosis, and low back pain¹. Chronic pain affects 13% of the Irish population² and the costs of disability payments for low back pain in Ireland alone are estimated at €348 million³. Chronic pain significantly affects occupational performance and occupational therapists are recognised as key members of a multidisciplinary pain management team having a unique focus on the activity consequences and work disability associated with chronic pain.

This handbook was written in response to the identified needs of an all-Ireland group of Occupational Therapists working with people with chronic pain (Alliance of Irish Occupational Therapists working with People with Chronic Pain: AIOTCP). A number of conference presentations have described the rationale for the development of this handbook and the process of development⁴⁻⁸. This handbook is based on the best available evidence and is a strategy to aid the translation of knowledge to clinical practice in occupational therapy.

This handbook is designed for use by occupational therapists as a resource to aid clinical reasoning and decision making in meeting the work needs of clients with musculoskeletal disorders and chronic pain.

BACKGROUND

WORK: AN OCCUPATIONAL PERSPECTIVE

Strong evidence exists that good work is good for health and well-being

Work is not just paid employment but includes employment interests and pursuits, employment seeking and acquisition, job performance, retirement preparation and adjustment, volunteer exploration and volunteer participation⁹. Work is a means of obtaining adequate economic resources (which are essential for material well-being and full participation in society), meeting important psychosocial needs, and is central to individual identity, social roles and social status¹⁰. There is strong evidence that unemployment is generally harmful to physical and mental health and strong evidence that work is associated with indices of well-being and health¹⁰⁻¹². Furthermore, a robust body of evidence supports the multiple benefits of volunteering for well-being¹³⁻¹⁶.

Work has been shown to be positively associated with physical health related quality of life for working age people with Rheumatoid Arthritis and Ankylosing Spondylitis (AS)¹⁷. Not all work has these positive benefits, it is important to note that for work to be health-promoting it must constitute 'good work'. Good work has the following features as described by Coats and Lehki (p.6)¹⁸

- Employment security
- Work that is not characterised by monotony and repetition
- Autonomy, control and task discretion
- A balance between the efforts workers make and the rewards they receive
- Whether workers have the skills needed to cope with periods of intense pressure
- Observance of the basic principles of procedural justice
- Strong workplace relationships

The significance of work and productive occupations is well understood within occupational science and therapy. Given occupational therapists high-level understanding of activity, the profession is arguably best placed to address the vocational consequences of chronic pain¹⁹.

MUSCULOSKELETAL DISORDERS AND WORK DISABILITY

There is high incidence of musculoskeletal disorders among the working age population and high rates of work disability among those with musculoskeletal disorders. This leads to significant healthcare costs, lost working time and social welfare costs alongside multiple human costs.

In 2008 a survey of people with Rheumatoid Arthritis (RA) showed that 70 per cent were not able to work outside the home because of their condition and that the annual cost of lost productive time due to RA in Ireland was estimated at €1.6billion²⁰. Similarly, a Lithuanian study found that after 10 years of rheumatoid arthritis, 48% of patients had withdrawn from the labour force²¹. Withdrawal from work has been shown to be 3.1 times higher in patients with AS than expected in the general population²².

A systematic review of studies of productivity loss due to RA found that a median of 66% (range 36% to 84%) of employed people with RA experienced productivity loss due to RA in the previous 12 months for a median duration of 39 days²³ and the times from RA diagnosis until a 50% probability of being work disabled varied from 4.5 to 22 years²³. A review of cross-sectional and longitudinal studies also found substantial work disability rates in people with RA²⁴.

BACKGROUND

The employment related costs of musculoskeletal disorders include both work absences (absenteeism) and decreased productivity for those who continue to work despite being affected by their condition (presenteeism)²⁵. A systematic review of cost of back pain studies concluded that the greatest cost savings from a societal perspective may be obtained from interventions that promote early return to work and minimise lost work productivity²⁶. Across the studies reviewed 50% of people with back pain had <30 days work disability duration, 25% had 30 to 90 days, 12% had 91 to 180 days and 13% had <180 days work disability duration²⁶. In a prospective interview based study with people with arthritis 63.1% of respondents remained employed throughout the study however work transitions were common (reported by 76.5% of participants) productivity losses, especially job disruptions such as being unable to take on extra work, were the most frequently reported²⁷.

VOCATIONAL REHABILITATION: AN INTRODUCTION

Occupational therapists are appropriately skilled and well placed to play a central role in vocational rehabilitation.

'Vocational rehabilitation is a process to overcome the barriers an individual faces when accessing, remaining or returning to work following injury, illness or impairment. This process includes the procedures in place to support the individual and or/employer or others (for example family and carers), including help to access VR and to practically manage the delivery of VR; and in addition, VR includes the wide range of interventions to help individuals with a health condition and/ or impairment overcome barriers to work and so remain in, return to, or access employment.

For example, an assessment of needs, re-training and capacity building, return to work management by employers, reasonable adjustments and control measures, disability awareness, condition management and medical treatment"²⁸ (p.14-15).

Although many professional disciplines provide vocational rehabilitation (VR) services occupational therapists offer a uniquely valuable service based upon extensive expertise²⁹. Occupational therapists have a distinctive value in VR based on their holistic training in both physical and psychosocial sciences, activity analysis, rehabilitation, design of accommodations, team dynamics, negotiation skills and organisational behaviour²⁹.

Occupational therapists are highly skilled and optimally placed to play a central role in vocational rehabilitation. Occupational therapists have knowledge and expertise of occupation and the complex relationship between occupation and well-being. 'Occupational therapist's help people to maximise employment opportunities by developing strategies to prevent injury or illness in the workplace, ensuring health and safety at work, carrying out workplace assessments, task analysis, capacity and motivation building, and absence management'³⁰(p.1). The role of an occupational therapist in VR involves assessment, functional capacity evaluation, career exploration, work modification, work conditioning, return to work planning, advice on coping strategies and occupational counselling, functional education and work task coaching, case management, assistance advice, and training for employers and supervisors³⁰⁻³². Throughout this process occupational therapists utilise their specialised knowledge of the complex relationship between occupation, health, and wellbeing and their knowledge of the therapeutic power of occupation.

BACKGROUND

THE VR PROCESS: STEP BY STEP

- STEP 1 Referral
- STEP 2 The initial interview and assessment
- STEP 3 An optional pre-vocational phase
- STEP 4 A worksite visit
- STEP 5 A return to work rehabilitation plan
- STEP 6 Implementation of the agreed program
- STEP 7 Evaluation of the outcome and discharge
(Ross 2008, p.208).

VOCATIONAL ASSESSMENT

VOCATIONAL ASSESSMENT

KEY PRINCIPLES

- Assessment is a fundamental step in the vocational rehabilitation (VR) process³³.
- The use of valid, reliable, relevant and useful assessments is essential³³.
- Different assessments are required depending on what stage on the work journey an individual is at.
- Work-related assessors should engage in self-reflection and obtain impartial feedback through peer feedback or debriefing³⁴.
- Assessment is not 'done to' a client but involves therapist and client collaboration and active participation³⁵.
- There is no one single assessment that will guide a vocational rehabilitation process.
- Assessment should include both interview and observation³².
- Assessment must be multidimensional addressing client factors, performance skills, performance patterns, areas of occupation, context and environment and activity demands³⁵.
- A variety of assessment methods and a range of assessments including standardised and non standardised assessments are required³⁵.
- Assessment of injured workers should be both client-centred and job specific³⁵.
- A useful framework for assessment is the Person Occupation Environment model³⁶. As illustrated below assessment will involve assessing dimensions of the person, their job and the worksite.

ASSESSMENT PROCESS:

Begin with **asking the work question** then determine the clients **starting point** (never worked, worked before or working) then **assess relevant dimensions** of the person, the occupation and the environment

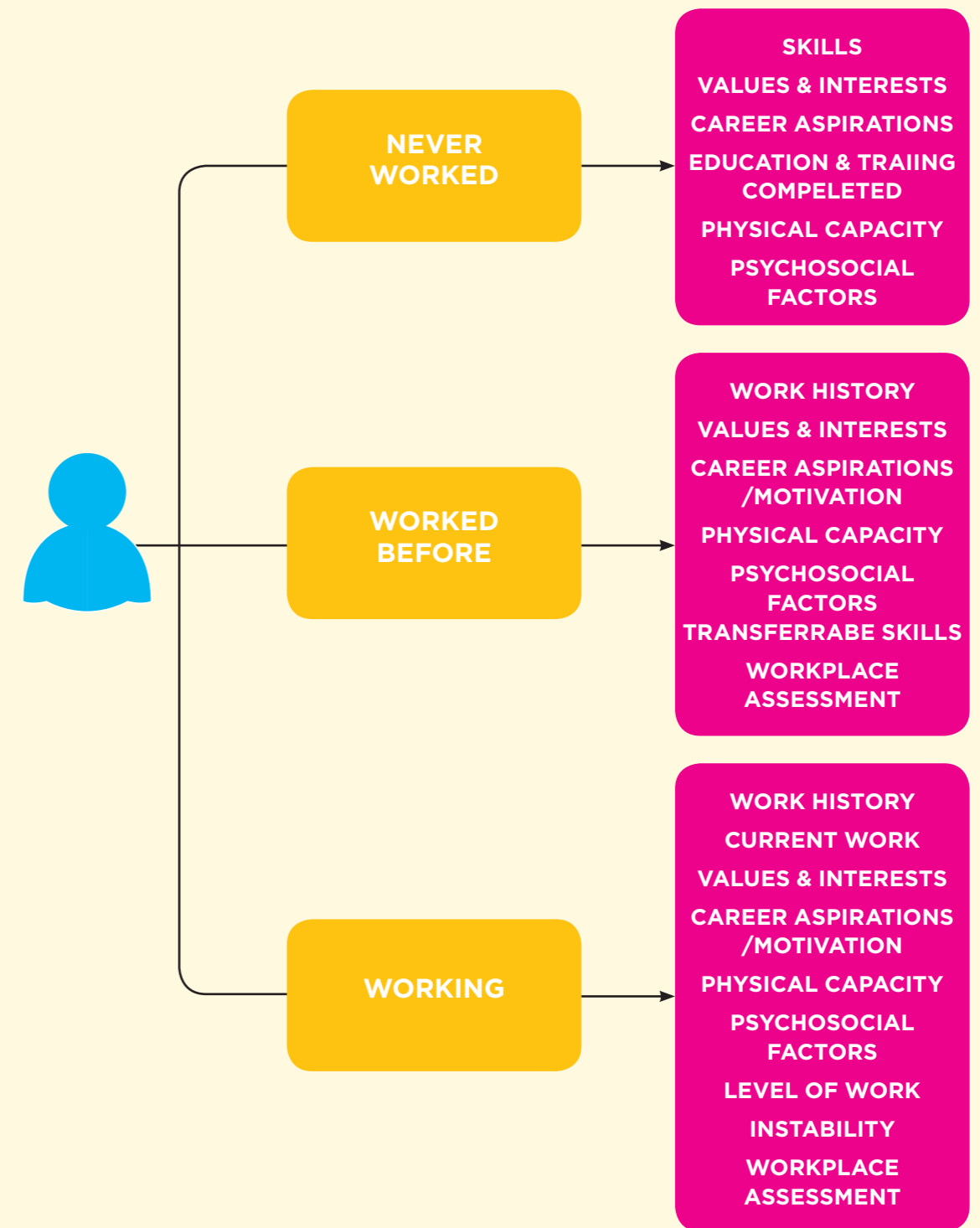
Always ask the work question!



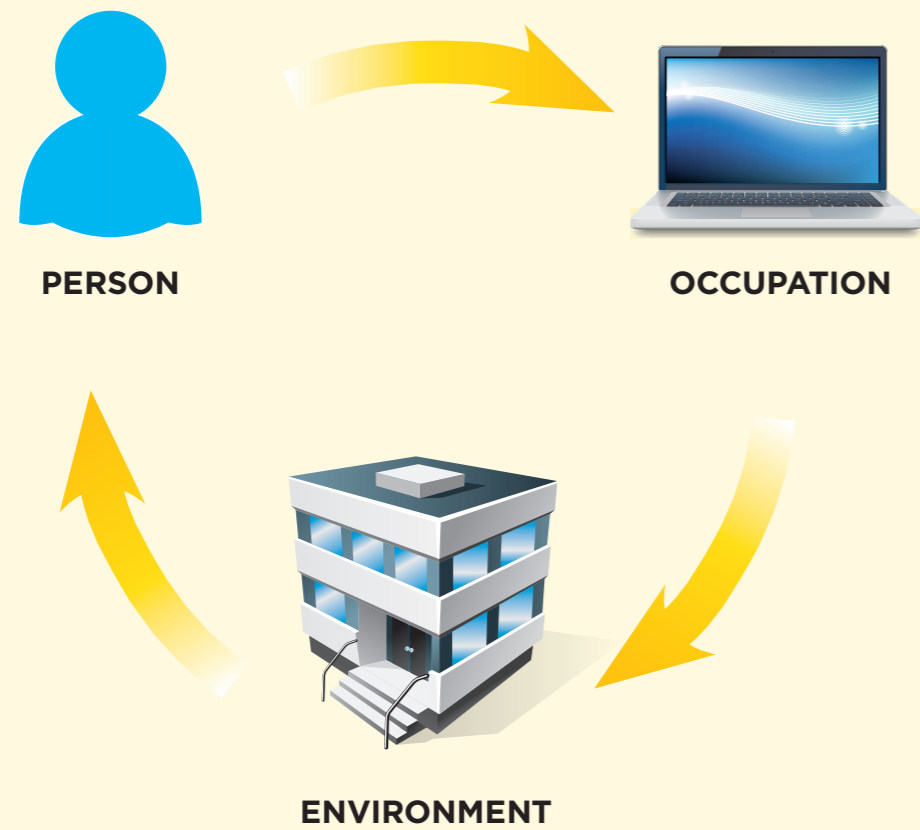
VOCATIONAL ASSESSMENT

ASSESSMENT STARTING POINT

ASSESS



VOCATIONAL ASSESSMENT



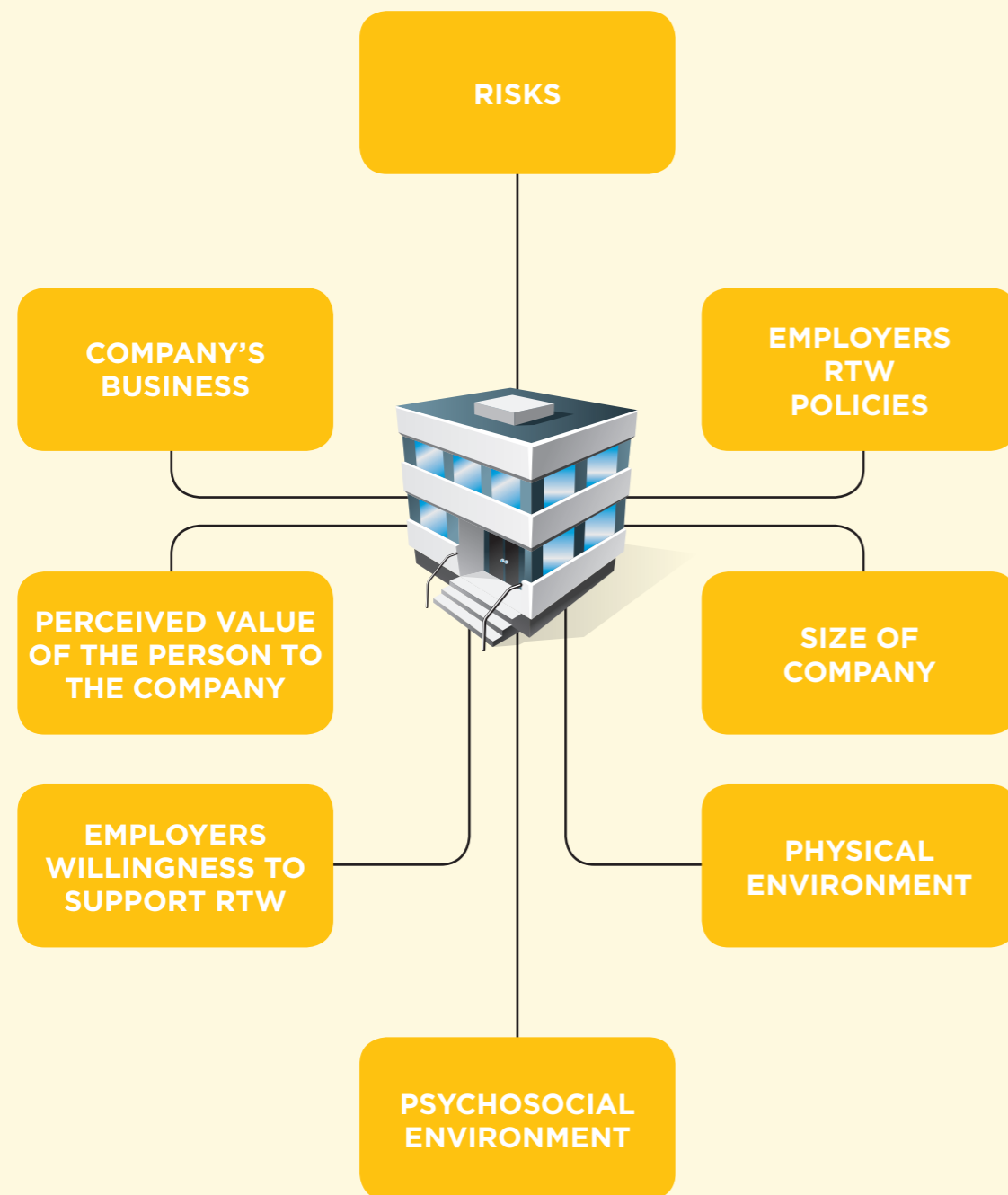
VOCATIONAL ASSESSMENT

OCCUPATION: ASSESSMENT DIMENSIONS



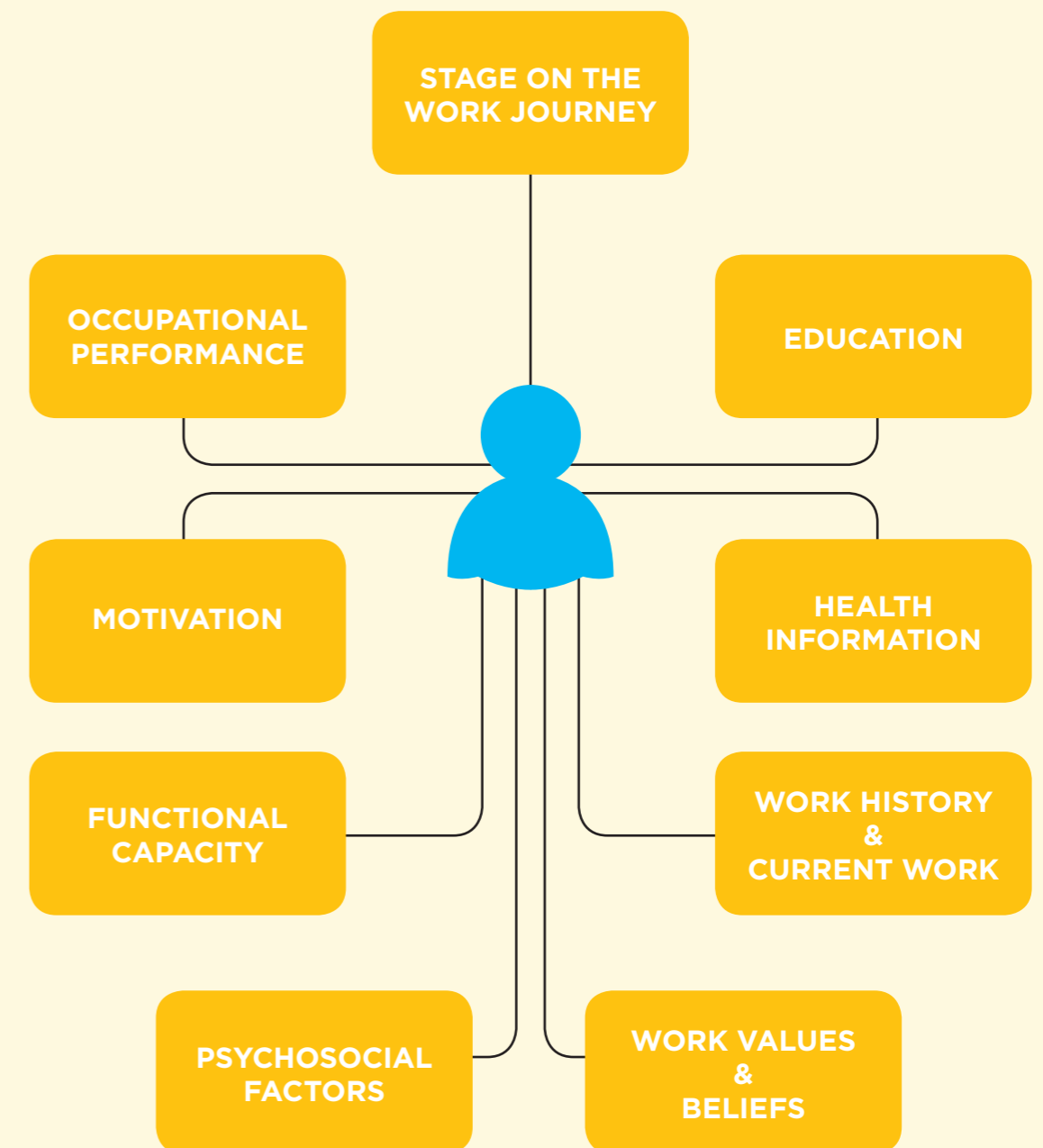
VOCATIONAL ASSESSMENT

ENVIRONMENT: ASSESSMENT DIMENSIONS



VOCATIONAL ASSESSMENT

PERSON: ASSESSMENT DIMENSIONS



VOCATIONAL ASSESSMENT

The chart on page 9 illustrates how assessment is influenced by the individuals starting point; never worked, worked before or working. This chart is developed based on the College of Occupational Therapists (COT) 'Work Matters' publication which outlines a process of 'vocational navigation' to guide VR interventions with a client. This booklet can be downloaded as a pdf at <http://www.cot.co.uk/sites/default/files/publications/public/Work-matters.pdf> The images on pages 10-13 illustrate some dimensions of the person, occupation and environment that a therapist might consider assessing as part of a vocational assessment. A number of specific assessments are briefly presented below. The decision to use these assessments will be based on the clients starting point and the therapist's clinical reasoning. Multiple other assessments might be considered relevant and useful depending on a client's individual needs and circumstances.

INITIAL INTERVIEW

An initial interview is valuable in gaining an overview of the client's medical history, social situation, work and education history, current occupational performance, details of current/most recent job and developing an understanding of the client's occupational and worker identity³¹. Please see below for a template for an initial vocational assessment.

VOCATIONAL ASSESSMENT

VOCATIONAL ASSESSMENT INITIAL INTERVIEW GUIDE:

Client name and unique identification number: _____

Date assessment completed:

Referral from:

Health/Medical history:

Current health status: (including current medications)

Social Situation: (family members, significant others, & home situation)

Current occupational performance and any change in occupational performance: (mobility, self-care, leisure, community mobility, driving, leisure activities)

Other occupational roles: (volunteer, carer, parent etc.)

Values and interests:

Education: (school leaving age, examinations and subjects completed, third/fourth level education, courses completed, training completed, night classes completed, any education plans)

Other relevant skills:

Work history: (all employment to date in date order, reasons for changing/leaving jobs, any other unpaid/part-time work)

Current/most recent job: (employer, position, type and sector of business, hours of work, duties, description of requirements, travel to/from/during work, contact with occupation health/union/human resources, work physical environment, risks, work social environment, relationship with manager/employer, relationship with colleagues and potential barriers to returning to work)

Motivation to return to work:

Level of satisfaction with job:

Financial: (pay/salary including overtime, promotion/progression opportunities, current allowances/payments e.g, disability benefit/allowance, and additional benefits/income)

Involvement in a legal process: (Is a legal case underway or planned)

Client's perception of possibility of return to work: (availability of modified duties, willingness of the employer for graded/ phased return to work options,

VOCATIONAL ASSESSMENT

OCCUPATIONAL PERFORMANCE

Assessment of occupational performance can be completed by client self-report, observation and/or the Canadian Occupational Performance Measure³⁷⁻³⁸.

PHYSICAL FUNCTIONING

Assessment of physical functioning provides a functional baseline of the neuromusculoskeletal system so that changes in function can be measured as the client works towards their

safe functional limitations³⁹. This may include assessment of posture, flexibility, mobility, range of movement, strength, balance, endurance, cognition, sensation, dexterity etc. Holmes outlines an approach to the assessment of physical job demands as outlined below³². The assessment of physical job demands should be linked to the actual job demands that the individual will be required to complete. This list of physical demands can be used to guide a physical functioning assessment.

COMPONENT	JOB DEMAND
Strength	Lifting
	Carrying
	Pushing
	Pulling
Mobility	Sitting
	Dynamic standing
	Static standing
	Walking
Agility	Stairs/ladders
	Balancing
	Crouching/kneeling
	Stooping
	Bending
	Twisting/spinal rotation
	Above shoulder work
	Low level work
Dexterity	Fine finger
	Grasp - light
	Grasp - firm
	Pinching
	Writing
	Handling
	Reaching upwards
	Reaching forwards
	Foot controls
	Eye - hand
Co-ordination	Eye - hand - foot
	Eye - hand - foot
Vision/hearing	Visual perception
	Near acuity (<20 inches)
	Far acuity (< 20 feet)
	Colour vision
	Depth perception
	Hearing

VOCATIONAL ASSESSMENT

THE DISABILITIES OF THE ARM, HAND AND SHOULDER' (DASH) QUESTIONNAIRE

The 'Disabilities of the arm, Hand and Shoulder' (DASH) questionnaire is a 30 item self-report outcome measure designed to measure both physical function and symptoms in clients with musculoskeletal disorders of the upper limb⁴⁰. The DASH has been shown to be valid, have test-retest reliability and be responsive⁴¹⁻⁴². The DASH can be downloaded free at <http://www.dash.iwh.on.ca>

PSYCHOSOCIAL FACTORS

Studies indicate that psychosocial risk factors are strongly indicative of disability and are predictive of prolonged work absence in painful conditions⁴³⁻⁴⁵. Therefore comprehensive assessment of known psychosocial risk factors is imperative to deliver interventions to target these risk factors for people with musculoskeletal disorders.

FEAR-AVOIDANCE BELIEFS QUESTIONNAIRE (FABQ) FOR PATIENTS WITH BACK PAIN

The Fear-Avoidance Beliefs Questionnaire (FABQ)⁴⁶ assesses an individual's beliefs about the effect of physical activity and work on their low back pain (LBP). This can help identify those patients for whom psychosocial interventions may be beneficial. It is a sixteen item questionnaire and takes approximately ten minutes to complete. This scale can be modified to apply to patients with other types of chronic pain. Only items 3 and 11 mention "back". The FABQ has established test-retest reliability⁴⁷ and correlates well with other measures of disability^{47,48}. Available on-line from the Centre for Evidence Based Physiotherapy (Maastricht) <http://www.cebp.nl/?NODE=77&SUBNODE=1129>

THE INJUSTICE EXPERIENCE QUESTIONNAIRE (IEQ)

The IEQ is a twelve item questionnaire that addresses the degree to which individuals perceive their post-injury life as being characterised by injustice. It can be completed and scored in less than five

minutes. Respondents are asked to indicate the degree to which they experienced each of 12 different thoughts and feelings described on a 5-point scale with the endpoints (0) not at all and (4) all the time. The IEQ has been shown to be internally reliable and to predict prolonged disability following musculoskeletal injury⁴⁹. The IEQ and a manual are available to download free from Dr. Michael Sullivan's webpage at the Centre for Research on Pain, Disability and Social Integration at McGill University <http://sullivan-painresearch.mcgill.ca/ieq.php>

PAIN DISABILITY INDEX

The Pain Disability Index (PDI) a simple and rapid instrument for measuring the impact that pain has on the ability of a person to participate in essential life activities. This can be used to evaluate patients initially to monitor them over time and to judge the effectiveness of interventions. The index was developed at St. Louis University Medical Centre. The PDI has modest test-retest reliability and can discriminate between people with low and high levels of disability⁵⁰⁻⁵². The PDI is available online from the University of Michigan health system <http://www.med.umich.edu/tinfo/fhp/practiceguides/pain/detpdi.pdf>

PAIN CATASTROPHISING SCALE

Catastrophising is "an exaggerated negative mental set brought to bear during actual or anticipated painful experience"⁵³(p53). Catastrophising is one of the strongest predictors of poor adjustment to chronic pain⁵³. The Pain Catastrophising Scale PCS is a 13-item instrument, the PCS instructions ask participants to reflect on past painful experiences, and to indicate the degree to which they experienced each of 13 thoughts or feelings when experiencing pain, on 5-point scales with the end points (0) not at all and (4) all the time. The PCS yields a total score and three subscale scores assessing rumination, magnification and helplessness. PCS total scores range from 0 - 52. The PCS has been shown to have adequate to excellent internal

VOCATIONAL ASSESSMENT

consistency⁵⁴. High scores on the PCS in patients with arthritis after knee replacement surgery were predictive of persistent knee pain and disability two years later⁵⁵. Catastrophising assessed after occupational injury predicted the development of chronic pain and disability^{56,57}. The PCS and guidelines for administration are available to download free from Dr. Michael Sullivan's webpage at the Centre for Research on Pain, Disability and Social Integration at McGill University <http://sullivan-painresearch.mcgill.ca/pcs.php>

TAMPA SCALE FOR KINESIOPHOBIA

TSK is a scale used to measure fear of movement or re-injury in chronic pain patients. This is a seventeen item questionnaire^{58,59}. The TSK has established reliability and validity⁶⁰. The TSK is available online from the Work Cover Victoria website http://www.tac.vic.gov.au/upload/tampa_scale_kinesiophobia.pdf

WORKER ROLE

WORKER ROLE INTERVIEW:

The Worker Role Interview (WRI) is a Model of Human Occupation (MOHO) assessment. It is a semi-structured interview designed to identify psychosocial and environmental factors that impact on a person's ability to return to work after injury or illness⁶¹. The WRI facilitates an in-depth understanding of a person's perspective on their abilities, limitations, their commitment to the worker role, and how their injury or condition has affected them. The WRI has good test-retest, inter and intra-rater reliability and is widely used and valid across diagnostic groups, cultures and languages. It can assist in identifying return to work barriers, set goals and guide interventions⁶²⁻⁶⁸. Available to order from the College of Occupational Therapists www.cot.org.uk or from the MOHO clearinghouse website <http://www.moho.uic.edu>

WORK INSTABILITY

RHEUMATOID ARTHRITIS WORK INSTABILITY SCALE (RA-WIS)

Work instability is the consequence of a mismatch between an individual's functional ability and his/her work tasks that place the individual at risk for work disability⁶⁹. The RA-WIS is a 23 item self-administered questionnaire that assesses disease symptoms on the job, thoughts and feelings about work and work adaptations. The scale is scored by summing the 23 items, giving a range of 0-23 and this is grouped into three bands indicating low, medium and high work instability. Test-retest reliability, construct and content validity have been established for the RA-WIS⁶⁹. The RA-WIS has been demonstrated to be psychometrically sound for Osteoarthritis and demonstrates high interval-level property⁷⁰. A similar scale has been developed for people with Ankylosing Spondylitis⁷¹. To obtain a copy of the RA-WIS or the AS-WIS with guidance notes free of charge email v.e.lane@leeds.ac.uk this is an email address for the Psychometric Laboratory of Health sciences at Leeds University http://home.btconnect.com/Psylab_at_Leeds/index.htm

WORK LIMITATIONS QUESTIONNAIRE:

The work limitations questionnaire⁷² is designed for people who are currently working and it measures on the job impact of chronic health problems and/or treatment and health-related productivity loss. The work limitations questionnaire is a self-administered questionnaire that is quick to complete and evaluates the impact of a condition on work performance including physical demands of the job, time management, cognitive and social demands and output demands. The level of difficulty or ability to perform specific job demands is rated and the score ranges from 0 (limited none of the time) to 100 (limited all of the time)^{72,73}. The WLQ contains 4 scales; physical demands, time demands, mental-interpersonal demands and output demands.

VOCATIONAL ASSESSMENT

The WLQ has established reliability and validity and strong psychometric properties^{72,74}. The WLQ is available from the author (Debra Lerner) WLQ@tufts-nemc.org

ASSESSMENT OF WORK PERFORMANCE/FUNCTIONAL CAPACITY

ASSESSMENT OF WORK PERFORMANCE: (ONLY IN SWEDISH CURRENTLY)

A relatively new MOHO assessment has been developed in Sweden. It is an observable 14 item instrument for assessing work performance in clients with work related problems. It assesses working skills by observing the individual's motor, process, and interaction and communication skills when performing work tasks. The Assessment of Work Performance is not designed for any particular diagnosis. This instrument could be used on a work site or a simulated work environment and would assist with work task analysis. It has been identified as useful for observing a client's actual performance rather than the client's subjective opinion about his/her own performance, or when the client struggled to describe his/her work performance^{33,75}.

WORK ABILITY INDEX

The work ability index was developed by the Finnish Institute of Occupational Health in 1994 and updated in 1997. The WAI was designed as a diagnostic tool to support the worker. It is a seven item questionnaire tool which gives results indicating whether work ability needs to be restored, improved, supported or maintained⁷⁶. Items include; current work ability, estimated work impairment, sick leave in past year, own prognosis of work ability and mental resources. The validity and reliability of the WAI has been assessed and the WAI has been shown to reliably predict disability, retirement and mortality⁷⁷, validity⁷⁸ and test-retest reliability has also been demonstrated⁷⁹. The work ability index is reproduced in a publication available on the European Ageing

at Work website <http://www.ageingatwork.eu/?i=ageingatwork.en.about> <http://www.ageingatwork.eu/resources/health-work-in-an-ageing-europe-enwhp-3.pdf>

JOB SIMULATION

Job simulation can also be used to assess work performance or functional capacity. Job simulation involves the simulation of work tasks in a clinic or other non-work environment. Holmes notes that job simulation is inherently non-standardised however may have high face validity for therapists and clients³².

PHYSICAL/FUNCTIONAL CAPACITY EVALUATION:

There are a number of functional capacity evaluations (FCE) available and FCE's used extensively in work injury prevention and rehabilitation and with insurance and legal claims in the United States^{32,35,44}. FCE's purport to offer a detailed evaluation and objective measurement of a client's current level of function in terms of the demands of competitive employment⁸⁰. FCE's assess the physical activities associated with work, for instance walking, sitting or bending. FCE's include a battery of tests mostly focused on evaluating the musculoskeletal body functions that are needed to perform work occupations⁸¹. For a comprehensive description of FCE's please see Holmes³². There is strong evidence that FCE's do not predict safe and sustainable return to work^{44,82-86}. Criticisms of FCE's include; the cost of these assessments, the fact that they may not be truly reflective of a clients' functional ability, they do not consider environmental barriers, or cognitive or attitudinal factors. The Baltimore Therapeutic Equipment Machine is a FCE and is available at two sites in Ireland (Waterford Regional Hospital and Beaumont Hospital).

VOCATIONAL ASSESSMENT

ASSESSMENT OF JOB/TASK

ACTIVITY ANALYSIS

An occupational therapist can use his/her skills in activity analysis to fully describe all component parts of an individual's job and their work context. This is most successfully achieved during a work site visit with the client.

DICTIONARY OF OCCUPATIONAL TITLES

Occupational information network (O*NET) is the United States Department of Labour's online database describing jobs in the US economy. This very comprehensive resource includes nearly 1300 occupational definitions. Information on this website may include international variation in job specifications. This information is also available in a printed book 'The Dictionary of Occupational Titles' and is used as part of the VALPAR functional capacity evaluation. <http://online.onetcenter.org>

CAREER-BASED ASSESSMENT

HOLLAND CODES

John Holland developed a theory of career and vocational choice⁸⁷. This theory is useful when engaging in career and interest exploration with clients. Holland developed a six factor typology to describe people and work environments (Holland Codes). This model is used by the U.S. Department of Labor for classifying jobs according to interests. The six personality and work environments classified by Holland are: Realistic, Investigative, Artistic, Social, Enterprising and Conventional. On-line the Self Directed search website allows you to complete an assessment to identify what types of work environment suit your personality type <http://www.self-directed-search.com>. It costs \$4.95 per assessment with a personalised report. The Career Interests Inventory: Career Self Assessment Test can be purchased for \$7 from the link below. This is a printed career self assessment measuring Holland codes, personality and careers. It is a six panel fold

out inventory with 180 statements which takes about 30 minutes to complete.

http://www.hollandcodes.com/career_interests_inventory.html

STRAIN INDEX 1995

The Strain Index is a tool used to evaluate a job's level of risk for developing a disorder of the hand, wrist, forearm, or elbow. The analyst evaluates six task variables (intensity of exertion, duration of exertion, exertions per minute, hand/wrist posture, speed of work, and duration of task per day). The task variable is given a value called a multiplier. The product of the six task variable multipliers produces a number called the Strain Index score. This score is compared to a gradient that identifies level of task risk. The original reference for the tool is: J. Steven Moore and Arun Garg, (1995) 'The Strain Index: A Proposed Method To Analyze Jobs For Risk Of Distal Upper Extremity Disorders', American Industrial Hygiene Association Journal, 56:443-458. The Strain Index is an appropriate tool to use when you need to evaluate the risk of developing a musculoskeletal disorder (MSD) in a hand intensive task.

JOB CONTENT QUESTIONNAIRE

The Job Content Questionnaire (JCQ) is a questionnaire-based instrument designed to measure the "content" of a respondent's work task(s) in a general manner which is applicable to all jobs and job holders in the U.S. The focus of this assessment is the psychosocial demands of a job, decision latitude, social supports, physical demands and job insecurity⁸⁹. The assessment has established reliability^{90,91} however some issues with the reliability of the measure have been highlighted⁹². The assessment is available from <http://www.jcqcenter.org> free once you register the purpose for which you are using the JCQ.

RAPID UPPER LIMB ASSESSMENT - RULA

The RULA is an on-line assessment from University of Nottingham developed for use in

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ergonomic investigations of workplaces where work related upper limb disorders are reported. RULA is a screening tool that assesses biomechanical and postural loading on the whole body with particular attention to the neck, trunk and upper limbs. Reliability studies have been conducted using RULA on groups of VDU users and sewing machine operators. A RULA assessment requires little time to complete and the scoring generates an action list which indicated the level of intervention required to reduce the risks of injury due to physical loading on the operator. RULA is intended to be used as part of a broader ergonomic study⁹³. <http://www.rula.co.uk>

RAPID ENTIRE BODY ASSESSMENT (REBA)

REBA was based on the RULA and is proposed as a means to assess posture for risk of work related musculoskeletal disorders (WRMSDs)⁹⁴.

LIBERTY MUTUAL MATERIAL HANDLING GUIDELINES

The Liberty Mutual Research Institute for Safety publishes "Liberty Mutual Manual Materials Handling Tables". These tables provide both the male and female population percentages capable of performing manual material handling tasks without over exertion, rather than maximum acceptable weights and forces. This manual material handling analysis tool can be used to perform ergonomic assessments of lifting, lowering, pushing, pulling, and carrying tasks with the primary goal of supporting ergonomic design interventions.

http://libertymmhtables.libertymutual.com/CM_LMTablesWeb/taskSelection.do?action=initTaskSelection

ASSESSMENT OF ENVIRONMENT:

MOOS WORK ENVIRONMENT SCALE

The Moos work environment scale assesses an employee's perceptions of several broad dimensions of their daily work environments. The scale is available to download at a cost from: <http://www.mindgarden.com/products/wes.htm>

WORK ORGANIZATION ASSESSMENT QUESTIONNAIRE

The Work Organization Assessment Questionnaire (WOAQ) was developed as part of a risk assessment and risk reduction methodology for hazards inherent in the design and management of work in the manufacturing sector. It is available to download for free at <http://www.workorganisation.org.uk/howto/woaquestionnaire.pdf>

WORK ENVIRONMENT IMPACT SCALE (WEIS):

The work environment impact scale⁹⁵ is a semi-structured interview and rating scale⁹⁶. Construct validity and internal consistency of The WEIS have been established^{96,97}. The WEIS assesses the impact of both the physical and social environment on performance, satisfaction and well being. The WEIS identifies the environmental characteristics that will enable a successful return to work. It can be used to identify workplace modifications and can be used with client's struggling to maintain themselves in employment due to their illness or condition^{31,66}. The WEIS requires that clients have current or recent work experience to reflect upon. Available to order from the MOHO clearinghouse website <http://www.moho.uic.edu>

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EVIDENCE STATEMENTS FROM 'VOCATIONAL REHABILITATION - WHAT WORKS FOR WHOM, AND WHEN?'⁹⁸.

Report is available to download for free from: <http://www.dwp.gov.uk/docs/hwwb-vocational-rehabilitation.pdf>

Waddell, Burton and Kendall⁹⁸ were commissioned by the Vocational Rehabilitation Task Group (a group of stakeholders representing the UK Government, employers, unions and insurers) in association with the Industrial Injuries Advisory Council (IIAC) to independently review the scientific evidence for VR. Evidence was extracted from over 450 publications for this extremely comprehensive review. Reproduced below are the eleven evidence statements which summarise the findings of this review.

There are good epidemiological and clinical reasons and widespread acceptance throughout the literature that **early return to work** and **stay at work** approaches are appropriate and beneficial for most people with most musculoskeletal disorders.

A common set of approaches for helping people return to work are effective across the range of musculoskeletal disorders/injuries (accepting that some specific diagnoses require condition-specific treatment).

There is strong evidence that vocational outcomes for most people with most musculoskeletal disorders are improved by **(increasing) activity**, including **early return to (some) work**.

Early intervention through delivery of appropriate treatment, positive advice/

reassurance about activity and work, and/or workplace accommodation is sufficient for many people with musculoskeletal disorders; those who do not respond in a timely manner may require more structured vocational rehabilitation interventions.

Treatments to address any specific pathology and to reduce symptoms are integral to vocational rehabilitation, but **treatment per se has little impact** on occupational outcomes.

There is moderate evidence (and wide consensus) that vocational rehabilitation entails a number of elements, which must take account of the individual, their health condition and their work; **involvement of the workplace is crucial**.

There is strong evidence that temporarily **modified work** (transitional work arrangements) can facilitate early return to work.

There is strong evidence that structured **multidisciplinary rehabilitation programmes**, including cognitive behavioural principles to tackle psychosocial issues, are effective for helping people with persistent musculoskeletal disorders return to work.

There is strong evidence that commitment and coordinated action from **all the players** is crucial for successful vocational rehabilitation: especially important is **communication between healthcare professionals, employers and workers**, which should be initiated at an early stage of absence.

There is general consensus and limited evidence that successful return to work requires the provision of **consistent information and advice** (including the correction of unhelpful beliefs and myths) for all the players.

There is limited evidence that (some aspects of) vocational rehabilitation for musculoskeletal disorders can be cost-effective⁹⁸ (p.16-18)

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OTHER PRACTICE GUIDELINES/ REVIEW DOCUMENTS

The College of Occupational Therapists National Association of Rheumatology Occupational Therapy Clinical Guidelines for the management of rheumatoid arthritis⁹⁹ and the findings of the 'Fit for Work' European report¹⁰⁰ are in keeping with the recommendations of Waddell, Burton and Kendall⁹⁸.

The College of Occupational Therapists have developed clinical guidelines for occupational therapists working in rheumatology⁹⁹. These guidelines support the following for reducing work disability in people with rheumatologic conditions; early intervention, specialist work rehabilitation, the use of cognitive behavioural therapy, joint protection and ergonomic interventions taught at work, the use of assistive devices, graded return to work (after extended absence) and workplace accommodations⁹⁹.

A major study across 23 European countries 'Fit for Work Europe' was conducted by The Work Foundation exploring the impact of low back pain and work-related upper limb disorders and Rheumatoid Arthritis (RA) and Spondyloarthritis¹⁰⁰. Fit for work endorses; early intervention, adjusting work demands (physical environment, working time, psychological support etc.), workplace interventions, return to work interventions, and timely interventions from physiotherapists and psychologists¹⁰⁰. 'Fit for work' the Irish strand of the report endorses early intervention, a focus on capacity not incapacity by clinicians, imaginative job design and the report emphasises the need for clinicians to think beyond physical symptoms¹⁰¹.

The American Occupational Therapy Association (AOTA) published Practice Guidelines for individuals with Work-related Injuries and Illnesses³⁵. These guidelines are based on an evidence-base literature

review. Evidence for interventions for low back pain, clinical conditions of the elbow, clinical conditions of the hand, wrist and forearm, and clinical conditions of the shoulder are presented³⁵. For back pain this AOTA review³⁵ recommends; work conditioning or work hardening combined with cognitive behavioural approaches, exercise instruction combined with proper body mechanics (back schools) in an occupational setting, environmental modifications (worksites visit, ergonomic modifications) and heat wrap therapy (for acute or sub-acute back pain). General back and abdominal strengthening, participation in non-specific physical activities, back school training and application of cold are not recommended by this AOTA review³⁵.

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KEY PRINCIPLES FOR VOCATIONAL REHABILITATION INTERVENTIONS

BE PROACTIVE

Occupational therapists must be proactive, not reactive, in addressing the work needs of clients with musculoskeletal conditions. People with musculoskeletal conditions may be unwilling to reveal their condition in the workplace, may not know how to access work rehabilitation services, and may not even access healthcare for their condition.

A telephone survey of 498 people with chronic musculoskeletal pain (screened from a total of 3323) and 150 GPs in Ireland found that chronic musculoskeletal pain affected one in six of the people screened¹⁰². However, 25% of those surveyed had never consulted a doctor about their condition and many others had waited up to two years before seeking help. The survey found that people with chronic musculoskeletal pain have misconceptions about their condition, treatment options and side effects and patients rarely receive written information from their GP on these subjects¹⁰². Furthermore, a qualitative interview-based study with ten Irish participants with RA revealed that most participants recognised a need for work intervention, however many did not know when or how to access it⁶⁷. Compounding these issues is the frequent concealment of arthritis in the workplace^{27,103}.

TAKE A HOLISTIC APPROACH

It is imperative that occupational therapists adopt a holistic approach in working with clients with musculoskeletal disorders given the high rates of mental illness among those with chronic health conditions and musculoskeletal disorders and the complex interplay between physical and psychosocial factors in work related disability.

A report by the Work Foundation 'Body and Soul'¹⁰⁴ outlines the connection between physical and mental health and the benefits of work for recovery and overall health of the workforce. The following findings are identified in this review¹⁰⁴:

- The rate of mental health conditions is higher among those with chronic physical health conditions^{105,106}.
- Approximately 25% of people with arthritis report a mental health condition¹⁰⁷.
- In a national epidemiologic survey about 19% of people who were absent from work because of chronic pain were depressed whereas only 8% who were not absent were depressed¹⁰⁸.
- Co-morbid mental and physical health conditions leads to worse functional health outcomes¹⁰⁹.
- Work stress and co-morbid physical and mental health conditions can lead to more disability days, partial disability days, and extra effort days¹¹⁰.

Physical impairment and pain correlate poorly with disability¹¹¹⁻³. Psychosocial variables are central to understanding the relationship between impairment, pain and function. A systematic review of studies on spinal mechanical load as risk factor for low back

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pain (LBP) including 18 studies reporting on 24,315 subjects found strong evidence that leisure time sport or exercises, sitting, and prolonged standing/walking are not associated with low back pain¹¹⁴. Another systematic review explored factors that are predictive of work disability for people with RA and found strong evidence that physical job demands, low functional capacity, old age and low education level predict work disability; however, biological variables did not consistently predict work disability¹¹⁵. A review of inception cohort studies indicated that the variables consistently predictive of subsequent work disability for people with RA were a physically demanding job, more severe RA and older age²³. In a cross-sectional study of 8000 workers high exposure to both physical and psychosocial work risk factors was associated with the reporting of low-back, upper back, neck, shoulder, elbow/forearm and hand/wrist musculoskeletal complaints¹¹⁶. In a follow-up study of 3,139 of these workers over approximately 15 months high exposure to both physical and psychosocial work risk factors also increased the likelihood of reporting new episodes of self-reported low-back, neck, shoulder, elbow/forearm and hand/wrist complaints¹¹⁶.

TIMING IS EVERYTHING!

Early intervention is critical to successful VR. Especially important is the need to intervene before the person has lost their job and if possible in the early stages of work instability.

The likelihood of return to work (RTW) after musculoskeletal injury is greatest in the first month and becomes less likely with passage of time and least likely once the person has lost their job¹¹⁷⁻⁹. Early communication between healthcare provider and employer is

recommended¹²⁰. Many studies demonstrate the benefit of early intervention and intervention while an individual is experiencing work instability.

Evidence to support targeted and comprehensive occupational therapy for improving work outcomes in people with arthritis who are experiencing work instability exists. A six month prospective randomised controlled trial of occupational therapy versus usual care for employed people with RA with perceived work disability risk was completed¹²¹. The improvement in the occupational therapy group was significantly greater than that in the usual care group for functional and work-related outcomes. The occupational therapy group received six months of comprehensive occupational therapy over 6-8 sessions following assessment from a therapist with specialist training in rheumatology and vocational rehabilitation. Typical interventions provided included; education on RA, medications, compliance and management within the Rheumatoid Arthritis Centre clinics, self-advocacy, work place rights and responsibilities, ergonomic reviews, discussions with employers regarding accommodations, posture advice, pacing, activities of daily living, stress management, assertiveness, sleep posture and hygiene, exercises, footwear, splinting and assertive communication¹²¹(p.1523).

In a study to examine the effects of pain chronicity on the responsiveness of psychosocial variables to intervention for people with whiplash injuries seventy five work-disabled participants with whiplash (Grade II) participated in a ten week community based psychosocial intervention aimed at facilitating return to work¹²². Participants were classified as sub acute (4-12 weeks), early chronic (3-6months) or chronic (6-18 months). Return to work rates were 80% (sub-acute), 72 (early chronic), and 32% (chronic)¹²², emphasising the importance of early intervention. Furthermore, a randomised controlled trial (n=242) to determine the efficacy of

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vocational rehabilitation provided to people with rheumatic diseases while they are still employed but at risk of job loss, with 48 month follow up, demonstrate delayed job loss for those receiving vocational rehabilitation compared to a control group⁷³.

THE BENEFITS OF (MULTIDISCIPLINARY) TEAMWORK

Multidisciplinary rehabilitation programs (such as Pain Management Programs) with cognitive behavioural principles are appropriate approaches to achieve return to work for people with chronic/persistent musculoskeletal disorders.

In their systematic review Waddell, Burton and Kendall⁹⁸ identified strong evidence that structured multidisciplinary rehabilitation programmes, including cognitive behavioural principles to tackle psychosocial issues, are effective for helping people with persistent musculoskeletal disorders return to work. This is in keeping with the International Association for the Study of Pain (IASP) core curriculum for professional education on pain which has identified core curriculum on competencies for work rehabilitation of musculoskeletal disorders. Essential knowledge for clinicians identified by IASP includes; understanding that individuals who do not return to work within a few weeks require intensive multidisciplinary approaches (including active exercise, attention to distorted beliefs about pain, enhancement of positive coping strategies, and promotion of self-management) delivered as near to the workplace as possible and incorporating modified work arrangements if possible to facilitate early return¹²⁴. In keeping with these recommendations a

population based randomised controlled trial (n=134) in a primary care setting compared usual care to integrated care for people with chronic low back pain. Integrated care consisted of a workplace intervention based on participatory ergonomics, involving a supervisor and a graded activity program based on cognitive behavioural principles¹²³. The aim of the integrated care was to restore occupational functioning and return to work. The integrated care was provided by a team consisting of a clinical occupational physician, a medical specialist, an occupational therapist and a physiotherapist. Integrated care led to substantially reduced disability due to chronic back pain in private and working life. The median duration from randomisation to return to work was 88 days for the integrated care participants and 208 days for participants receiving usual care¹²³.

INVOLVE THE EMPLOYER AND GO TO THE WORKPLACE

Successful VR cannot occur in isolation from the workplace and the employer.

Ross³¹ recommends that following a comprehensive assessment (including a work-site assessment) a return to work plan should be generated. A return to work plan is developed by an occupational therapist in collaboration with the employee and the employer and includes details of workplace modifications required, what are suitable duties for the worker, what are suitable work hours, and duties/tasks to be avoided, and any supervision, training, or other support required^{31,125}. The return to work plan is a contract between all parties and it should be written and signed by the occupational therapist, worker and employer. Latest evidence and current thinking supports

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the use of biopsychosocial assessment and intervention in close proximity to work for improved early management of musculoskeletal disorders¹²⁶. A systematic review of the effectiveness of workplace-based return to work interventions for people with musculoskeletal or other pain-related conditions concluded that there is strong evidence that work disability duration is significantly reduced by workplace accommodations and contracts between healthcare providers and the workplace¹²⁷. Moderate evidence exists to support early contact with worker by workplace, ergonomic work-site visits, and presence of a return to work co-ordinator in reducing work disability¹²⁷. A review of the effectiveness of workplace interventions to prevent and manage common health problems found that interventions which included some form of employer/employee partnership, and/or consultation, demonstrated improved results (compared to those which did not)¹²⁸. Furthermore, in a review of early pain management for musculoskeletal disorders, intervention in close proximity to work for improved early management of MSDs was endorsed¹²⁹. Similarly in another review of assessment, prognosis and return to work for neck and upper limb problems treatment that focuses on keeping the patient active and maintains contact with the workplace was recommended¹³⁰.

A Cochrane review of multidisciplinary biopsychosocial rehabilitation for sub-acute back pain concluded there is moderate scientific evidence showing that multidisciplinary rehabilitation, including a worksite visit or more comprehensive occupational health care intervention, helps patients to return to work faster, results in fewer sick leaves and alleviates subjective disability¹³¹. Further evidence for involvement of the workplace and employer is provided by an observational study of 110 working age patients with early RA where all patients were monitored regularly over a 2-year

period by a multidisciplinary team (including an occupational therapist) which found the number of patients working full-time increased by 14%, those with full-time work disability decreased by 65%, and patients working part-time increased by 65% over the study period¹³². Intervention included work-site visits and rehabilitation meetings with the employer and the official from the local social insurance office alongside drug treatment and different individual treatments, and support from the team members¹³².

ALWAYS CONSIDER TEMPORARY MODIFIED WORK

Temporary provision of modified work leads to faster and better return-to-work outcomes

The workplace is the most appropriate place for the employee to recover and rehabilitation therefore needs to be focused on the tasks that are required for work; with appropriate treatment and activities to encourage restoration of function for work activities¹³³. Returning to modified work has been demonstrated to help recovery for clients with upper limb disorders¹³⁴. It has also been demonstrated that clients with musculoskeletal disorders who perform modified work have a lower risk of recurrence of sick leave than those who return directly to full duties¹³⁵. This approach is also endorsed by an evidence synthesis of management of upper limb disorders which recommends early return to work, or work retention as an important goal for most people which may be facilitated, where necessary, by transitional work arrangements¹³⁶. Further support for this approach is provided by a review of the effectiveness of modified work programs in the management of chronic pain disability which concluded that modified work programs may improve return-to-work rates of workers

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with work-related injuries for 6 months or longer¹³⁷. Another positive feature of this approach is that the low cost nature of this VR intervention⁹⁸.

ERGONOMIC INTERVENTIONS

Ergonomic interventions alone do not appear to have a strong effect on return to work but appear to be effective in combination with other approaches.

A conflicting body of evidence on the effectiveness of ergonomic interventions for return to work exists. However, overall it appears that ergonomic interventions alone do not appear to have a strong effect on return to work but appear to be effective in combination with other approaches.

A systematic review of work-related complaints of the arm, neck, or shoulder identified conflicting evidence concerning the effectiveness of ergonomic programs over no treatment. Another systematic review of the effectiveness of workplace rehabilitation interventions for injured workers with low back pain found that ergonomic interventions such as participatory ergonomics and workplace adaptation, adaptation of job tasks and adaptation of working hours were effective in returning injured workers to work¹³⁸. Further support for ergonomic interventions in combination with other interventions is provided by European guidelines for management of low back pain based on systematic evidence reviews. These guidelines endorse modified work and ergonomic workplace adaptations to facilitate earlier return to work for workers sick listed due to low back pain, however, they note that there is insufficient consistent evidence to recommended physical ergonomics

interventions alone for prevention in low back pain¹³⁹.

Similarly, a review of intervention programmes for neck or upper extremity musculoskeletal conditions found limited evidence that work environment or workstation adjustments (mouse/keyboard design) can improve neck or upper extremity musculoskeletal conditions in display screen workers, and insufficient evidence for equipment interventions among manufacturing workers¹⁴⁰. Positive support for ergonomic interventions was identified by a multinational cohort study which suggests that ergonomic interventions are effective on return-to-work of workers long-term sick-listed due to low back pain¹⁴².

WORK HARDENING

Evidence to support work hardening alone as a strategy to return clients with musculoskeletal disorders to work does not exist – however work hardening outcomes may be improved when combined with work-site evaluation or completed in an occupational health setting.

Currently strong evidence to support work hardening alone as a strategy to return clients with musculoskeletal disorders to work does not exist. Work hardening or physical conditioning simulate or duplicate work tasks in a supervised environment. Tasks are then progressively graded to increase tolerance over time. A Cochrane review of work hardening for people with back pain conclude that for workers with chronic back pain work hardening had a small effect at long term follow-up¹⁴³. This review also found that work hardening/ physical conditioning may have an effect on

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sick leave for workers with sub-acute back pain and work-place involvement might improve the outcome¹⁴³.

Physical conditioning may be more effective when completed in an occupational health setting or when combined with on-the-job evaluations. A systematic review of effective return to work program interventions among sick listed patients with no specific musculoskeletal complaints found physical conditioning and work hardening were part of six effective programs, physical conditioning combined with on-the-job evaluations led to faster return to work times than physical conditioning alone¹⁴⁴. In keeping with these findings a randomised control trial also found that graded activity for low back pain in an occupational health setting had a significant effect on absence from work compared to usual care¹⁴⁵.

DISABILITY MANAGEMENT

The disability management model is concerned with the types of intervention at organisational and system level to increase the possibility of job retention and reintegration and usually consists of four main processes:

- promoting employee health to create a healthy working environment;
- managing identified risks through proactive responses to emerging conditions;
- intervening early when an employee suffered an injury;
- case managing or coordinating return to work for long-term absent employees¹⁴⁶ (p.29).

A systematic review of the literature on disability management interventions with economic evaluations found strong evidence supporting the merits of multi-sector disability management interventions and found moderate evidence for interventions that include an educative component, physiotherapy or a vocational rehabilitation/ work component¹⁴⁷. Limited evidence was

found for interventions with a behavioural component. Moderate evidence for those with a work accommodation offer, contact between healthcare provider and workplace, ergonomic worksite visits and interventions with a return to work counsellor was found¹⁴⁷.

JOB PLACEMENT

Results of a randomised controlled trial of the efficacy of a job placement and support programme for workers with musculoskeletal disorders who are having difficulties resuming the work role indicated significantly higher return to work in the job placement group (73%) compared to the control group (51.6%) who received advice on job placement at a workers' health centre¹⁴⁸. The job placement and support program comprised of an individual interview, vocational counselling, job preparation training, and assisted placement using a case management approach¹⁴⁸.

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RESOURCES TO SUPPORT YOU IN WORKING WITH EMPLOYERS

RE-INTEGRATE WEBSITE

The Re-integrate website supports employers in encouraging workers to return to work in a safe and timely manner. The website offers a number of tools to improve employer practice in return to work needs assessment, cost assessment, organisational practice assessment and knowledge assessment. These tools are provided within an e-Learning environment.

<http://www.re-integrate.eu>

SUPPORTING AN INJURED WORKER RETURN TO WORK

'Supporting an injured worker return to work' is an invaluable resource in working with employers in Ireland and can be downloaded free from the web address below. It is a review document commissioned by the Workplace Safety Initiative which includes a number of organisations including; Irish Business and Employers Confederation (IBEC), Construction Industry Federation (C.I.F.), Irish Congress of Trade Unions (ICTU) and the Irish Insurance Federation (IIF). The Workplace Safety Initiative is supported by the Department of Enterprise, Trade and Employment (DETE), FÁS, Health & Safety Authority (H.S.A.) and the Personal Injuries Assessment Board (P.I.A.B.). The document outlines the responsibilities of an employer in supporting an ill or injured worker return to work and identifies what supports are available to employers.

[http://www.wsi.ie/Sectors/WSI/wsidoclib3.nsf/9d1880aeabc958bb80256edf004936cb/5a1a46b73f49d5ed802572cd00376a1c/\\$FILE/42094%20IBEC%20Retention%20Doc_interactive.pdf](http://www.wsi.ie/Sectors/WSI/wsidoclib3.nsf/9d1880aeabc958bb80256edf004936cb/5a1a46b73f49d5ed802572cd00376a1c/$FILE/42094%20IBEC%20Retention%20Doc_interactive.pdf)

SUMMARY

- Appreciate the health benefits and recovery potential of work
- Take a holistic approach: Consider physical and psychosocial risk factors
- Use the COT 'vocational navigation' approach described in the Work Matters booklet
- Always ask the work question
- Assess based on the individuals starting point (working, worked before, never worked)
- Assess dimensions of the person, the job and the worksite
- Intervene early
- Communicate with the employer
- Go to the workplace
- Consider temporary modified work
- Negotiate a return to work plan with the client and the employer

IRISH SOCIAL WELFARE SYSTEM AND OTHER FINANCIAL SUPPORTS OF VR

IRISH SOCIAL WELFARE SYSTEM AND OTHER FINANCIAL SUPPORTS OF VR

INTRODUCTION

When living in Ireland (habitually resident) you have certain entitlements under the Irish social welfare system. The government department with responsibility in this area is the Department of Social Protection (formerly Department of Family and Social affairs). This chapter will give an overview of some aspects of the Irish Social Welfare system that relate to vocational rehabilitation. This information is correct as of February 2012. This information is liable to change with budgetary changes etc. and all specific information required for clients should be checked at the Department of Social Protections website <http://www.welfare.ie/EN/Pages/default.aspx>

All social welfare payments require that you satisfy specific personal circumstances that are set out in the rules for each scheme. Some social welfare payments are based on PRSI contributions other social welfare payments are means tested and yet another group are universal payments.

- Social Insurance (or contributory) payments are made on the basis of PRSI Contributions (Pay-Related Social Insurance).
- Social Assistance (or non-contributory) payments are made on the basis of satisfying a means test.
- Universal payments (such as Child Benefit or Free Travel) are not dependent on PRSI contributions or a means test.

The rates of payment for all social welfare payments (including payments for dependants) are published each year and are available on-line:

http://www.welfare.ie/EN/Publications/sw19/Pages/sw19_intro.aspx

If you wish to apply for a social welfare payment contact your local social welfare office for an application form and information leaflet. A list of all local offices is available here: <http://www.welfare.ie/EN/ContactUs/Pages/localoffice.aspx>

To appeal a social welfare decision you should contact the Social Welfare Appeals Office <http://www.socialwelfareappeals.ie> for an appeals form and details of how to appeal. The Social Welfare Appeals Office operates independently of the Department of Social Protection.

Post: Social Welfare Appeals Office D'Olier House D'Olier Street Dublin 2.
Local: 1890 74 74 34
Email: swappeals@welfare.ie

Independent advice is available from your local Citizens Information centre.

List of local Citizens Information centers is available here: <http://centres.citizensinformation.ie>

SICK PAY/SICK LEAVE FROM AN EMPLOYER

An employee has no legal right to be paid while on sick leave. Sick pay and sick leave is at the discretion of the employer subject to the employee's contract or terms of employment. An employer must provide an employee with a written statement of terms of employment within two months of the commencement of employment.

If you have no entitlement in your terms and conditions of employment to pay during sick leave, you may apply for Illness Benefit if you have enough PRSI contributions.

If you do not have enough social insurance contributions, you should contact the Community Welfare Officer of your Local Health Office for an assessment for Supplementary Welfare Allowance. If you are entitled to sick pay, your employer can require

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you to sign over any Illness Benefit payment from the Department of Social Protection to your employer for as long as the sick pay continues. An employee who does not receive sick pay as per his/her terms of employment may refer a complaint to a Rights Commissioner under the Payment of Wages Act.

If you are a full time worker who is on sick leave during a public holiday you have an entitlement to time off work for the public holiday(s) you missed. However you lose your entitlement to public holidays if you have been on sick leave for more than 26 weeks in the case of ordinary illness and 56 weeks in the case of an occupational accident.

If you are ill during your annual leave and have a medical certificate for the days you were ill, these sick days will not be counted as annual leave days. Instead, you can use these days as annual leave at a later date. Illness during the leave year will reduce the total number of hours worked by you and can therefore affect your entitlement to annual leave.

If you are in employment and have to take time out of your day to attend a hospital appointment, you may take this time off work. You must have a medical certificate from the hospital for the appointment. However, you are not automatically entitled to pay for this time off while attending hospital appointments.

ILLNESS BENEFIT

<http://www.welfare.ie/EN/Schemes/IllnessDisabilityAndCaring/Illness/IllnessBenefit/Pages/ib.aspx>

Illness benefit is a payment for those under 66 years of age and covered by PRSI who cannot work because they are sick or ill. If a person is not entitled to pay for sick leave from their employer they may get Illness Benefit if they have enough PRSI contributions.

You must apply for Illness Benefit within 7 days of becoming ill. No payment is made

for the first three days of illness. To get Illness Benefit you must meet specific PRSI requirements. If you have 260 weeks PRSI paid since you first began work, you may be entitled to Illness Benefit for as long as you are unfit for work and you are under 66. Since January 2009, if you have 260 or more PRSI contributions you can get Illness Benefit for a maximum of 2 years. This change will not affect people getting Illness Benefit before this date.

You can get an application form for Illness Benefit from your GP or hospital doctor. The reason you can only get this form from a doctor is because a doctor must fill in part of the form. It is not available online. You must send in a medical certificate (known as MC 2) each week for as long as you are ill, unless you are told otherwise. You must get a final medical certificate from your doctor before you go back to work.

From January 1 2012 Illness Benefit will be taxed from the first day of payment; previously the first 6 weeks (36 days) were exempt from tax.

WORK AND ILLNESS BENEFIT

From 13 February 2012, Partial Capacity Benefit replaces the previous exemption arrangements where people on Illness Benefit could get permission to work part-time for rehabilitative or therapeutic purposes and keep their full social welfare payment.

There is no requirement that the work a person does while on Partial Capacity Benefit has to be for rehabilitative or therapeutic purposes. See section on Partial Capacity Benefit following Invalidity Pension.

INVALIDITY PENSION

<http://www.welfare.ie/EN/Schemes/IllnessDisabilityAndCaring/PeoplewithDisabilities/InvalidityPension/Pages/ip.aspx>

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Invalidity Pension is a weekly payment to people who cannot work because of a long-term illness or disability and are covered by PRSI. Normally, you must be getting Illness Benefit for at least 12 months before you claim Invalidity Pension. It may be possible to get Invalidity Pension after a shorter period if you are unlikely to be able to work for the rest of your life because of your illness or disability. PRSI requirements are available at the website above. A doctor employed by the Department of Social Protection will decide if you are medically unfit for work and qualify on medical grounds for Invalidity Pension. To qualify you must have been incapable of work for at least 12 months and be likely to be incapable of work for at least another 12 months (you will probably have been getting Illness Benefit or Disability Allowance during that time) Or be permanently incapable of work (in certain cases of very serious illness or disability, you can transfer directly from another social welfare payment or from your job to Invalidity Pension). Invalidity Pension and Illness Benefit are social insurance (PRSI based) payments

Application form for invalidity pension is available here: <http://www.welfare.ie/EN/Forms/Documents/inv1.pdf> or at CIC or local Social Welfare office.

INVALIDITY PENSION AND WORK

If an individual is receiving Invalidity Pension and wishes to return to work they may qualify for Partial Capacity Benefit if their capacity for work is reduced by their medical condition (reduction in capacity must be assessed as moderate, severe, or profound) see below.

PARTIAL CAPACITY BENEFIT

Partial Capacity Benefit is a social welfare scheme which allows an individual to return to work (if an individual has reduced capacity to work) and continue to receive a social welfare payment. If an individual is receiving Illness Benefit (for a minimum of six months) or

Invalidity Pension and wishes to return to work they may qualify for Partial Capacity Benefit if their capacity for work is reduced by their medical condition (reduction in capacity must be assessed as moderate, severe, or profound). A Medical Assessor of the Department will assess the restriction on an individual's capacity for work. This may require a medical assessment. An individual may not work until they have received written approval from the Department of Social Protection. There is no restriction on earnings or number of hours an individual can work.

To apply contact the Partial capacity Benefit section of the Department of Social Protection for an application form at:

Partial Capacity Benefit Section
Department of Social Protection
Floor 2
Áras Mhic Dhiarmada
Store Street
Dublin 1
Ireland

Tel: (01) 704 3950/3039/3735/3991

Locall: 1890 928 400

DISABILITY ALLOWANCE

<http://www.welfare.ie/EN/Schemes/IllnessDisabilityAndCaring/PeoplewithDisabilities/DisabilityAllowance/Pages/da.aspx>

Disability Allowance is a weekly allowance paid to people over 16 years with a disability. You can get Disability Allowance from 16 years of age. Application form is available from your social welfare office or downloadable here: <http://www.welfare.ie/EN/Forms/Documents/da1.pdf>

TO QUALIFY FOR DISABILITY ALLOWANCE (DA) YOU MUST:

- Have an injury, disease or physical or mental disability that has continued or may be expected to continue for at least one year
- As a result of this disability be **substantially restricted** in undertaking

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work that would otherwise be suitable for a person of your age, experience and qualifications

- Be aged between 16 and 66.
- Satisfy a means test
- Satisfy the Habitual Residency Condition.

Application for Disability Allowance includes a medical exam.

INCOME FROM WORK

You can do rehabilitative work and earn up to €120 per week without your payment being affected. You must get permission from the Department of Social Protection before you start work. 50% of your earnings between €120 and €350 will not be taken into account in the Disability Allowance means test. Any earnings over €350 are fully assessed as income in the means test. More information is available in the excellent resource prepared by the Citizens Information Bureau 'Disability Payments and Work': http://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/social_welfare_payments_and_work/disability_payments_and_work.html

IMPACT OF FÁS TRAINING ON DISABILITY PAYMENTS

If you are a FÁS trainee on Disability Allowance or Blind Pension you receive a FÁS training allowance at the same rate as your social welfare payment and an additional training bonus of €20. Your social welfare payment is suspended when you are on the training course. You can continue to get your social welfare payment when you leave the training course.

If you are a FÁS trainee on Invalidity Pension or Illness Benefit, you will get a standard FÁS training allowance plus your full social welfare payment including any increases you get for your dependents. You must apply for prior written permission from the Department of

Social Protection before you can take up a training course.

A new further education and training authority called SOLAS is being set up and FÁS will be disbanded in the future.

IMPACT OF COMMUNITY EMPLOYMENT ON DISABILITY PAYMENTS

From 16 January 2012 new participants on Community Employment schemes cannot claim another social welfare payment at the same time.

An individual in receipt of a disability payment can take part in a Community Employment scheme (if they meet the criteria) but can no longer get their social welfare payment as well. They will retain their medical card and can retain an entitlement to the secondary benefits they were receiving immediately before going onto Community Employment provided they continue to satisfy the conditions for these benefits. See table at: http://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/social_welfare_payments_and_work/disability_payments_and_work.html

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BENEFITS FOR PEOPLE INJURED BY AN ACCIDENT AT WORK

OCCUPATIONAL INJURY BENEFIT

The Department of Social Protection operates a scheme of benefits for people injured or incapacitated by an accident at work or while travelling directly to or from work. There are a number of benefits available (listed below) and there are different conditions attached to each benefit. In general people in employment insurable at PRSI Class A, D, J or M are covered in full for Occupational Injuries Benefits. FÁS Trainees, people on FÁS Schemes and people over 66 who are working are covered for Occupational Injuries Benefits. Application for these schemes is via: Occupational Injuries Benefit Section, Department of Social Protection, Áras Mhic Dhiarmada, Store Street, Dublin 1 Tel: (01) 704 3018.

INJURY BENEFIT

<http://www.welfare.ie/EN/Schemes/IllnessDisabilityAndCaring/Illness/OccupationalInjuries/InjuryBenefit/Pages/InjuryBenefit.aspx>

Injury Benefit is a weekly payment if you are unfit for work due to the accident or disease. It can be paid for up to 26 weeks from the date of your accident or development of the disease. If you are still unfit for work after 26 weeks you may apply for Illness Benefit or Disability Allowance.

DISABLEMENT BENEFIT

<http://www.welfare.ie/EN/Schemes/IllnessDisabilityAndCaring/Illness/OccupationalInjuries/DisablementBenefit/Pages/disable.aspx>

Disablement Benefit is paid if you have a loss of physical or mental faculty as a result of the accident or disease. You do not have to be unfit for work or if you are fit for work immediately after the accident you should apply within three months of the injury or onset of the disease. You must have a medical assessment

to determine the degree of loss of faculty and the rate of benefit is based on this.

INCAPACITY SUPPLEMENT

<http://www.welfare.ie/EN/Schemes/IllnessDisabilityAndCaring/Illness/OccupationalInjuries/IncapacitySupplement/Pages/is.aspx>

Incapacity Supplement is a weekly supplement which may be paid if you are not eligible for Illness Benefit or another social welfare payment. To get the supplement you must be getting Disablement Benefit and be permanently incapable of work.

CONSTANT ATTENDANCE ALLOWANCE

<http://www.welfare.ie/EN/Schemes/IllnessDisabilityAndCaring/Illness/OccupationalInjuries/DisablementBenefit/Pages/disable.aspx>

Constant Attendance Allowance is a weekly allowance which you may be paid if you are getting Disablement Benefit and are so seriously disabled as to need someone to help you daily at home to attend to your personal needs.

MEDICAL CARE SCHEME

<http://www.welfare.ie/EN/Schemes/IllnessDisabilityAndCaring/Illness/IllnessBenefit/Pages/medicalcare.aspx>

If you incur medical costs as a result of your occupational injury or disease you can claim for the cost of certain expenses which are not already covered by the HSE or through the Treatment Benefit Scheme.

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SUPPORTS FOR PEOPLE ON AN ILLNESS OR DISABILITY PAYMENT TO RETURN TO WORK, ENTER EDUCATION, TRAINING OR EMPLOYMENT.

THE BACK TO WORK ENTERPRISE ALLOWANCE

(BTWEA) scheme encourages people getting certain social welfare payments to become self-employed. People taking part in this scheme can keep a percentage of their social welfare payment for up to 2 years.

From 1 May 2009, the qualifying period required for BTWEA is reduced from 2 years to 12 months provided you have an underlying entitlement to Jobseekers Allowance.

A new Back to Work Allowance Scheme called the Short-term Enterprise Allowance started on 1 May 2009. Further details: http://www.citizensinformation.ie/categories/social-welfare/social-welfare-payments/social-welfare-payments-and-work/back_to_work_enterprise_allowance

PDF about this scheme: <http://www.welfare.ie/EN/Publications/SW92/Documents/sw92.pdf>

BACK TO EDUCATION PROGRAM

The Back to Education Programme includes 3 different options:

1. Back to Education Allowance
2. Part-Time Education Option (for those on Jobseekers Allowance/Benefit)
3. Education, Training and Development Option (for those on Jobseekers Allowance/Benefit)

Back to Education Allowance <http://www.welfare.ie/EN/Schemes/BackToEducation/Pages/btea.aspx>

The Back to Education Program is a scheme for people getting certain social welfare payments to take an approved second or third level course at a recognized school or college and still receive a payment. Different rules apply to eligibility depending on which payment an individual is receiving. If you qualify for the

Back to Education Allowance, you will keep an entitlement to any secondary benefits you already have, for example, Rent Supplement and Mortgage Interest Supplement. Qualifying social welfare payments include: Jobseeker's Allowance, Jobseeker's Benefit, Illness Benefit (2yrs +). When you are accepted on a course, you should notify the Department of Social Protection by filling in the Back to Education Allowance application form. You must apply for BTEA before starting an approved course. There are two study options available under the scheme; second or third level education.

Vocational Training Opportunities Scheme (VTOS) <http://www.iol.ie/~hkvotos/vtos.html>

The Vocational Training Opportunities Scheme is a European Social Fund supported intervention in the Irish labour market to enable unemployed people who have been on the Live Register for at least six months to access education and training with a view to progression to employment. The minimum age for participation in VTOS is 21 years. An individual may qualify for a VTOS scheme if they are receiving a range of benefits or if they are a dependent spouse, civil partner or cohabitant of an eligible person. Qualifying benefits include (not limited to) Jobseekers benefit or Jobseekers allowance, Disability Allowance, Illness Benefit or Invalidity Pension. Courses are free and childcare support is available. Certification is available at a range of levels, including the Junior Certificate and Leaving Certificate, and the Foundation, Level 1 and Level 2 certificates of the National Council for Vocational Awards. Under this scheme, you do not pay any fees for the course. For further information contact a VTOS centre. See link for list of centers.

<http://www.vtos.ie/main/modules.php?name=Content&pa=showpage&pid=2>

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SUPPLEMENTARY WELFARE SCHEMES

SUPPLEMENTARY WELFARE ALLOWANCE

<http://www.welfare.ie/EN/Schemes/SupplementaryWelfareAllowance/Pages/BasicSupplementaryWelfareAllowance.aspx>

Supplementary Welfare Allowance is run by the Health Service Executive through the Department of Social Welfare representatives (formerly Community Welfare Officers) at local health offices. Basic Supplementary Welfare Allowance is a basic weekly allowance paid to people who do not have enough means to meet their needs and those of their qualified adult or any qualified children. People with low incomes may also qualify for a weekly supplement payment under the Supplementary Welfare Allowance Scheme to meet certain special needs, for example, help with rent/mortgage interest payments. If you have no income, you may be entitled to the basic Supplementary Welfare Allowance. This payment is means tested. If your weekly income is below the Supplementary Welfare Allowance rate for your family size, a payment may be made to bring your income up to the appropriate Supplementary Welfare Allowance rate. If you have claimed a social welfare benefit or pension but it has not yet been paid and you have no other income, you may qualify for Supplementary Welfare Allowance while you are awaiting payment. You should apply for Supplementary Welfare Allowance to the Department of Social Welfare representative at your local health centre using this form: http://communitywelfareservice.ie/cws_public/sites/default/files/SWA%2001.pdf

A NUMBER OF OTHER SUPPLEMENTARY PAYMENTS ARE AVAILABLE INCLUDING

Exceptional and urgent needs payments, diet and heating supplement, mortgage interest supplement, back to school clothing and footwear allowance. Further details are available at;

http://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/supplementary_welfare_schemes

SUPPORT FOR PEOPLE WHO ARE UNEMPLOYED

The Department of Social Protection has a range of benefits available to people who are unemployed. If you are unemployed you may qualify for Jobseeker's Benefit (JB) which is based on your social insurance record. A fundamental qualifying condition for Jobseekers Benefit is that you must be available for full time work. If you are unemployed and do not qualify for Jobseekers Benefit you may qualify for Jobseeker's Allowance (JA) which is based on your weekly means

JOBSEEKERS BENEFIT

<http://www.welfare.ie/EN/Schemes/JobseekerSupports/JobseekersBenefit/Pages/jb.aspx>

Jobseeker's Benefit is a weekly payment from the Department of Social Protection to people who are out of work and covered by PRSI. Budget 2009 made a number of changes to Jobseeker's Benefit: Since 15 October 2008, Jobseeker's Benefit can be paid for a maximum of 12 months (312 days) to people who have at least 260 paid contributions. Jobseeker's Benefit can be paid for a maximum of 9 months (234 days) to people who have less than 260 paid contributions. In January 2009, there were changes to the number of PRSI contributions needed to qualify for Jobseeker's Benefit see web link above for further details. Budget 2012 made changes to Jobseeker's Benefit for part-time workers (**These changes requires legislation and are not yet in effect**).

To qualify for Jobseeker's Benefit you must:

- Be unemployed (you must be fully unemployed or unemployed for at least 3 days in 6)
- Be under 66 years of age
- Have enough social insurance (PRSI) contributions
- Be capable of work
- Be available for and genuinely seeking work

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- Have a substantial loss of employment and as a result be unemployed for at least 3 days in 6.

You are capable of work unless you can prove otherwise. You must produce medical evidence to prove that you are not able to work. If you have spent some time incapable of work you must produce a final medical certificate to prove that you are now fit for work. If you are getting Jobseeker's Benefit, you may be entitled to; other supplemental payments.

JOBSEEKERS ALLOWANCE

<http://www.welfare.ie/EN/Schemes/JobseekerSupports/JobseekersAllowance/Pages/ja.aspx>

You may get Jobseeker's Allowance if you don't qualify for Jobseeker's Benefit or if you have used up your entitlement to Jobseeker's Benefit. Jobseeker's Allowance is means-tested and your means must be below a certain level to qualify. You must be unemployed to get Jobseeker's Allowance. An individual may get a proportion of their Jobseeker's Allowance if their days at work are reduced or if they can only get part-time or casual work.

To qualify for Jobseeker's Allowance you must:

- Be unemployed
- Be over 18 and under 66 years of age
- Be capable of work
- Be available for and genuinely seeking work
- Satisfy a means test
- Meet the habitual residency condition

You may be able to do voluntary work and continue to get Jobseeker's Allowance. You must continue to satisfy the conditions of the payment, which means that you must be available and looking for work. You must also get permission from a Deciding Officer at your Social Welfare Local Office. If you are getting Jobseeker's Allowance, you may be entitled to other benefits e.g. fuel allowance, mortgage interest supplement or medical card.

WORK EXPERIENCE FOR JOB SEEKERS

JobBridge, the National Internship Scheme provides work experience for people who have been getting a jobseeker's payment or signing for credits for at least 3 months. <http://www.jobbridge.ie>

The **FÁS Work Placement Programme** provides 9 months' work experience for graduates and other unemployed people. This program gives unemployed people an opportunity to gain experience in a workplace setting. The placement is unpaid and voluntary. http://www.citizensinformation.ie/en/employment/unemployment_and_redundancy/employment_support_schemes/fas_work_placement_programme.html

SUPPORTS FOR RETURN TO WORK FOR UNEMPLOYED PEOPLE

There are a range of schemes and supports which encourage long-term unemployed people to return to work. If an individual is returning to work through one of these schemes their social welfare payment may be affected in different ways, depending on the scheme. People on certain disability payments may qualify for the schemes and there are a number of specific employment supports available for people with disabilities. (including Job Interview Interpreter Grant Scheme; Grants for employers to retain employees with disabilities; Disability awareness training grants; Grants for adapting or equipping the workplace for staff with disabilities; Personal Reader Grants for blind and visually impaired employees; Wage Subsidy Scheme for employers of staff with disabilities, and Supported employment for people with disabilities).

Back to Work Enterprise Allowance
The Back to work enterprise allowance scheme helps unemployed people and others getting

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certain social welfare payments (including some disability payments) to become self-employed.

SHORT-TERM ENTERPRISE ALLOWANCE

The short-term enterprise allowance provides support to people getting Jobseeker's Benefit (JB) who want to start their own business.

REVENUE JOB ASSIST

Revenue Job Assist is an additional tax allowance for people in Ireland who have been unemployed for 12 months or more and who are now returning to employment.. The tax allowance can be claimed for 3 tax years and may begin with either the tax year in which the employment commences or the following tax year. An extra tax allowance can be claimed for each qualifying child. Please see this link for full details, a PDF leaflet for employees and application details. <http://www.revenue.ie/en/tax/it/leaflets/it59.html>

An individual may qualify for Revenue Job Assist if they are:

- Receiving Jobseeker's Benefit or Jobseeker's Allowance for one year or more
- A lone parent on the One-Parent Family Payment
- Getting Disability Allowance or Blind Person's Pension for 12 months or more
- Getting Invalidity Pension for 12 months or more
- Illness Benefit for three years or more

Revenue Job Assist only applies if you are taking up a job and does not apply if you are becoming self-employed.

PART-TIME JOB INCENTIVE

The part-time job incentive scheme is for people who have been getting Jobseeker's Allowance for 15 months or more. It allows them to take up part-time work and get a Part-time Job Allowance instead of the Jobseeker's Allowance.

COMMUNITY EMPLOYMENT

The community employment program provides long-term unemployed and other disadvantaged people with training and work experience through part-time and temporary placements in jobs based within local communities. There are 2 different categories of Community Employment: the Part-time Integration Option and the Part-time Job Option.

RURAL SOCIAL SCHEME

http://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/farming_and_fishing/rural_social_scheme.html

The Rural Social Scheme (RSS) provides income support for farmers and fishermen who are getting long-term Social Welfare payments. The aim of the scheme is to provide income support for farmers and fishermen in Ireland who are receipt of long-term social welfare payments. In return, those participating in the scheme will provide certain services that benefit rural communities. The Department of Community, Rural and Gaeltacht Affairs retains overall responsibility for policy in relation to the scheme.

COMMUNITY SERVICES PROGRAMME

The Community Services Programme funds community services and community businesses to provide essential services and businesses to their communities which will provide employment to unemployed people and people with disabilities.

TÚS

The Tús scheme is a community work placement initiative with 5,000 places providing work opportunities in the community. Participants will work 19.5 hours a week for 12 months and their rate of payment will be the maximum rate of their social welfare payment plus a weekly €20 top up.

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JOBBRIDGE - NATIONAL INTERNSHIP SCHEME

JobBridge, the National Internship Scheme will provide 5,000 internship placements for unemployed people in private, public, community and voluntary organisations. Participants must be on the Live Register for 3 months and the internships will last from 6 to 9 months. If they take up an internship they will keep their social welfare payment and will get an extra €50 per week.

<http://www.jobbridge.ie>

WORK PLACEMENT PROGRAMME

The Work Placement Programme provides 9 months' work experience for unemployed people. The Programme provides 7,500 places in the private, public, community and voluntary sectors. Participants do not have to be getting a social welfare payment but participants who are getting certain social welfare payments for 3 months may keep their payment.

COMMUNITY EMPLOYMENT SCHEME

http://www.citizensinformation.ie/categories/employment/unemployment-and-redundancy/employment-support-schemes/community_employment_scheme

Community Employment (CE) helps long-term unemployed and other people in Ireland get back to work by offering part-time and temporary placements in jobs based within local communities. The CE program is operated by the Department of Social Protection.

Entitlement to a Community Employment payment and another Department of Social Protection payment at the same time is being phased out over 3 years. Since 16 January 2012 new participants on Community Employment (CE) schemes will not be able to claim another social welfare payment at the same time. Existing participants will keep their social welfare payment until they are no longer eligible to participate in a CE scheme or they leave the scheme voluntarily. Otherwise they will keep it until December 2014 which is the

final cut-off date for getting a concurrent social welfare payment.

If a person is on a Community Employment scheme and One-Parent Family Payment, deserted wife's payment or a widow's, widower's or surviving civil partner's pension, payment of 2 qualified child increases will cease for both new and existing recipients with effect from 20 February 2012 - see 'Social welfare payments' below.

Two categories of CE exist: The Part-time Integration Option and the Part-time Job Option. The **Part-time Integration Option** allows an individual to work under the Community Employment scheme for a maximum of 1 year. The sponsor of the programme - the local organisation or group that manages the scheme - will plan and manage the placement. The sponsor may also offer training or skills development opportunities that you can take up during your placement. The average number of working hours for placements is 39 hours per fortnight. Participants are paid weekly by their sponsor and tax and social insurance (PRSI) may be deducted from their pay if applicable. You may qualify for participation in the CE Part-time Integration Option if you are:

- Aged 25 years or older, unemployed and receiving Jobseeker's Benefit (JB), Jobseeker's Allowance (JA), One-Parent Family Payment (OFP), Widow's/Widower's Non-Contributory Pension, Widow's/Widower's Contributory Pension or Farm Assist for at least 1 year.
- Aged 18 years or older and receiving Disability Allowance or Blind Person's Pension.
- Aged 18 years or older and receiving Invalidity Pension or aged 18 years or older and getting Illness Benefit for at least 6 months. In both cases you must have approval from the Department of Social Protection to engage in employment of a rehabilitative nature.
- Other categories: Please see web link above

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The **Part-Time Job Option** provides participants with part-time work placements of up to 6 years for participants over 55 and up to 3 years for participants under 55. This option is designed to give extended access to employment to older people who may have been unable to secure regular employment for some time. The hours of work, pay, tax and social insurance (PRSI) arrangements are the same as those offered under the Part-Time Integration Option and participants are also free to pursue other job opportunities. From 26 September 2006 the participation limits for people on one of the specified disability payments (see below) have been increased to 7 years for those aged 55 to 65 and 4 years for those aged 35 to 54. This is provided for in the Department of Enterprise, Trade and Innovation's Disability Sectoral Plan. You may qualify for participation in the CE Part-Time Job Option if you are:

- Aged 35 years or older and have been receiving Jobseekers benefit, Jobseekers Allowance, One-Parent Family Payment, Widow's/Widower's Non-Contributory Pension, Widow's/Widower's Contributory Pension or Farm Assist for at least 3 years.
- Aged 35 years or older and in receipt of Disability Allowance or Blind Person's Pension.
- Aged 35 years or older, in receipt of Invalidity Pension or aged 35 years or older, in receipt of Illness Benefit for at least 6 months. In both cases you must have approval from the Department of Social Protection to engage in employment of a rehabilitative nature
- Other categories: Please see web link above

Participation in a CE scheme may have implications for social welfare payments and secondary benefits see web link above for further details.

SUPPORTS FOR RETURN TO EDUCATION FOR UNEMPLOYED PEOPLE

BACK TO COLLEGE INITIATIVE FOR JOBSEEKERS

<http://www.welfare.ie/EN/Schemes/JobseekerSupports/Pages/btcij.aspx>

College courses in a range of different locations are available targeting the less-skilled, and those formerly employed in declining sectors such as construction, retail and manufacturing, with particular emphasis on the under 35s and the long-term unemployed. This is funded through the Labour Market Activation Fund. Some 11,000 college places are provided under the scheme with three-quarters of the available places aimed at those with qualifications at or below Leaving Certificate level. Tuition fees will not be charged for these courses.

BACK TO EDUCATION ALLOWANCE

<http://www.welfare.ie/EN/Schemes/BackToEducation/Pages/btea.aspx>

The Back to Education Program is a scheme for people getting certain social welfare payments to take an approved second or third level course at a recognized school or college and still receive a payment. Different rules apply to eligibility depending on which payment an individual is receiving. If you qualify for the Back to Education Allowance, you will keep an entitlement to any secondary benefits you already have, for example, Rent Supplement and Mortgage Interest Supplement. Qualifying social welfare payments include: Jobseeker's Allowance, Jobseeker's Benefit, Illness Benefit (2yrs +). When you are accepted on a course, you should notify the Department of Social Protection by filling in the Back to Education Allowance application form. You must apply for BTEA before starting an approved course. There are two study options available under the scheme; second or third level education.

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EDUCATION TRAINING AND DEVELOPMENT OPTION

[http://www.welfare.ie/EN/Schemes/BackToEducation/Pages/Education,TrainingandDevelopment\(ETD\)Option.aspx](http://www.welfare.ie/EN/Schemes/BackToEducation/Pages/Education,TrainingandDevelopment(ETD)Option.aspx)

If you are getting a jobseeker's payment and your choice of course is not covered under the Back to Education Allowance Scheme (described above), you may keep your jobseeker's payment while doing a course of education, training or development. It must be clear that the course will enhance your employment prospects. To qualify for the Education, Training and Development Option and keep your Jobseeker's Allowance or Jobseekers Benefit you must be at least 21 years of age or between 18 and 20 and out of the formal education system for at least 2 years and be getting Jobseekers Allowance, Jobseekers Benefit or signing on for unemployment credits for at least six months.

SUPPORTS FOR EMPLOYERS SUPPORTING THE RTW OF AN ILL/INJURED EMPLOYEE

EMPLOYEE RETENTION GRANT SCHEME

<http://www.fas.ie/en/Allowances+and+Grants/Employee+Retention+Grant+Scheme.htm>

The Employee Retention Grant Scheme is operated by FÁS and assists employers (private sector) to retain employees who acquire an illness, condition or impairment which impacts on their ability to carry out their job. This scheme provides funding to: Identify accommodation and/or training to enable the employee to remain in his/her current position; or re-train the employee so that s/he can take up another position within the company. Stage 1 of the scheme enabling employers to buy-in external specialist skills and knowledge needed to develop an individualised 'retention strategy' for the employee. Stage 2 of the scheme provides funding to the employer towards the implementation of the written retention strategy, including re-training, job coaching and/or hiring of an external co-ordinator to oversee and manage its implementation.

WORKPLACE EQUIPMENT/ ADAPTATION GRANT

<http://www.fas.ie/en/Allowances+and+Grants/Workplace+Equipment+Adaptation+Grant+%28WEAG%29.htm>

An individual with a disability who has been offered employment or who is in employment, and requires a more accessible workplace or adapted equipment to do their job may be able to get a Workplace Equipment/ Adaptation Grant from FÁS towards the costs of adapting premises or equipment.

WAGE SUBSIDY SCHEME

<http://www.fas.ie/en/Allowances+and+Grants/Wage+Subsidy+Scheme.htm>

The FÁS Wage Subsidy Scheme provides financial incentives to employers (private sector) to employ disabled people who work more than 20 hours per week. A person on the Wage Subsidy Scheme is subject to the same conditions of employment as other employees. These conditions include PRSI contributions, annual leave, tax deductions and the going rate for the job. Subsidies available through this scheme are structured under 3 separate strands and employers can benefit under one or all, simultaneously. Strand 1 subsidy is a general subsidy for any perceived productivity shortfall in excess of 20% for a disabled person, in comparison to a non disabled peer. Strand 2 applies where a company employs more than two disabled people. The company can avail of a grant to cover the additional supervisory, management and other work based costs. Strand 3 is where an employer employs 30 or more disabled workers.

DISABILITY AWARENESS TRAINING SCHEME

<http://www.fas.ie/en/Allowances+and+Grants/Disability+Awareness+Support+Scheme.htm>

The Disability Awareness Training Scheme is operated by FÁS and is open to all companies in the private sector. Training grants are available for the development of personnel at all levels and occupations within this sector.

LEGISLATION

LEGISLATION

Employment law in Ireland includes a range of legislation offering employment protection. A number of key acts will be described in brief and contact details for further information provided. The Citizens Information Bureau website is a comprehensive resource of all legislation relating to employment in Ireland. See link below: http://www.citizensinformation.ie/categories/employment/employment-rights-and-conditions/employment-rights-and-duties/employment_law_update

EMPLOYMENT EQUALITY ACTS

No law guarantees job security for an injured worker. The Employment Equality legislation is relevant if as the result of an injury a worker has a disability. This legislation prohibits unequal treatment in recruitment, promotion and retention. The Employment Equality Act 1998 was amended by the Equality Act 2004. Together, they are known as the Employment Equality Acts 1998 and 2004.

The main principles of the Acts include:

- Prohibition of discrimination on 9 different grounds
- Promotion of equality
- Prohibition of harassment
- Prohibition of victimisation
- Requirement of reasonable accommodation of people with disabilities
- Facilitation of positive action measures

The Acts apply to full-time, part-time and temporary employees, public and private employment, vocational training bodies, employment agencies, trade unions, professional and trade bodies, and also incorporates the self-employed, partnerships, and those employed in a person's home. The act is concerned with discrimination within employment. There are 9 grounds of discrimination: gender, marital status, family status, age, race, religion, **disability**, sexual orientation, membership of Traveller community.

The Employment Equality Acts 1998 & 2004 define disability as "disability" means - the total or partial absence of a person's bodily or mental functions, including the absence of a part of a person's body, the presence in the body of organisms causing, or likely to cause, chronic disease or illness, the malfunction, malformation or disfigurement of a part of a person's body, a condition or malfunction which results in a person learning differently from a person without the condition or malfunction, or a condition, illness or disease which affects a person's thought processes, perception of reality, emotions or judgement or which results in disturbed behaviour, and shall be taken to include a disability which exists at present, or which previously existed but no longer exists, or which may exist in the future or which is imputed to a person"

Discrimination is defined as "treatment of a person in a less favourable way than another person is has been or would be treated in a comparable situation" (The Equality Authority, p.5). Discrimination can be indirect discrimination, discrimination by imputation and/or discrimination by association.

The Employment Equality Act, 1998 requires employers to take reasonable steps to accommodate the needs of employees and prospective employees with disabilities. Reasonable accommodation can be defined as some modification to the tasks or structure of a job or workplace, which allows the qualified employee with a disability to fully do the job and enjoy equal employment opportunities. Where the modification results in a change to the way colleagues do their jobs, they must be consulted as to the nature and extent of the modification required. Employers must also make accommodations to enable people with disabilities to return to work having acquired a disability, as well as to participate in the job application process and enjoy benefits and privileges accorded to other employees. Reasonable accommodation is an issue of law, not convenience.

LEGISLATION

While employers should be aware of their legal obligations, it should be noted that they are not obliged to provide special treatment or facilities where doing so more than a disproportionate burden is likely to be incurred. For further detail on reasonable accommodation and examples please see: IBEC / ICTU Workway Disability and Employment Guidelines (2004) available on line at: http://www.fas.ie/NR/rdonlyres/94BD28FA-8B5C-418B-84B0-91319B44466D/0/Workway_Disability_Employment_Guidelines.pdf Claims are made to the Equality Tribunal except gender claims which can also attend the Circuit Court. The Equality Tribunal investigates, hears and judges on claims of discrimination.

The above information is adapted from: The Equality Authority, *"The Employment Equality Acts 1998 and 2004"*. Dublin: The Equality Authority.

SAFETY, HEALTH AND WELFARE AT WORK ACT 2005

This Act sets out the main provisions for securing and improving the safety, health and welfare of people at work including employers, employees and the self-employed. It includes rights and obligations of both employers and employees and provides for substantial fines and penalties for breaches of the health and safety legislation. Duties of employers (Section 8) and employees (Section 13) are clearly outlined. An employers main duty is to create and maintain a safe and healthy workplace in order to prevent workplace injuries and ill health. After identifying the hazards and assessing the risks, the employer is expected to select control measures within a safety statement and make it accessible to employees. Workers duties include protecting the health and safety of themselves and other employees within the work environment. The

Act details guidelines regarding protective equipment and measures, risk assessment, safety statement, reporting accidents and more. This Act also takes into account aspects on bullying, violence in the workplace, harassment and victimisation. A complaint of victimisation under the Safety, Health and Welfare at Work Act can be made by applying to the Rights Commissioner here <http://www.lrc.ie/documents/work/newforms/SafetyHealthWelfare.pdf>

INJURY AT WORK

An employee cannot seek compensation from their employer under the Health and Safety Legislation, but can make a personal injury claim through www.injuriesboard.ie. This is an independent statutory body which gives an independent assessment of personal injury claims for compensation following an accident, only where legal issues are not disputed and before legal proceedings have been commenced. Short guide available at this link http://www.hsa.ie/eng/Publications_and_Forms/Publications/Safety_and_Health_Management/Short_Guide_to_SHWWA_2005.pdf

HEALTH AND SAFETY AUTHORITY

The national body with responsibility for securing health and safety at work is the Health and Safety Authority www.hsa.ie The HSA serve the public, employers and employee regarding promotion, inspection and maintenance of good standards of good standards of health and safety at work in Ireland.

PROTECTION OF EMPLOYEES (FIXED-TERM WORK) ACT 2003

<http://www.irishstatutebook.ie/2003/en/act/pub/0029/index.html>

Ensures fixed-term employees cannot be treated less favourably than comparable permanent workers.

LEGISLATION

PROTECTION OF EMPLOYEES (PART-TERM WORK) ACT 2001

<http://www.irishstatutebook.ie/2001/en/act/pub/0045/index.html>

Ensures against the discrimination against part-time workers. It guarantees that part-time workers may not be treated less favourable than full-time workers.

TERMS OF EMPLOYMENT (INFORMATION) ACT, 1994 AND 2001

<http://www.irishstatutebook.ie/1994/en/act/pub/0005/index.html>

This Act implements an EU Directive for employers to provide employees (of > 1 month) with a written statement setting out particulars of the employee's terms of employment. The employer must also notify the employee of changes to these. Particular information is required in the written statement and must be provided within a certain time frame. A complaint may be made to a Rights Commissioner if an employer has failed to provide a full and accurate written statement, application form attached.

<http://www.lrc.ie/documents/work/forms/TermsOfEmploymentInformation.pdf>

UNFAIR DISMISSALS ACTS 1997 - 2007

These Acts protect employees from being unfairly dismissed. Criteria are described within this act by which dismissals are judged unfair, and an adjudication system is provided. Redress is available for an employee whose dismissal has been found to be unfair. Inability of a worker to do a job as a result of illness is accepted under this legislation as legitimate grounds for dismissal. However, an employer is expected to investigate if they can support the worker to remain at work. An employer needs to consider making reasonable accommodations when an employee develops an injury or when the effects of an injury increases or changes. In deciding if an accommodation/adjustment is reasonable or not includes if it is possible, effective and affordable.

UNFAIR DISMISSAL

This refers to the termination of a contract of employment without demonstration of fair grounds. Fair grounds can be based on the following:

- Capability e.g. lateness, absenteeism and persistent absence through illness or injury.
- Competence e.g. inability to do the job.
- Qualifications e.g. inaccurate or not kept up to date as specified.
- Conduct e.g. minor behaviour issues.
- Gross Misconduct e.g. major behaviour issues like assault, drunkenness, stealing, bullying.
- Redundancy e.g. valid/necessary offer of redundancy by employer
- Contravening the Law e.g. continued work would mean breaking the Law
- Other 'substantial grounds' for dismissal.

Employment equality legislation prohibits dismissal based on 9 grounds for discrimination including gender, marital status, family status, age, disability, religious belief, race, sexual orientation or membership of the Traveller community. Additional unfair grounds for dismissal include:

- membership or proposed membership of a trade union or engaging in trade union activities
- religious or political opinions
- legal proceedings against an employer where an employee is a party or a witness
- pregnancy, giving birth or breastfeeding or any matters connected with pregnancy or birth
- availing of rights under legislation such as maternity leave, adoptive leave, carer's leave, parental or force majeure leave
- unfair selection for redundancy

UNFAIR DISMISSAL PROCESS

Under the Unfair Dismissals Acts 1977 - 2007, an employee aged 16 with at least 12 months' continuous service can present a claim of unfair dismissal against their employer to either an independent Rights Commissioner or to the Employment Appeals Tribunal. Application form for claim to the Rights Commissioner is

LEGISLATION

available at the bottom of this section. The employer must disprove any allegation that the case involves any of the automatic unfair reasons for dismissal. To justify a dismissal, the employer must show that dismissal is connected with one of more of the fair grounds set out in the legislation (listed above), that fair procedures have been followed and that they (the employer) have acted fairly. A claim can be brought to the Rights Commissioner who will issue a recommendation. Either party may appeal this recommendation to the Employment Appeals Tribunal. Where a claim or an appeal is heard by the Employment Appeals Tribunal, the Tribunal will issue a determination. There is a right of appeal by either party to the Circuit Court from a determination of the Tribunal. If an unfair dismissal is granted, the employee may be entitled:

- To be reinstated into position of employment with compensation for loss of earnings (rarely granted).
 - To be re-engaged into position of employment from a later date with no compensation for loss of earnings (rarely granted).
 - Financial compensation (most common).
- When making a claim, the following rules usually apply :
- Claim to be made within 6 months from date of dismissal, 12 months in exceptional cases only.
 - Length of service normally needs to be greater than 12 months, however exceptions do occur.
 - The claim must relate to an employee with an employer.
 - A dismissal or forced resignation (constructive dismissal) must have occurred.

Excluded categories of employment are available to view here: <http://www.irishstatutebook.ie/1977/en/act/pub/0010/sec0002.html#zza10y1977s2>

If an employee does not qualify for unfair dismissal, they can ask the Rights

Commissioner to investigate the case under the Industrial Relations Acts. The employer must consent to this. Application Form for claim to the Rights Commissioner:
<http://www.lrc.ie/documents/work/newforms/UnfairDismissals.pdf>

IMPORTANT CONTACTS

Rights Commissioner Service
Department of The Labour Relations Commission
Tom Johnson House
Haddington Road
Dublin 4
IRELAND
Locall: 1890 220 227 (outside O1 area)
Email: rightscomm@lrc.ie

Employment Appeals Tribunal
Davitt House
65a Adelaide Road
Dublin 2
Locall: 1890 220 222
Email: eat@entemp.ie

National Employment Rights Authority
Department of Information Services
Government Buildings
O'Brien Road
Carlow
Locall: 1890 80 80 90
Email: info@employmentrights.ie

SICK LEAVE

Sick Leave Sick pay is not a statutory entitlement. If an employee is off work sick, their employer is not legally bound to pay them for the time they are off. Individual employers may have their own policies and some industries are covered by registered employment agreements and regulation orders which may contain regulations regarding sick pay (links below). If you have no entitlement in your terms and conditions of employment

LEGISLATION

to pay during sick leave, you may be entitled to Illness Benefit, pending social insurance contributions. <http://www.employmentrights.ie/en/informationforemployers/industryspecificinformation/>

SICK LEAVE DURING PUBLIC/ANNUAL LEAVE HOLIDAYS

If an employee is on sick leave during a public holiday, they are entitled to time off work for the public holiday missed. Certain restrictions may apply to part-time workers. Entitlement to public holidays is lost if sick leave continues for more than 26 weeks in the case of ordinary illness and 56 weeks in the case of an occupational accident. If an employee has a medical certificate for days that he/she was ill while on annual leave, they can claim these days as annual leave at a later date. Sick leave will affect annual leave entitlement. A worker is entitled either to carry over, or receive payment for, annual leave which has been earned but not taken because the worker was on sick leave e.g. at year end.

HOSPITAL APPOINTMENTS

An employee may take time off work to attend a hospital appointment. Proof of hospital appointment may be requested. An employee is not automatically entitled to be paid while attending the hospital.

SICK PAY

In general an employee has no right under employment law in Ireland to be paid while on sick leave. It is at the discretion of the employer to decide his/her own policy on sick pay and sick leave, subject to the employee's contract or terms of employment. Illness Benefit may apply if there is no provision for sick pay and the employee has enough social insurance contributions. If the employee does not have enough social insurance contributions, the local Community Welfare Officer should be contacted to assess the situation. Often, a contract of employment will place a maximum period of sick pay entitlement in a stated period. Clear rules should be put in place by

the employer where an employee is sick and is unavailable for work. The employer may require a medical certificate (from GP or family doctor) stating nature of illness and likely date of return to work. Where an employee has consistently been absent from work (or if through illness is no longer capable of continuing work), employment may be terminated. Employees are protected in certain circumstances in this instance through the unfair dismissals legislation. More information available here: http://www.citizensinformation.ie/categories/employment/employment-rights-and-conditions/leave-and-holidays/sick_leave

WORKPLACE MEDIATION SERVICES

"Mediation is a voluntary, confidential process that allows two or more disputing parties to resolve their conflict in a mutually agreeable way with the help of a neutral third party, a mediator" (<http://www.lrc.ie/viewdoc.asp?DocID=458&m=f>). The Labour Relations Commissioner's Office provides a workplace mediation service. Applications for mediation should ideally be made jointly with the Employer. A confidential application can be made to

**Workplace Mediation Service
Labour Relations Commission
Tom Johnson House
Haddington Road, Dublin 4.**

mediation@lrc.ie
http://www.lrc.ie/ViewDoc.asp?fn=/documents/work/Workplace_Mediation_Service.htm&CatID=54&m=w

COMMUNITY RESOURCES

COMMUNITY RESOURCES

This chapter will give an overview of community resources that support the vocational rehabilitation process. These resources include education and training services and volunteering services.

EDUCATION AND TRAINING IN IRELAND

NATIONAL FRAMEWORK OF QUALIFICATIONS

<http://www.nfq.ie/nfq/en>

The NFQ is a system of ten levels that is used to classify and compare qualifications in Ireland. The NFQ is visually represented by a fan diagram. This link takes you to an interactive version of the fan diagram:

http://www.nfq.ie/nfq/en/FanDiagram/nqai_nfq_08.html

This website has downloadable power-point presentations for guidance counsellors on the NFQ <http://www.nfq.ie/nfq/en/advisor.html>

QUALIFAX

<http://www.qualifax.ie>

QualifaX is Ireland's National Learners' Database and provides comprehensive information on further and higher education and training programmes including details of how qualifications are recognised through the National Framework of Qualifications (NFQ). The website has a 'search all courses' function and an 'interest checklist' function. This website details all further and higher education and training programmes in Ireland from certificate to postgraduate level.

FETAC

<http://www.fetac.ie/fetac/homepage.htm>

The Further Education and Training Awards Council (FETAC) is the statutory awarding body for further education and training in Ireland. FETAC makes quality assured awards that are part of the NFQ from levels 1-6. All FETAC courses can be identified through QualifaX.

National Learning Network <http://www.nln.ie>

National Learning Network is the training and education division of the Rehab Group. NLN assists learners (16 years+) at a disadvantage in the labour market to learn the skills they need to build a career or progress with their learning. NLN have over fifty training locations throughout Ireland and are a FETAC accredited provider. No fees apply to any NLN course and there are no formal entry requirements. The majority of NLN courses are funded through FÁS and the HSE. The NLN prospectus with details of all courses and training centres can be downloaded at:

http://www.nln.ie/Documents/NLN_Prospectus_FA_Web.aspx

VOCATIONAL EDUCATION COMMITTEES (VEC'S)

VEC's are statutory educational authorities which have responsibility for (among other things) vocational education training and management of a range of adult and further education colleges delivering education and training to all sectors of the community represented by the VEC's. Information about local VEC's can be accessed at <http://www.ivea.ie>

Adult and Further Education Services provided by VEC's include: Adult literacy, Community education, Adult Education Guidance and Information Service, English for speakers of other languages, Intensive tuition in adult basic education, Part-time courses, Vocational training and opportunities scheme, Workplace learning (for those in work).

The Back to Education Initiative is part time education aimed at those who have not completed leaving certificate. The VEC's offer FETAC courses up to level 6. The VEC's also offer Post Leaving Cert Courses of 1/2 year duration that provide integrated general education, vocational training and work experience with the opportunity to acquire FETAC level 5/6 qualification. A range of

COMMUNITY RESOURCES

outdoor education activities are also under the patronage of the VEC's.

VOCATIONAL TRAINING OPPORTUNITIES SCHEME (VTOS)

The Vocational Training Opportunities Scheme is a European Social Fund supported intervention in the Irish labour market to enable unemployed people who have been on the Live Register for at least six months to access education and training with a view to progression to employment. The minimum age for participation in VTOS is 21 years. Courses are free and childcare support is available. Certification is available at a range of levels, including the Junior Certificate and Leaving Certificate, and the Foundation, Level 1 and Level 2 certificates of the National Council for Vocational Awards. <http://www.iol.ie/~hkvotos/vtos.html>

For further information: Contact the Adult Education Department of your local Vocational Education Committee (VEC)

FÁS

<http://www.fas.ie>

FÁS was the National Training and Employment Authority. FÁS is currently being disbanded. A new further education and training authority called SOLAS (Seirbhís Oideachais Leanúnaigh agus Scileanna) is to be established. FÁS operated training and employment programs, provided a recruitment service to jobseekers and employers, an advisory service for industry, and supported community-based enterprises. The employment services and employment programs have been taken over by the Department of Social Protection and currently (Feb 2010) FÁS continue to provide training opportunities (throughout 2012). 'Search for a course' function allows access to all FÁS courses in Ireland, there are +1600 courses currently on offer by FÁS. Multiple different levels and delivery options are available including: Blended learning, evening courses, online courses, eLearning at the library, RTW, Short Courses, Specific Skills

Training, Sponsored Training, Traineeships and Training Programs.

VOLUNTEERING IN IRELAND

Please note the following information on social welfare payments and voluntary work: http://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/voluntary_work_and_social_welfare_payments.html

VOLUNTEER CENTERS IRELAND

<http://www.volunteer.ie/index.php>

Volunteer Centers Ireland (VCI) is the national organization with responsibility for developing volunteering nationally and locally. VCI is a membership organisation, established by volunteer centers to co-operate and network on any issue relating to volunteer centers and volunteering in Ireland.

Volunteer Centers provide a placement service between individuals and groups who want to undertake voluntary activity and organisations that are seeking to involve volunteers. Their primary function is to match individuals and groups interested in volunteering with appropriate volunteering opportunities. To do this, they offer advice and support to both volunteers and volunteer-involving organisations through a range of services that include information provision, consultation, training and Garda Vetting.

VOLUNTEERING IRELAND

<http://www.volunteeringireland.ie/page.php?id=21>

Volunteering Ireland, the national volunteer development agency, is a body for all organisations involving volunteers in their work and a representative voice for volunteering in Ireland. As an independent membership-based organisation, Volunteering Ireland work to inspire, promote, support and celebrate voluntary activity in Ireland and abroad.

COMMUNITY RESOURCES

ACTIVE LINK

<http://www.activelink.ie>

Active link is an on-line network for Irish not-for-profit organizations and provides information on events, training, employment and volunteering with not for profit organisations.

SAMPLE WORK INSTABILITY PROGRAM

SAMPLE WORK INSTABILITY PROGRAM

AIM

To reduce work instability & risk of work disability of those working with Rheumatoid Arthritis (RA).

HOW?

By educating clients on a variety of methods to improve their self-management of RA & the common challenges faced by people with RA in the work place.

RATIONALE:

RA (& other chronic autoimmune diseases) are a leading cause of work disability (WD) universally. Work instability is prolonged period of mismatch between job demands & a person's functional ability⁶⁹and is the stage where intervention has been shown to be of most effect. Early intervention is key to maintaining and retaining employment^{117-9,120-2}.

PROGRAM STRUCTURE:

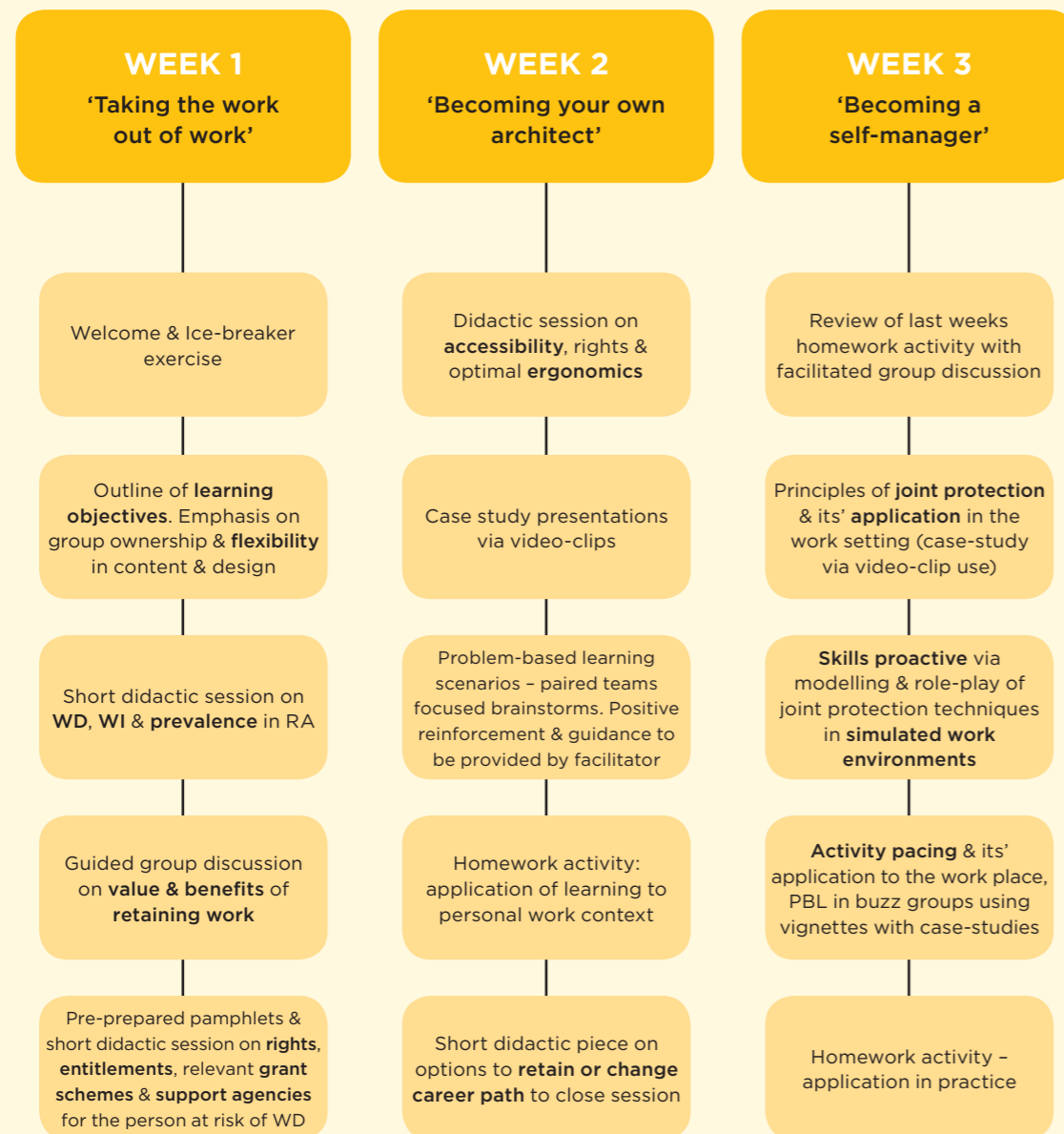
- 6-8 clients with RA
- In full or part-time work
- Identified as experiencing work instability based on results of the RA Work Instability Scale
- Diagnosed > 6/12
- Evaluation for group suitability & to inform group design
- 4 x weekly education workshops
- At a time proposed by the participants as suitable...*remember participants are workers too!*

Evaluation: Work Instability Scale and participant feedback at multiple time points.

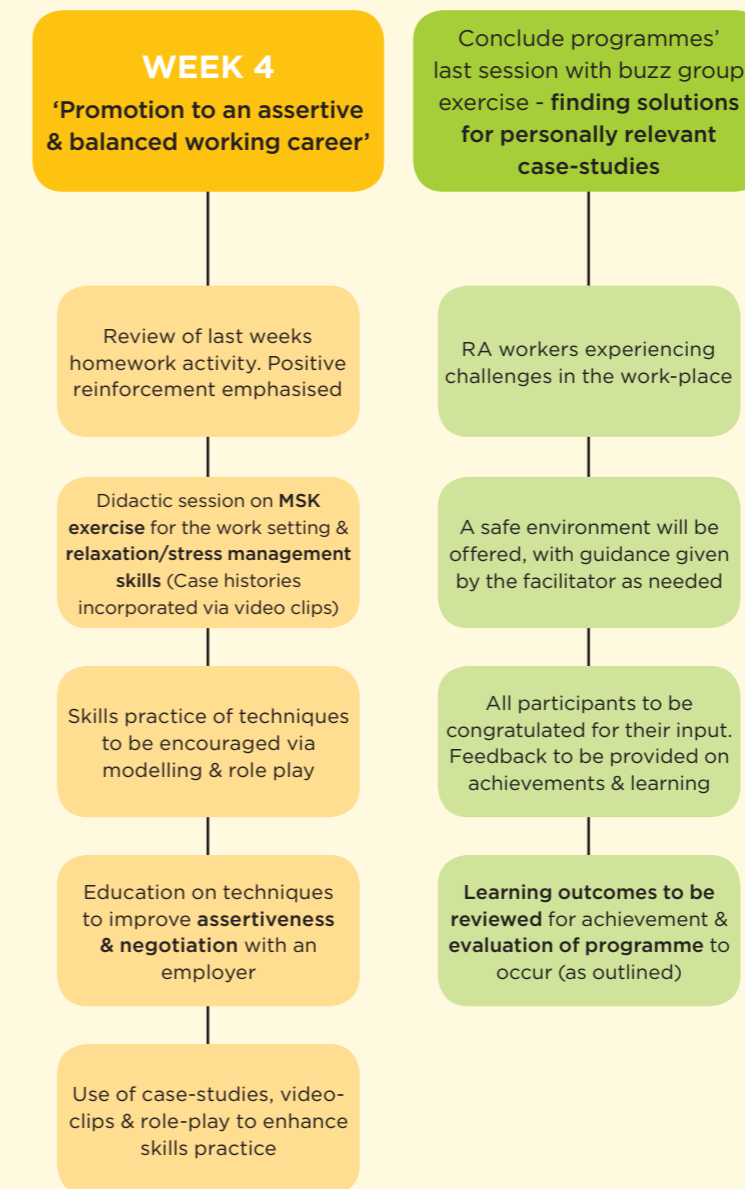
Assessment and Program outline:



SAMPLE WORK INSTABILITY PROGRAM



SAMPLE WORK INSTABILITY PROGRAM



SAMPLE VOCATIONAL REHABILITATION SESSION FOR A PAIN MANAGEMENT PROGRAM (PMP)

SAMPLE VOCATIONAL REHABILITATION SESSION FOR A PAIN MANAGEMENT PROGRAM (PMP)

This section will provide guidance for planning group vocational rehabilitation interventions for people with chronic pain as part of a multidisciplinary Pain Management Program (PMP).

The learning outcomes of five mini-modules are described; these modules can be used flexibly by occupational therapists working with people

with chronic pain. For example elements from different modules could be combined into one long session or all modules could be run as a two day workshop on vocational rehabilitation.

One mini-module session is presented as a session plan (Work Matters).

5 VOCATIONAL REHABILITATION MINI-MODULES

1. Work Matters
2. Your Education and Training Options
3. Understanding Your Rights
4. Managing Pain at Work
5. Pathways to Work

TITLE	OVERVIEW	TARGET POPULATION
Work Matters	The aims of this module are: To educate people with chronic pain/musculoskeletal disorders about the benefits of work. To develop positive attitudes about the working potential of people with chronic pain To provide an opportunity for participants to reflect upon their experiences of work, education, training and volunteering.	Never worked Worked before Working
Your Education and Training Options	This module aims to enable understanding of statutory and private education and training providers and allow opportunities to identify own training and education interests and needs.	Never worked Worked before
Understanding Your Rights	This module introduces the legislative context of employment in Ireland and allows opportunities to develop skill in accessing information.	Never worked Worked before Working
Managing Pain at Work	This module aims to teach pain management techniques and strategies that can enable work performance for example; pacing and time management skills.	Working
Pathway to Work	This module is focused on the development of an individualised personal plan for return to employment/training/education/voluntary work/caring.	Never worked Worked before

SAMPLE VOCATIONAL REHABILITATION SESSION FOR A PAIN MANAGEMENT PROGRAM (PMP)

'WORK MATTERS' LEARNING OUTCOMES

- To understand the barriers to work for people with chronic pain.
- To understand the work continuum (training, education, paid employment, unpaid work, volunteering and caring) and experiences of people with chronic pain at work including work instability and disability.
- To develop understanding of the multiple benefits of work/productivity
- Develop positive attitudes to work
- Address the question: Can someone with chronic pain work?
- To appreciate the links between experiences during the PMP and benefits of occupation & work.
- To identify where on the vocational journey each individual is (self-reflection exercise)

'WORK MATTERS' SESSION PLAN

Questionnaire to determine attitudes to work and beliefs about work in particular fear avoidant beliefs about work.

Fear Avoidance Beliefs Questionnaire.

Case study of an individual's experiences of work including challenges faced and benefits obtained.

'Explain Pain' book as recommended reading to dispel chronic pain myths. (Butler, D. S., Moseley, G. L. and Harman, K. (2003) *Explain pain*, NOI group Publications Australia.)

Facilitator led discussion of barriers to work for people with chronic pain. Using flip chart and brainstorming to develop list of personal barriers, social barriers, physical, environmental barriers and organisational /institutional barriers.

PERSONAL BARRIERS	SOCIAL BARRIERS	PHYSICAL / ENVIRONMENTAL BARRIERS	ORGANISATIONAL / INSTITUTIONAL BARRIERS
Fears of re-injury	Difficult interpersonal relations in the workplace	Restricted environments	No flexi-time options
Lack of self confidence	Inflexible work practices	Lack of space to take breaks	Lack of financial incentive
	Culture of working late		
	Poor teamwork		

SAMPLE VOCATIONAL REHABILITATION SESSION FOR A PAIN MANAGEMENT PROGRAM (PMP)

Career mapping flow diagram activity to determine where each person is on the vocational continuum.

Written case studies of other people with chronic pain at various stages on the work continuum.

Facilitator presentation/lecture about the benefits of work and the consequences of unemployment for health (physical & mental) and well-being. Including brainstorm activity of the negative consequences of unemployment.

Group discussion about the benefits of work (including challenges faced by unemployed people, retired people and injured/ill/disabled workers).

Post - it activity; each person identifies challenges affecting their RTW and place on a poster board.

Reflective activity reflection on own positive experiences of productive occupation (work/self care of leisure). Buzz group sharing these experiences with another participant.

'MANAGING PAIN AT WORK' LEARNING OUTCOMES

- To develop assertive communication & negotiation skills relevant to the workplace
- To develop skills in pacing, planning, time management, joint protection, body mechanics, stress management in the workplace and ergonomics related to pain management at work.
- To understand the role of assistive devices and technology in pain management in the workplace.
- To appreciate the relevance of pain management techniques covered on the PMP for managing pain at work.
- To appreciate the links between pain management and importance of how managing pain outside of work benefits performance in work.
- To understand the information continuum in relation to informing your employer of your condition/limitations as an employee.
- To understand the opportunities re flexible work options.

'MANAGING PAIN AT WORK' SESSION PLAN

- Brainstorming activity to identify pain management techniques for the workplace.
- Facilitator led discussion highlighting techniques already covered as part of the PMP and skills or techniques already developed by participants.
- Workshop on Assertive Communication
- Workshop on Stress Management
- Workshop on Pacing
- Workshop on Joint Protection
- Workshop on Body mechanics
- Workshop on Ergonomics and Assistive Devices
- Testimonials from patients giving examples of creative problem solving to manage pain at work.

SAMPLE VOCATIONAL REHABILITATION SESSION FOR A PAIN MANAGEMENT PROGRAM (PMP)

'YOUR EDUCATION AND TRAINING OPTIONS' LEARNING OUTCOMES

- To understand the statutory and private education and training providers.
- To identify where each individual is on the National Framework of Qualifications
- To explore education and training interests using the Qualifax website.
- To understand how to search for relevant local training and education options.

'UNDERSTANDING YOUR RIGHTS' LEARNING OUTCOMES

- To understand the basic principles of employment legislation in Ireland.
- To become aware of who to contact re: complaints, disputes and breaches of employment law.
- To understand how to access information on employment legislation from CIB.
- To understand the basics of social welfare entitlement related to jobseekers, sick leave and disability benefit and how does engaging in voluntary work, education or training affect benefits.
- How to manage an appeal of benefit entitlement in relation to work or education or training
- To gain an awareness of the pathways that exist for appeal of entitlements/medico legal claims

RESOURCES FOR FURTHER LEARNING

RESOURCES FOR FURTHER LEARNING

The College of Occupational Therapists have produced '**WORK Matters: An Online Learning Resource**'. This e-learning package was developed as a guide for those wishing to learn more about work and VR. The resource includes interactive materials, video and printable resources. The resource includes seven modules in total. The first two modules are available free to BAOT members. Modules 3-7 are available for £45 to BAOT members and modules 1-7 are available to non BAOT members for £80. An order form is available from eda@cot.co.uk or see the link below for further details: http://ilod.cot.org.uk/cpd_tools/tools/WorkMattersAnOnlineLearningResource

Harrison training is a company who offer a range of VR training courses in the UK and Ireland. Please see the link below for further details: http://www.harrisontraining.co.uk/training_courses.asp?courseGroup=Vocational%20Rehabilitation%20/%20Return%20to%20Work%20Training%20Courses

Vocational rehabilitation-what works, for whom, and when? Is an independent review of the scientific evidence for VR commissioned by the Vocational Rehabilitation Task Group (a group of stakeholders representing the UK Government, employers, unions and insurers) in association with the Industrial Injuries Advisory Council (IIAC). The report is available to download for free at this link: <http://www.dwp.gov.uk/docs/hwwb-vocational-rehabilitation.pdf>

Two recent **books** published of relevance to occupational therapy and VR are:

Ross, J. (2008) Occupational therapy and vocational rehabilitation, Chichester: Wiley-Interscience.

Holmes, J. (2007) Vocational rehabilitation, Oxford: Blackwell Publishing.

CASE STUDIES

CASE STUDY 1

June is a forty eight year old single lady who lives alone in a large Irish city. She has a long history of low back pain. She has had previous facet joint injections and facet rhizotomy with little success. She was referred to occupational therapy because of difficulty maintaining work performance. At initial interview she reported she was having difficulty with everyday activities and work. She described these difficulties as being due to both pain and restricted range of movement. She had recently moved to a new position at work due to staff changes and this was causing more difficulty. She reported that all she was managing everyday was 'work then flop'. She described her social and leisure activities as extremely restricted. June had worked for the past 14 years in an administrative role. She described her job as almost exclusively desk based. Her current difficulties in work included difficulties concentrating due to pain, difficulties pacing work activities and lack of knowledge about correct postures at work. June reported that she works 9-5 Monday to Friday. She drives to work and each journey takes 30-40 minutes. She has a thirty minute morning break which she stays at her desk for and a one hour lunch break which she usually spends in the staff room. Her recent move to a new role has necessitated long hours and much overtime. Following the initial interview the occupational therapist identified with June the following initial goals:

- To complete education on goal setting and problem solving

- To complete education on posture and pacing
- To obtain a comprehensive job description from June's employer via questionnaire.

The occupational therapist contacted June's employer with her permission and discussed the role of occupational therapy in facilitating maintenance of work performance. The occupational therapist asked June's employer to complete a questionnaire detailing all aspects of June's job before the work site assessment. June's employer was very willing to complete the questionnaire and stressed that she was willing to work with June to ensure her continued work performance. This questionnaire yielded the following information: June's role was primarily to ensure the organisation adhered to specific procedures in relation to the purchase of equipment and services. Her role involved communication with multiple sectors within the organisation and the completion of management tasks, administrative tasks and a high degree of problem solving. The employer noted that no accommodations had been made to date. The work environment was described as an open plan office with no specialised equipment. The job tasks described included mainly sedentary activities; with very light lifting of files from desk to shoulder height and no carrying. The employer identified that trolleys are available for any carrying of files. The employer estimated in percentage terms the proportion of time the following movements/activities comprised of June's daily work.

ACTIVITY/MOVEMENT	% OF WORK TIME SPENT
Sitting	85-100
Walking	1-17
Twisting	1-17
Going up/down stairs	1-17
Prolonged neck position	85-100 (while at computer)
Dexterity	85-100
Light grasping	51-66
Writing	1-17
Keyboarding	67-84
Near vision	85-100

CASE STUDIES

Following receipt of this questionnaire the occupational therapist met June and discussed the contents with her. June agreed in full with all her employer had reported. The occupational therapist saw June a number of times over the following month for individual sessions where June was educated about pacing, task simplification, problem solving, goal setting, body mechanics, posture and positioning. These sessions also involved correcting some erroneous beliefs June had about pain. June practiced these skills with the occupational therapist through everyday activities in the occupational therapy clinic and applied these skills to other activities through goal setting. June identified goals around more effective pacing at work. The occupational therapist facilitated June to schedule a plan for how she could take a number of 'mini breaks' throughout the work day. The occupational therapist encouraged June to set up an alert mechanism on her computer set to signal every thirty minutes to remind her to check her posture and positioning. They agreed that June should incorporate a number of stretches into her morning break and lunch break. The skills June developed through occupational therapy allowed her to improve her sitting and standing tolerances and she also decided to start taking a short walk daily at lunch time. The occupational therapist gave June and her employer information about an appropriate office chair and a document holder which was adjusted to suit June's height. June's employer purchased both. Following this June was not seen by the occupational therapist for another three months whereupon June reported improved concentration and decreased pain at work. She reported that she was feeling better in the evenings after work and less exhausted leaving work. She also reported that she had started to make some small changes to increase her social activities. The occupational therapist supported her in goal setting around social and leisure activities.

CASE STUDY 2

Elaine is a lady in her mid thirties who was referred to occupational therapy because she was keen to return to work. Elaine has a four year history of chronic low back pain and leg pain. She has tried numerous medications and percutaneous electrical nerve stimulation with limited pain relief. At the time of initial interview Elaine reported she is living with her partner in a city location and has no current return to work plan. She has been off sick from work for ten months. Before this she has returned to work after a four month period of sick leave through gradual increase of work hours, however within a number of weeks this proved unsuccessful. Elaine identified her main difficulties preventing return to work as decreased concentration due to pain, decreased sitting, standing and walking tolerance, difficulty with basic activities of daily living due to pain. Her occupational therapist was concerned about her functional ability and her loss of the worker role and prior failed return to work attempt. After this initial assessment the occupational therapist and Elaine agreed to complete some education on pacing and other strategies to manage pain and improve function including work simplification, goal setting and increasing her activity tolerance. They agreed that Elaine should complete a multidisciplinary PMP. They agreed that the OT would make an initial contact with Elaine's employer. The OT contacted her employer and explained the OT role in facilitating return to work and asked the employer to return a questionnaire which the employer agreed to. The OT discussed the possibility of a work site visit with the employer who was keen to meet with Elaine and the OT and negotiate accommodations that would facilitate her return to work. The returned questionnaire included the following details:

Elaine's role was a technical role as an engineer within an information technology company. Her work environment was described as an

CASE STUDIES

open plan office with cubicles and her role was described as requiring medium lifting of computer parts from floor to waist and waist to shoulder. A trolley was available for moving equipment. The weights required of Elaine to lift were; laptops of 5.6kgs, desktops of 18lbs and printers of 11lbs. Her role involved no management of others and required a high degree of technical knowledge and information technology skills.

The employer estimated in percentage terms the proportion of time the following movements/activities comprised of June's daily work.

ACTIVITY/MOVEMENT	% OF WORK TIME SPENT
Lifting	18-33
Carrying	18-33
Sitting	18-33
Standing	18-33
Firm grasp	18-33
Walking	51-66
Pulling	1-17
Standing	34-50
Bending	34-50
Crouching	34-50
Twisting	34-50
Stretching	1-17
Writing	1-17
Reaching	11-17

Her work hours were 9-5 with a one hour lunch break and a mid morning 30 minute break.

Her OT did not have a clear understating of Elaine's job role from the returned questionnaire and planned a worksite visit with the agreement of Elaine and the employer. During the work site visit the following was identified:

Time spent answering phone calls and completing data entry was significantly more than Elaine or the employer had identified. The following accommodations/ changes were

identified and negotiated with Elaine and her employer as part of a return to work contract:

- Elaine requires a break at 10am and 3pm of fifteen minutes and lunch from 1-2 rather than one break of 30 mins mid morning.
- Seat pad, lumbar support and foot rest required: OT to provide information and employer to purchase
- Elaine to incorporate a number of stretches throughout the work day
- Elaine to practice relaxation techniques for ten minutes at lunch
- Elaine to use a phone headset at all times
- The OT adjusted Elaine's keyboard and

marked her desk so she can ensure her keyboard is centred at all times.

- The OT decreased the height of Elaine's computer screen
- Elaine to set reminders on computer to remind her to change position
- Elaine was advised by the OT to get up when moving files and equipment at her desk and to avoid reaching from a sitting position.
- A graded return to work from 8am-1pm five days a week for six weeks was negotiated.

CASE STUDIES

- Elaine is due to attend a PMP in June and her employer agreed to time off to facilitate this.
- Problem solving and review of issues arising

The contract included that Elaine and her employer would review the first six weeks and problem solve any difficulties arising contacting the OT if necessary and then proceed to a further three weeks of two days per week part time and three days per week full time before returning to full time work.

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