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| Negotiating return to work in the age of demographic change through industrial relations (VS/2019/0075) | | |  | |
| **Ireland** | | |
| **General indicators for work incapacity, industrial relations and chronic disease\*** | | | | | | | |
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| ***Public spending on incapacity (% of GDP)*** | ***Collective bargaining coverage (%)*** | | | ***Chronic morbidity (people having longstanding illness or health problems)[[1]](#footnote-1)*** | | | |
| **Policy framework and key issues for return to work** | | | | | |
| * No systematic support framework guiding the reintegration of employees with chronic illness back into the workplace at national level * Where chronic illness is captured in policy and legislation, it typically comes under the umbrella of disability * Policies and supports focus on the unemployed rather than employed workers with regard to return to work * Key legislation: The Employment Equality Status Acts (1998-2015), Health & Safety at Work Act (2005), Unfair Dismissals Acts (1977-2015), Disability Act (2005), Industrial Relations Acts (1969, 1990, 2015) | | * No national forum for stakeholder cooperation to facilitate discussion on return to work after chronic disease * Lack of coordination mechanisms between key stakeholders to support the worker returning to work (e.g. between government agencies, health professionals, employers and the worker) * No statutory right to an occupational sick pay scheme * Limited vocational rehabilitation support * Significant gap in government policy whereby people are required to be unemployed/inactive before they can avail of support | | | | | |
| ***Policy framework*** | | ***Key policy issues*** | | | | | |
| **Involvement of social partners in return to work policies** | | | | | | | |
| * Liberal market economy with voluntarist industrial relations * Decline of national-level social partnership * Some segmented national-level social dialogue on industrial relations issues * Return to work after chronic illness is not a current priority area for national employers or union bodies * Fragmented provision of RTW support and information | | * Clear company policy templates developed for return to work often through absence management policies * Good managerial communication procedures with employee from diagnosis and during sickness and recovery until ready to return to work * Limited union involvement on RTW issues at company level in some cases * Where collective agreements regulating the reintegration of workers following a sickness absence exist, these are generally effective * RTW policies at company level should be annually reviewed * Provision of training to HR and line managers on best practices on return to work with CIPD involvement * Creation of company-level best practice champions on return to work | | | | |
| ***National level*** | | ***Company level*** | | | | |
| **Policy recommendations** | | | | | | | |
| **Recommendations for policymakers**   * Establishment of intergovernmental departmental body on creating an RTW national framework * Development of national, integrated RTW framework with governmental, social partner and NGO/patient groups with clear actions, roles specified, responsibilities given and adequate funding provided * Urgent need to introduce legislation to make sick pay an employment right for all workers in Ireland * Systematic national collection of data on current RTW situation to identify gaps and future needs * Work with government agencies, NGOs, employer bodies and unions on awareness-raising activities to support return to work after chronic illness | | **Recommendations for social partners**   * Make RTW policies and discussions part of any national social dialogue * Both national employers and union bodies should agree a systematic approach to return to work * Create mechanisms to ensure involvement of NGOs and patient groups in national dialogue on return to work * Create national comprehensive RTW framework with a centralised “one stop hub” for coordination, education and advice for workers and employers * Increase focus on vocational rehabilitation supports to ensure timely intervention and support for return to work | | | | |
| **Further information** | | | | | | | |
| **References**    \*Sources: Data on public spending on incapacity and collective bargaining coverage is taken from the OECD. Chronic morbidity is taken from Eurostat. | | | | | | | |

1. The concept is operationalised by a question asking if the respondent suffers from any longstanding (of a duration of at least six months) illness or health problem. [↑](#footnote-ref-1)