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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

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| ***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
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| ***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
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| **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)