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

A HANDBOOK FOR OCCUPATIONAL THERAPISTS
HANDBOOK AUTHORS
B. Brennan¹, O. Corcoran², B. Irudayaraj³, S. A. Kearney⁴, V. Kelley, E. Lyons⁴, L. Magee⁵, K. Robinson⁶, S. Vine⁷

¹Occupational Therapy, St. Vincent’s Univ. Hosp., Dublin.
²Occupational Therapy, Waterford Regional Hosp., Waterford.
³Occupational Therapy, Mercy University Hosp., Cork.
⁴Occupational Therapy, Our Lady’s Hospice Harold’s Cross, Dublin.
⁵Occupational Therapy, Belfast City Hosp., Belfast.
⁶Occupational Therapy, Univ. of Limerick, Limerick.
⁷Occupational Therapy, Clifden Primary Care, Galway.

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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.

INTRODUCTION AND BACKGROUND

VOCATIONAL ASSESSMENT

INTERVENTION TO ADDRESS CLIENTS VOCATIONAL NEEDS

IRISH SOCIAL WELFARE SYSTEM AND OTHER FINANCIAL SUPPORTS OF VR

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THIS HANDBOOK IS ENDORSED BY THE ASSOCIATION OF OCCUPATIONAL THERAPISTS OF IRELAND
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 pain. Chronic pain affects 13% of the Irish population and the costs of disability payments for low back pain in Ireland alone are estimated at €348 million. 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 development. 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.

**WORK: AN OCCIDENTAL 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 participation. 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 status. 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 health. Furthermore, a robust body of evidence supports the multiple benefits of volunteering for well-being.

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). 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):

- 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

**MUSCULOSKELETAL DISORDERS AND WORK DISABILITY**

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 pain.

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 €1.6billion. Similarly, a Lithuanian study found that after 10 years of rheumatoid arthritis, 48% of patients had withdrawn from the labour force. Withdrawal from work has been shown to be 3.1 times higher in patients with AS than expected in the general population.

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 days and the times from RA diagnosis until a 50% probability of being work disabled varied from 4.5 to 22 years. A review of cross-sectional and longitudinal studies also found substantial work disability rates in people with RA.
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.

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 treatment28 (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"29 (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 well-being and their knowledge of the therapeutic power of occupation.

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

KEY PRINCIPLES

• Assessment is a fundamental step in the vocational rehabilitation (VR) process. 
• The use of valid, reliable, relevant and useful assessments is essential. 
• 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 debriefing. 
• Assessment is not ‘done to’ a client but involves therapist and client collaboration and active participation. 
• There is no one single assessment that will guide a vocational rehabilitation process. 
• Assessment should include both interview and observation. 
• Assessment must be multidimensional addressing client factors, performance skills, performance patterns, areas of occupation, context and environment and activity demands. 
• A variety of assessment methods and a range of assessments including standardised and non standardised assessments are required. 
• Assessment of injured workers should be both client-centred and job specific. 
• A useful framework for assessment is the Person Occupation Environment model. 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

ENVIRONMENT: ASSESSMENT DIMENSIONS

- RISKS
- COMPANY’S BUSINESS
- EMPLOYERS RTW POLICIES
- PERCEIVED VALUE OF THE PERSON TO THE COMPANY
- EMPLOYERS WILLINGNESS TO SUPPORT RTW
- PHYSICAL ENVIRONMENT
- PSYCHOSOCIAL ENVIRONMENT

PERSON: ASSESSMENT DIMENSIONS

- STAGE ON THE WORK JOURNEY
- OCCUPATIONAL PERFORMANCE
- MOTIVATION
- FUNCTIONAL CAPACITY
- PSYCHOSOCIAL FACTORS
- WORK VALUES & BELIEFS
- EDUCATION
- HEALTH INFORMATION
- WORK HISTORY & CURRENT WORK
- SIZE OF COMPANY
- PERCEIVED VALUE OF THE PERSON TO THE COMPANY
The chart on page 9 illustrates how assessment is influenced by the individual's 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](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 client’s 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 identity[1]. Please see below for a template for an initial vocational assessment.
VOCATIONAL ASSESSMENT

OCCUPATIONAL PERFORMANCE
Assessment of occupational performance can be completed by client self-report, observation and/or the Canadian Occupational Performance Measure19-20.

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 limitations21. 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 below22. 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.

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

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 limb23. The DASH has been shown to be valid, have test-retest reliability and be responsive24-25. 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 conditions26,27. 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)28 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 reliability and correlates well with other measures of disability29,30. Available online from the Centre for Evidence Based Physiotherapy (Maastricht) http://www.cebp.nl/?NODE=77&SUBNODE=1129

PAIN CATASTROPHISING SCALE
Catastrophising is “an exaggerated negative mental set brought to bear during actual or anticipated painful experience”23(p53). Catastrophising is one of the strongest predictors of poor adjustment to chronic pain23. 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

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 injury31. 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) is 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 disability32,33. The PDI is available online from the University of Michigan health system http://www.med.umich.edu/~info/fhp/practiceguides/pain/detpdi.pdf
VOCATIONAL ASSESSMENT

Consistency\textsuperscript{64}. High scores on the PCS in patients with arthritis after knee replacement surgery were predictive of persistent knee pain and disability two years later\textsuperscript{65}. Continuous being assessed after occupational injury predicted the development of chronic pain and disability\textsuperscript{66,67}. 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\textsuperscript{68,69}. The TSK has established reliability and validity\textsuperscript{70}. The TSK is available online from the Work Cover Victoria website http://www.ltc.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 illness\textsuperscript{71}. 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 interventions\textsuperscript{72,73}. Available to order from the College of Occupational Therapists www.cat.org.uk or from the MOHO clearinghouse website http://www.moho.uc.edu

WORK LIMITATIONS QUESTIONNAIRE: The work limitations questionnaire\textsuperscript{74} 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)\textsuperscript{75}. The WLQ contains 4 scales; physical demands, time demands, mental–interpersonal demands and output demands.

WORKABILITY 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 maintained\textsuperscript{76}. 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 mortality\textsuperscript{77,78}. The WAI 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\textsuperscript{79,80}.

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 clients\textsuperscript{81,82}.

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\textsuperscript{83,84}. 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 employment\textsuperscript{84,85}. 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 occupations\textsuperscript{86}. For a comprehensive description of FCE’s please see Holmes\textsuperscript{87}. There is strong evidence that FCE’s do not predict safe and sustainable return to work\textsuperscript{88-90}. 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).
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 choice\(^2\). This theory is useful when engaging in career and interest exploration with clients. Holland developed a six factor terminology 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 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 Marks 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 (JCO) 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 insecurity\(^3\). The assessment has established reliability\(^4\), however some issues with the reliability of the measure have been highlighted\(^5\). The assessment is available from http://www.jcpcenter.org free once you register the purpose for which you are using the JCO.

RAPID UPPER LIMP ASSESSMENT - RULA
The RULA is an on-line assessment from University of Nottingham developed for use in 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 study\(^6\), http://www.rula.co.uk

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)\(^7\)
The work environment impact scale is a semi-structured interview and rating scale. Construct validity and internal consistency of the WEIS have been established\(^8\). 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\(^9\). 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
CLIENTS VOCATIONAL NEEDS

INTERVENTION TO ADDRESS

EVIDENCE STATEMENTS FROM
‘VOCATIONAL REHABILITATION - WHAT WORKS FOR WHOM,
AND WHEN?’ ³⁴.

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

Waddell, Burton and Kendall³⁵ 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-effective³⁶ (p.16-18)

INTERVENTION TO ADDRESS
CLIENTS VOCATIONAL NEEDS

OTHER PRACTICE GUIDELINES/ REVIEW DOCUMENTS

The College of Occupational Therapists National Association of Rheumatology Occupational Therapy Clinical Guidelines for the management of rheumatoid arthritis³⁷ and the findings of the ‘Fit for Work’ European report³⁸ are in keeping with the recommendations of Waddell, Burton and Kendall³⁵.

The College of Occupational Therapists have developed clinical guidelines for occupational therapists working in rheumatology³⁹. 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 accommodations³⁹.

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 Spondyloarthropathy⁴⁰. 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 psychologists⁴¹. ‘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 symptoms⁴².

The American Occupational Therapy Association (AOTA) published Practice Guidelines for individuals with Work-related Injuries and Illnesses⁴³. 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 presented⁴⁴. For back pain this AOTA review⁴⁴ 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 (worksite 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 review⁴⁴.
INTERVENTION TO ADDRESS CLIENTS VOCATIONAL NEEDS

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 screened. 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 and many others 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 on their GP on these subjects. 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 it.

Compounding these issues is the frequent concealment of arthritis in the workplace.

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’ 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 review:

- The rate of mental health conditions is higher among those with chronic physical health conditions.
- Approximately 25% of people with arthritis report a mental health condition.
- 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 depressed.
- Co-morbid mental and physical health conditions lead to worse functional health outcomes.
- Work stress and co-morbid physical and mental health conditions can lead to more disability days, partial disability days, and extra effort days.

Physical impairment and pain correlate poorly with disability. 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 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 pain. 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 disability. 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 age. 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 complaints.

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 less likely once the person has lost their job. Early communication between healthcare provider and employer is recommended. 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 completed. 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, self-advocacy, workplace 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 communication. 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 work. Participants were classified as sub acute (4-12 weeks), early chronic (3-6 months) or chronic (6-18 months). Return to work rates were 80% (sub-acute), 72% (early chronic), and 32% (chronic) emphasising the importance of early intervention. Furthermore, a randomised controlled trial (n=242) to determine the efficacy of
The return to work plan is 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 principles. 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 care.

In their systematic review Waddell, Burton and Kendall 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 people with chronic/persistent musculoskeletal disorders.

Involving the employer and going to the workplace

Successful VR cannot occur in isolation from the workplace and the employer. Ross 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. 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 the use of biopsychosocial assessment and intervention in close proximity to work for improved early management of musculoskeletal disorders. 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 workplace. 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 disability. 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). Furthermore, in a review of early pain management for musculoskeletal disorders, intervention in close proximity to work for improved early management of MSDs was endorsed. 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 recommended.

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 disability. 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 period. 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 members.

Always consider temporary modified work

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 activities. Returning to modified work has been demonstrated to help recovery for clients with upper limb disorders. 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 duties. 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 arrangement. 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.
with work-related injuries for 6 months or longer\(^3\). Another positive feature of this approach is that the low cost nature of this VR intervention\(^4\).

**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 work\(^5\). 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 pain\(^6\).

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 workers\(^7\). 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 pain\(^8\).

**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-up\(^9\). This review also found that work hardening/physical conditioning may have an effect on sick leave for workers with sub-acute back pain and work-place involvement might improve the outcome\(^10\). 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 alone\(^11\). 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 care\(^12\).

**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 counsellor was found

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, psychotherapy or a vocational rehabilitation/work component\(^13\). 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 found\(^14\).

**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 centre\(^15\). The job placement and support program comprised of an individual interview, vocational counselling, job preparation training, and assisted placement using a case management approach\(^16\).
INTERVENTION TO ADDRESS CLIENTS VOCATIONAL NEEDS

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), FAS, 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.


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

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 dependents) 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.

Local: 1890 74 74 34
Email: swapspeals@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
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.

ILNESS BENEFIT

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 15 February 2009, 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/IlnessDisabilityAndCaring/PeoplewithDisabilities/InvalidityPension/Pages/ip.aspx

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 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/iw1.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)

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 Local: (01) 989 928 400

DISABILITY ALLOWANCE

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/dal.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
IRISH SOCIAL WELFARE SYSTEM AND OTHER FINANCIAL SUPPORTS OF VR

Other Financial Supports of VR and the Irish Social Welfare System

A person of your age, experience and qualification

• 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 on the excellent resource prepared by the Citizens Information Bureau ‘Disability Payments and Work’.

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

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


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.

Disability Benefit


Disability 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/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 Disability Benefit and be permanently incapable of work.

Constant Attendance Allowance


Constant Attendance Allowance is a weekly allowance which you may be paid if you are getting Disability 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/DisabilityBenefit/Pages/medicalcare.aspx

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

PDF about this scheme: http://www.welfare.ie/EI/Publications/5W92/Documents/sw92.pdf

BACK TO EDUCATION PROGRAM
The Back to Education Programme includes 3 different options:
1. Full-Time 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/Programs/irisheo.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.ida.ie/ir/vtos/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): Jobseeker’s 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

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

SUPPLEMENTARY WELFARE SCHEMES
SUPPLEMENTARY WELFARE ALLOWANCE http://www.welfare.ie/EN/Schemes/SupplementaryWelfareAllowances/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 supplementary 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://communitywelfare.service.ie/cws_public/sites/default/files/SWA%2001.pdf

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.

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 9 months (234 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
• 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
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 supplementary scheme if they have used up their entitlement to 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.
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. Otherwise they will keep their social welfare payment and will get an extra €50 per week.

OTHER FINANCIAL SUPPORTS OF VR
IRISH SOCIAL WELFARE SYSTEM AND OTHER FINANCIAL SUPPORTS OF VR

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. When you are accepted on a course, you may qualify for 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 have 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.

- 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

- Aged 25 years or older, unemployed and receiving Jobseeker’s Benefit (J), 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

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 (J), 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
IRISH SOCIAL WELFARE SYSTEM AND OTHER FINANCIAL SUPPORTS OF VR

EDUCATION TRAINING AND DEVELOPMENT OPTION
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
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
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
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.

LEGALISATION

EMPLOYMENT LAW
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.
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/HR/Pub/0004/05/IBEC_4188-8480-91319B44466D/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.


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 employer’s 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.hsa.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 employees 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

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

PROTECTION OF EMPLOYEES (PART-TERM WORK) ACT 2001

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

TERMS OF EMPLOYMENT (INFORMATION) ACT, 1994 AND 2001

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 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 and 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 available online at http://www.irishstatutebook.ie/1994/en/act/pub/0005/index.html


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. 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.


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
Local: 1890 220 227 (outside 01 area)
Email: rightscomm@lrc.ie

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

National Employment Rights Authority
Department of Information Services
Government Buildings
O’Brien Road
Carlow
Local: 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 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 employer 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&nif). 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.
Email: mediation@lrc.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 to pay during sick leave, you may be entitled to Illness Benefit, pending social insurance contributions. http://www.employmentrights.ie/en/informationforemployers/industryspecificinformation/
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/nfq_en_fan.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 form certificate to postgraduate level.

FETAC
http://www.fetac.ie/fetac/homepage.htm
FETAC is the statutory awarding body for education and training in Ireland. The VEC’s offer FETAC courses up to level 6. All FETAC courses can be identified through Qualifax.

National Learning Network (NLN)
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.ieea.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 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.vtos.ie/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 (Seoirbhís Oideachais Leainreachta 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 2012) 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.

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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 ability and is the stage where intervention has been shown to be of most effect. Early intervention is key to maintaining and retaining employment.

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:

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.

PRE-GROUP SCREEN
Phone interview:
- current health status
- worker role
- degree of learning needs
- learning style
- motivation

Worker Instability Scale (WIS) (Gilworth et al 2003)

To assess for suitability & allow tailoring of final design
<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>‘Taking the work out of work’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome &amp; Ice-breaker exercise</td>
<td></td>
</tr>
<tr>
<td>Outline of learning objectives. Emphasis on group ownership &amp; flexibility in content &amp; design</td>
<td></td>
</tr>
<tr>
<td>Short didactic session on WD, WI &amp; prevalence in RA</td>
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<tr>
<td>Guided group discussion on value &amp; benefits of retaining work</td>
<td></td>
</tr>
<tr>
<td>Pre-prepared pamphlets &amp; short didactic session on rights, entitlements, relevant grant schemes &amp; support agencies for the person at risk of WD</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEK 2</th>
<th>‘Becoming your own architect’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic session on accessibility, rights &amp; optimal ergonomics</td>
<td></td>
</tr>
<tr>
<td>Case study presentations via video-clips</td>
<td></td>
</tr>
<tr>
<td>Problem-based learning scenarios – paired teams focused brainstorm. Positive reinforcement &amp; guidance to be provided by facilitator</td>
<td></td>
</tr>
<tr>
<td>Homework activity: application of learning to personal work context</td>
<td></td>
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<tr>
<td>Short didactic piece on options to retain or change career path to close session</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEK 3</th>
<th>‘Becoming a self-manager’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of last week’s homework activity with facilitated group discussion</td>
<td></td>
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<tr>
<td>Principles of joint protection &amp; its’ application in the work setting (case-study via video-clip use)</td>
<td></td>
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<tr>
<td>Skills proactive via modelling &amp; role-play of joint protection techniques in simulated work environments</td>
<td></td>
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<tr>
<td>Activity pacing &amp; its’ application to the work place, PBL in buzz groups using vignettes with case-studies</td>
<td></td>
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<tr>
<td>Homework activity – application in practice</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEK 4</th>
<th>‘Promotion to an assertive &amp; balanced working career’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of last week’s homework activity. Positive reinforcement emphasised</td>
<td></td>
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<tr>
<td>Didactic session on MSK exercise for the work setting &amp; relaxation/stress management skills (Case histories incorporated via video clips)</td>
<td></td>
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<tr>
<td>Skills practice of techniques to be encouraged via modelling &amp; role play</td>
<td></td>
</tr>
<tr>
<td>Education on techniques to improve assertiveness negotiation with an employer</td>
<td></td>
</tr>
<tr>
<td>Use of case-studies, video-clips &amp; role-play to enhance skills practice</td>
<td></td>
</tr>
</tbody>
</table>

| Conclude programmes’ last session with buzz group exercise - finding solutions for personally relevant case-studies |
| RA workers experiencing challenges in the workplace |
| A safe environment will be offered, with guidance given by the facilitator as needed |
| All participants to be congratulated for their input. Feedback to be provided on achievements & learning |
| Learning outcomes to be reviewed for achievement & evaluation of programme to occur (as outlined) |

| Homework activity: application of learning to personal work context |
| Activity pacing & its’ application to the work place, PBL in buzz groups using vignettes with case-studies |
| Use of case-studies, video-clips & role-play to enhance skills practice |

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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

‘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.
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.

<table>
<thead>
<tr>
<th>TITLE</th>
<th>OVERVIEW</th>
<th>TARGET POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Matters</td>
<td>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.</td>
<td>Never worked Worked before Working</td>
</tr>
<tr>
<td>Your Education and Training Options</td>
<td>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.</td>
<td>Never worked Worked before</td>
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<tr>
<td>Understanding Your Rights</td>
<td>This module introduces the legislative context of employment in Ireland and allows opportunities to develop skill in accessing information.</td>
<td>Never worked Worked before Working</td>
</tr>
<tr>
<td>Managing Pain at Work</td>
<td>This module aims to teach pain management techniques and strategies that can enable work performance for example; pacing and time management skills.</td>
<td>Working</td>
</tr>
<tr>
<td>Pathway to Work</td>
<td>This module is focused on the development of an individualised personal plan for return to employment/training/education/voluntary work/caring.</td>
<td>Never worked Worked before</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>PERSONAL BARRIERS</th>
<th>SOCIAL BARRIERS</th>
<th>PHYSICAL / ENVIRONMENTAL BARRIERS</th>
<th>ORGANISATIONAL / INSTITUTIONAL BARRIERS</th>
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</thead>
<tbody>
<tr>
<td>Fears of re-injury</td>
<td>Difficulty interpersonal relations in the workplace</td>
<td>Restricted environments</td>
<td>No flexi-time options</td>
</tr>
<tr>
<td>Lack of self confidence</td>
<td>Inflexible work practices</td>
<td>Lack of space to take breaks</td>
<td>Lack of financial incentive</td>
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<td></td>
<td>Culture of working late</td>
<td></td>
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<td></td>
<td>Poor teamwork</td>
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</table>
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.

‘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

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

SAMPLE VOCATIONAL REHABILITATION SESSION FOR A PAIN MANAGEMENT PROGRAM (PMP)
Two recent books published of relevance to occupational therapy and VR are:


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.

<table>
<thead>
<tr>
<th>ACTIVITY/MOVEMENT</th>
<th>% OF WORK TIME SPENT</th>
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</thead>
<tbody>
<tr>
<td>Sitting</td>
<td>85-100</td>
</tr>
<tr>
<td>Walking</td>
<td>1-17</td>
</tr>
<tr>
<td>Twisting</td>
<td>1-17</td>
</tr>
<tr>
<td>Going up/down stairs</td>
<td>1-17</td>
</tr>
<tr>
<td>Prolonged neck position</td>
<td>85-100 (while at computer)</td>
</tr>
<tr>
<td>Dexterity</td>
<td>85-100</td>
</tr>
<tr>
<td>Light grasping</td>
<td>51-66</td>
</tr>
<tr>
<td>Writing</td>
<td>1-17</td>
</tr>
<tr>
<td>Keyboarding</td>
<td>67-84</td>
</tr>
<tr>
<td>Near vision</td>
<td>85-100</td>
</tr>
</tbody>
</table>
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 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 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 11lbs 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.

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

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 understanding 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

Elaine was advised by the OT to get up at 6am-7pm 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.

REFERENCES

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References


