

NDA Policy Advice on Vocational Rehabilitation Provision in Ireland

September 2021

Executive summary

The purpose of this National Disability Authority (NDA) policy advice paper is to recommend ways of improving the pathways back to sustainable employment for people who leave the workplace as a result of the onset of a disability or long-term illness through a national policy and system for vocational rehabilitation.¹ Successive Organisation for Economic Cooperation and Development (OECD) reports, and a 2015 NDA-commissioned international research study have highlighted that Ireland has, at present, a poorly developed vocational rehabilitation system.² This paper was originally published in draft format in 2020 pending a survey and consultation with persons with acquired disabilities on their lived experience of supports available to them in returning to work after acquiring their disability or illness. This final advice paper incorporates finding from that work. A more detailed analysis of that survey and consultation is available at www.nda.ie.

Taking on board the evidence from research and consultation with key Irish stakeholders including persons with acquired disabilities, this paper provides details on the key elements necessary for a system of vocational rehabilitation to function in the Irish system. One of the key professional roles in the delivery of vocational rehabilitation is that of an occupational therapist. The Association of Occupational Therapists of Ireland (AOTI) describe

Vocational rehabilitation as a process that enables individuals to overcome the barriers they face when accessing, remaining or returning to work following injury, illness or impairment.

This definition expands to state that vocational rehabilitation has the potential to reduce the risk, cost and negative human effect of work disability. This definition of vocational rehabilitation is appropriate in the Irish context as it views

¹ This advice paper submitted to the Minister of State for Disability fulfils NDA commitments under the Comprehensive Employment Strategy for People with Disabilities 2015 to 2024 and the National Disability Inclusion Strategy 2017 to 2021 (Action X).

² OECD (2010) *Sickness, Disability and Work: Breaking the Barriers - A synthesis of findings across OECD countries*. <https://www.oecd.org/els/soc/46488022.pdf>

vocational rehabilitation as a process rather than a single intervention, one that supports people from a range of acquired disabilities and/or health related conditions.

Key gaps in the Irish system

The NDA advises that there are a number of gaps that will need to be addressed in order to develop a vocational rehabilitation system that can support individuals who may acquire a disability or health condition while of working age, and who wish to work. This paper presents these gaps as:

- The absence of a joined up pathway or systematic links between medical rehabilitation, the welfare system, guidance and supports to jobseekers, vocational training, disability support organisations and employers, in regard to people who acquire a disability;
- Lack of information available to people with acquired disabilities and long term health conditions on their conditions and supporting their return to work, education and or self-employment³
- Key elements of a vocational rehabilitation system are missing or underdeveloped, such as functional assessment, provision of assistive technologies and case management;
- Recent changes to the welfare system in Ireland may require further measures, in order to link access to illness or disability benefit payments to disability employment supports for those with acquired disability or long term illness who wish to pursue work. Ideally, an application for an illness or disability payment would trigger access to tailored employment supports;
- Lack of awareness for employers of supports available to assist the return to work of employees, and lack of provision of specific supports such as occupational health expertise and guidance on technologies to support return to work;
- To acknowledge the lack of capacity in vocational rehabilitation practice, professional development and education .While this advice paper describes significant developments underway in mainstream and disability specific related education, welfare and health services and systems, there remains work necessary to progress a well-functioning and coordinated vocational rehabilitation programme;

³ NDA consultation 2021

The NDA advises that essential action to establish a vocational rehabilitation programme must include:

Person with acquired disability and or long-term health condition:

- Ensuring that the individual and their particular requirements are at the centre of the vocational rehabilitation system.
- Noting that a successful vocational rehabilitation process starts with ‘early intervention’. All other elements of vocational rehabilitation will stem from this point, building along a coordinated vocational rehabilitation pathway.
- On placing an initial claim to the benefits system, that application/ claim should trigger access to the vocational rehabilitation programme
- The Case Management approach locates the vocational assessment and the allocation of interventions as per the individual case. In effect, the Case Manger role navigates the system for the individual. In other jurisdictions the return to work case manager assesses, plans, implements, coordinates, monitors, and evaluates the options and services to achieve a successful return to work outcome.⁴
- Accept that people with acquired disabilities or long-term health conditions who undergo a vocational rehabilitation pathway expect that they will have moved closer to employment as the outcome of the process,

Many people with acquired disability or long term health condition want options to explore, be that return to work or otherwise, rather than solely access to long-term receipt of illness or disability benefits. Many articulated the need for flexible options regarding hours at work or education, as rarely was a full time participation a desired outcome.

Vocational rehabilitation programme

⁴ OCWP (2007) **OWCP Procedure Manual Part 3 – Rehabilitation**. Washington – DC, US: Office of Workers’ Compensation, US Department of Labour. Retrieved (24/08/2015) from: <http://www.dol.gov/owcp/procedure-manual/rehab.pdf>

Chamberlain, M. A, Fialka-Moser, V., Schüldt-Ekholm, K., O’Connor, R. J., Herceg, M. & Ekholm, J. (2009) ‘Vocational Rehabilitation: An Educational Review’, **Journal of Rehabilitation Medicine**, 41, pp. 856–869. Retrieved (24/08/2015) from: <http://www.medicaljournals.se/jrm/content/?doi=10.2340/16501977-0457&html=1>

Casey, P. & Cameron, I. (2014) **Principles of Best Practice in Occupational Rehabilitation for AIA Australia**. Melbourne, AUS: AIA Australia. Retrieved (24/08/2015) from: http://www.aia.com.au/en/resources/3b9ba88044c4d35380b1f40af27d2d40/Occ_rehab_best_practice_framework_0714.pdf

- Consistent effort across the system is required to build capacity amongst professionals who have a key role in the vocational rehabilitation system. In particular, to address capacity deficits with regard to, lack of employment guidance counselling, lack vocational assessment, lack of access to occupational therapies and lack of specific case management expertise.
- There are certain elements of a vocational rehabilitation system that operate in the Irish system, however they do not constitute national programme and where they do exist they would benefit from a better system of coordination.
- Of the elements of vocational rehabilitation that do not currently exist, the implementation process must provide a mechanism to ensure they link to the aspects of vocational rehabilitations already in the system.
- For the vocational rehabilitation programme to succeed, it would be preferable for a single department or agency to lead the coordination through a multi-agency collaboration process. This collaboration is best defined as “a process in which organisations exchange information, alter activities, share resources, and enhance each other’s capacity for mutual benefit and a common purpose by sharing risks, responsibilities and rewards.”

Wider system

- Ratification of the United Nations Convention on Rights of People with Disabilities and realisation of Articles 26 and 27⁵. (Please see Appendix 1)
- Delivering the Sláintecare objective of a universal healthcare system requires a specific social care strategy, one that links medical and rehabilitation provision. Social care provision within Sláintecare must be delivered locally, where people can access their services.
- Changes to the social protection system so that it can act as a trigger or systematic alert to access vocational rehabilitation measures⁶.
- Collaborative working would be supported by a referrals process, operational protocols and the development of quality standards between agencies and providers.

⁵ Article 26 covers the promotion of vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities. Article 27 covers the right to work and employment for people with disabilities, including for those who acquire a disability during their employment. Please see Appendix one for details and relevance

⁶ Page 23 section 2.9 social protection and vocational rehabilitation WRC report

- Implementation of tailored employment interventions for people with disabilities with high support needs as outlined in the Comprehensive Employment Strategy for people with disabilities 2015 to 2024 must be part of the interwoven measures.
- Providing employers with access to a range of services including information regarding supporting employees return to work, and access to occupational rehabilitation supports is essential. Research and consultation has shown that these supports are under developed in Ireland.

An Individuals pathway through a vocational rehabilitation programme

These are the necessary stages of the vocational rehabilitation pathway for an individual with acquired disability and or long term health condition to access.

Stage of pathway	Components
Assessment & Evaluation	Vocational Assessment
	Functional Capacity Evaluation
	Job/Person matching
	Work sampling or on the job assessment
Advice & Guidance	Information & Advice about Vocational Rehabilitation
	Guidance & Counselling
Vocational Education & Training	Specialised Vocational Education/Training
	Pre Vocational Training
Health & Wellbeing Support	Psychological Supports
	Physical/Functional capacity building for individual
On the Job Support	Job Coaching
	Supported Employment
	Job search and placement services
Adaptations & Technologies	Workplace Adaptations
	Assistive technology
	Reasonable Accommodation

Stage of pathway	Components
Service Coordination through pathway	Case management

This policy advice paper outlines in greater detail the basis for these measures. The NDA suggest that an opportunity exists now to develop a coordinated approach that addresses the lack of supports regarding return to work for those with acquired disabilities and long term health conditions. Addressing those support gaps will cease the path to early retirement that acquiring a disability has, in many cases, become.

Introduction

The National Disability Authority (NDA) is the independent state body which provides evidence-based advice on disability policy and practice to the government and the public service.

The purpose of this paper is to recommend ways of improving the pathways back to sustainable employment for people who leave the workplace as a result of the onset of a disability or long-term illness.⁷ Successive Organisation for Economic Cooperation and Development (OECD) reports, and a 2015 NDA-commissioned international research study have highlighted that Ireland has, at present, a poorly developed vocational rehabilitation system.⁸

Strategic priority 4 of the Comprehensive Employment Strategy for People with Disabilities (CES) is centred **on job retention and re-entry to work**.⁹ The evidence shows that the likelihood of re-entry to work falls the longer someone has been out of work.¹⁰ Indeed, for many private sector workers, after six months, evidence from practice suggests there may no longer be a job to return to.¹¹

Under the second three-year action plan of the CES the NDA committed to ‘work with relevant departments to develop policy advice for a national programme of Vocational Rehabilitation (VR) with due regard to medical/neuro models currently being implemented’. To that end, with this policy advice paper the NDA provides background learning to identify elements of current provision, while noting gaps in same and advising on mechanisms to address these. The aim of this paper is to guide on the overarching framework for delivering a national programme on vocational rehabilitation, and to support the engagement with departments and other stakeholders on the considerations for implementing same.

⁷ This advice paper submitted to the Minister of State for Disability fulfils NDA commitments under the Comprehensive Employment Strategy for People with Disabilities 2015 to 2024 and the National Disability Inclusion Strategy 2017 to 2021.

⁸ OECD (2010) *Sickness, Disability and Work: Breaking the Barriers - A synthesis of findings across OECD countries*. <https://www.oecd.org/els/soc/46488022.pdf>

⁹ Comprehensive Employment Strategy for People with Disabilities 2015 to 2024 page 18

¹⁰ An NDA literature review has summarised research findings in this area <http://nda.ie/Publications/Employment/Employment-Publications/Literature-Review-Guidance-on-retaining-employees-with-a-disability.html>

¹¹ WRC Social and Economic Research (2008) *Research Report on Acquired Disability and Employment*

The NDA recognises that an effective integrated system of vocational rehabilitation would support greater numbers of people with acquired disabilities or long term health conditions to remain in employment or to return to work, and contribute to increased numbers of people with disabilities in employment. Therefore a system of vocational rehabilitation would effectively culminate with a decision regarding the possibility of a return to work and the steps involved to support that return to work or, if not, the progression to a disability pension.

The CES has emphasised the importance of action to reduce the outflow from employment after onset of a disability and to encourage re-entry of those who have already left the workforce. It is, however, recognised that age, education, and degree of illness or incapacity means that some of those who experience onset of a disability will leave the workforce permanently. The focus of this paper is on identifying ways of increasing the numbers who remain at or re-enter work.¹²

It is equally important to note that in addition to personal costs of lost income and social exclusion, there are economic costs when a person is off work or loses their job after onset of a disability. For the State, there are the costs of disability welfare payments and foregone tax revenue; for employers and the economy, there are productivity costs and the associated costs of loss of skilled and trained staff, and increasing costs of recruiting and retraining. For the employee, there are costs associated with loss of income, and possibly increased costs related to the disability or health condition.

To inform this policy advice paper the NDA have commissioned research and undertaken consultation with key stakeholders. This included engagement with key informants in Government departments, medical and neuro-rehabilitation services, allied health professionals, practitioners, and disability organisations representing adult onset conditions. Issues emerging from research were set out in a briefing paper used to guide a round-table discussion with key stakeholders in June 2018. This paper was also informed by a consultation with people with acquired disabilities and conditions in 2021 on their experiences of support in returning to work. Additional consultations on employment issues facilitated by the NDA also informed this paper.¹³

¹² <http://nda.ie/Policy-and-research/Policy-Advice/Policy-Advice-Papers/Technical-paper-on-Employment-Targets.html>

¹³ These included NDA stakeholder consultations on developing the Comprehensive Employment Strategy for People with Disabilities (CES), on return to work after onset of disability, on development of the Ability programme and on supports to people with disabilities in employment (Action 5.1, CES)

Findings from international practice

OECD – switch from passive welfare systems to active, co-ordinated support to return to work

OECD research conducted in 2010 has highlighted that people in receipt of a long-term disability payment or disability pension are highly unlikely to exit the system to employment.¹⁴ Passive welfare systems exacerbate this trend. The OECD argues that helping people with disabilities or health problems stay in or return to work would increase overall employment rates and reduce public spending, and it would raise the incomes of those people who can and often want to work.

It has found that, internationally, public spending on disability is still dominated by 'passive' payments of benefits.¹⁵ Investment in employment support and vocational rehabilitation – 'active' spending – is generally small. The OECD has argued for a more active role for welfare systems in supporting people to return to work following onset of a disability, and to reduce the flow into long-term dependence on welfare.

The OECD maintains that more people with disability could work if they were given the right supports at the right time. It draws attention to the fact that many of those concerned lack labour-market qualifications and recent work experience, which act as barriers to finding work.

They also see institutional fragmentation as an obstacle, where the different actors and agencies involved in benefit and service provision fail to co-operate effectively.

The OECD argues for systematic profiling of clients with disabilities and a comprehensive assessment of people's work capacity and, if needed, referral to the most appropriate service should swiftly follow. They cite Australia and Norway offering good examples of such tailored engagement.

Main actors in a vocational rehabilitation system

This review of literature states that an effective vocational and occupational rehabilitation system **requires that four main actors (the person, the**

¹⁴ OECD (2003) Transforming disability into ability: Policies to promote work and income security for disabled people. Paris, FR: Organisation for Economic Cooperation and Development. Retrieved from: <http://www1.oecd.org/publications/ebook/8103021E.PDF108>

¹⁵ OECD (2010) Sickness, Disability and Work: Breaking the Barriers - A synthesis of findings across OECD countries. <https://www.oecd.org/els/soc/46488022.pdf>

employer, the social insurance/welfare system, and the health system) work in collaboration:¹⁶

1. The person must keep in contact with the employer, be honest with occupational health services and rehabilitation providers and be willing to discuss which parts of job can be done;
2. The employer must keep in contact with the person, understand sickness absence and return to work policies, inform supervisors and line managers about potential challenges and facilitate a phased return-to-work (RTW) and accommodations;
3. The social insurance or welfare system must:
 - a. Advise on eligibility for benefits, assessing work capacity and organise work trials and experience
 - b. Communicate with the workplace, carrying out job analyses and provide retraining where required
 - c. Provide support to the employer and person during the process
4. The health system must:
 - a. Provide functional rehabilitation, teach coping strategies and support the person managing the health conditions after RTW
 - b. Liaise with employers and advise on functional restrictions on RTW and adjustments to the environment or assistive equipment

Case management

Case management is identified in the research literature as the best collaborative process to coordinate these elements. Case management and awareness of options, supports and responsible actors are two important mechanisms that can ensure the process of return to work operates in a synchronised manner. Case management is a collaborative process, including advocacy, communication and service coordination.¹⁷ It is through effective case management that people with disabilities who have lost their jobs or been furloughed during the COVID-19 pandemic will be successfully supported back to work. The importance of the case manager role was endorsed by the Scottish Government which aims to increase the employment rate of disabled people to 50% by 2023 and 60% by 2030. To do this they have funded Supported Employment staff across Scotland to gain the National Institute of Disability Management and Research (NIDMAR)

¹⁶ Chamberlain, M. A, Fialka-Moser, V., Schüldt-Ekholm, K., O'Connor, R. J., Herceg, M. & Ekholm, J. (2009) 'Vocational Rehabilitation: An Educational Review', **Journal of Rehabilitation Medicine**, 41, pp. 856–869. Retrieved (24/08/2015) from: <http://www.medicaljournals.se/jrm/content/?doi=10.2340/16501977-0457&html=1>

¹⁷ Rosenthal, D., Hursch, N., Lui, J., Zimmerman, W., & Pruett, S.R. (2005) 'Case Management Issues within Employer-Based Disability Management', in F. Chan, Fong, Leahy, Michaels & Saunders, Jodi Lynne (Eds.), **Case Management for Rehabilitation Health Professionals (2nd Ed.)**, Vol. I, pp. 330-365. Lake Osage – MO, US: Aspen Professional Services.

qualification for the Certified Disability Management Professional CDMPs. The return to work Case Manager assesses, plans, implements, coordinates, monitors, and evaluates the options and services to achieve a successful return to work outcome.^{18,19}

WRC Report on international practice

The 2015 NDA-commissioned WRC study on international practice reveals that there is a widespread consensus that vocational rehabilitation needs to be an integral part of social security and social protection systems, and disability employment policy.²⁰ Placing the individual at the centre of a service is key to reintegration a person with employment.

Core elements of vocational rehabilitation

The NDA commissioned report reviewed vocational rehabilitation in 12 jurisdictions, of which four were examined in-depth: New Zealand, Finland, Slovenia and Queensland, Australia. WRC had over 15 years research in the return to work area and were able to include an additional review of practice in Denmark, France, Germany, Lithuania, The Netherlands, Norway, Portugal, Spain and the USA.

The main findings from the WRC research concluded that developing a vocational assessment system with supporting intervention must include:

- functional capacity building;
- **counselling and guidance;**
- job demands analysis and matching;
- vocational education;
- **training;**
- enhancing social competences;
- **case management and service coordination;**

¹⁸ OCWP (2007) **OWCP Procedure Manual Part 3 – Rehabilitation**. Washington – DC, US: Office of Workers’ Compensation, US Department of Labour. Retrieved (24/08/2015) from: <http://www.dol.gov/owcp/procedure-manual/rehab.pdf>

Chamberlain, M. A, Fialka-Moser, V., Schüldt-Ekholm, K., O’Connor, R. J., Herceg, M. & Ekholm, J. (2009) ‘Vocational Rehabilitation: An Educational Review’, **Journal of Rehabilitation Medicine**, 41, pp. 856–869. Retrieved (24/08/2015) from: <http://www.medicaljournals.se/jrm/content/?doi=10.2340/16501977-0457&html=1>

Casey, P. & Cameron, I. (2014) **Principles of Best Practice in Occupational Rehabilitation for AIA Australia**. Melbourne, AUS: AIA Australia. Retrieved (24/08/2015) from: http://www.aia.com.au/en/resources/3b9ba88044c4d35380b1f40af27d2d40/Occ_rehab_best_practice_framework_0714.pdf

¹⁹ <https://www.idmsc.org/professional-standards/becoming-certified/>

²⁰ WRC (2016) International Good Practice in Vocational Rehabilitation: Lessons for Ireland

- placement and on the job support;
- accommodations and assistive technology;

The supporting interventions in bold text are essential steps to assist people with disabilities who have lost employment due to COVID-19 return to work.

The chart below describes the common components of vocational rehabilitation (VR) across the 4 main jurisdictions of Slovenia (SL), Finland (FI), Queensland (QLD) and New Zealand (NZ).

Table 2 Perspectives on good practice from 4 jurisdictions²¹

	SL	FI	QLD	NZ
Equitable access to services	•	•	•	•
Developing digital access to services			•	
Making service available in all locations, to all citizens and through multiple channels	•	•		
Ensuring the system works equally well for people with acquired disabilities as a result of illness as it does for people with injuries				•
Creating a continuum of services	•	•	•	•
Linking vocational rehabilitation to occupational health services		•		
Viewing prevention as a continuum of interventions from primary health and safety to tertiary vocational rehabilitation		•		
Finding ways to intervene early to prevent job loss and reduce the impact of impairments		•	•	
Profiling client needs/ and strengths are a starting point for intervention				•
Provide follow up supports even after placement to employment including workplace adaptations	•			
Engaging all actors in creating more responsive services	•		•	•

²¹ Page 47 WRC report on International Good Practice in Vocational Rehabilitation: Lessons for Ireland

	SL	FI	QLD	NZ
Actively involving service users in developing their own multidisciplinary plans and in evaluating services	•			•
The contribution of professional associations to improvements			•	
Enabling the involvement of all stakeholders in the design, development and governance of the VR process				•
Working more closely with employers	•			•
Responding to and collaborating with employers as direct customers of the services	•			•
Building collaboration with employer organisations	•			
Working with employers to create on the job training opportunities	•			
Finding ways to incentivise employers to recruit and retain people with disabilities including quotas	•			
Implementing efficient quality improvement processes	•		•	
The publication of good practice guidelines for services and staff			•	
Training and accreditation for case managers			•	
Independent quality assurance for services			•	
Balancing regulation and standards with efficient administration	•			
Strengthening the policy basis for VR	•			•
Focusing on the return on investment that VR can create in terms of reduced future liability and individual quality of life				•
Developing a legal basis for access to Vocational Rehabilitation	•			

Summary and implication of findings

A key finding of the international research was that no other jurisdiction had a model of vocational rehabilitation that could be effectively adopted wholesale for the Irish system.

International research and practice suggests that the coordination of a range of measures to promote the employment of an individual with disabilities in the open labour market is at the core of an effective vocational rehabilitation system.

The NDA advises that one of the primary challenges for effective vocational rehabilitation is understanding of the pathway from the perspective of the individual and achieving coordination between the actors involved in the social welfare benefits and employability process for someone with a health-related impairment or an acquired disability.

As the situation and considerations will vary for each individual e.g. nature of health issue or disability and impact of same for nature of work they would return to, including any training or education they may need if a different kind of occupation would be involved, the NDA advises that effective case management will be key.

The NDA advises that the core components outlined above can serve as the building blocks of a vocational rehabilitation programme for Ireland. These components are also necessary to support a return to work after unemployment such as COVID-19 for people with disabilities. The delivery of these components in the Irish system will be described in the final section of this policy advice paper. However before outlining those steps it is necessary to describe the experience of people with acquired disabilities of these interventions/supports and the changing policy context in Ireland.

Recent research on acquired disability

The significant evidence base shows that return to work after onset of disability or life long illness requires specific support measures. Two research studies funded by the NDA Research Promotion Scheme examined 'Return to Work' and sustaining work from the perspective of stroke survivors and of people with rheumatic disease²².

The Royal College of Surgeons in Ireland conducted the research on stroke, which included a literature review, a national survey of stroke survivors as well as focus groups and semi structured interviews. The findings emphasised:

- The importance of a multidisciplinary approach to assist people who have experienced stroke return to work;
- That communication between healthcare professionals and employers is essential;

²² <http://nda.ie/Publications/Employment/Employment-Publications/Exploring-the-Impact-of-Fatigue-on-Work-Ability-of-People-with-Rheumatic-Disease.html>

- That gradual phased return to work was important in facilitating successful transition back to work;
- The most common problems limiting ability to work were mental fatigue (84%), physical fatigue (78%) and difficulties thinking (78%).

The second research study was conducted by the department of Occupational Therapy, Trinity College Dublin. This work highlighted the fact that a third of sick absences from work arise due to musculoskeletal conditions of which different forms of arthritis or rheumatic disease are among the most common. This study focused on the influence of fatigue associated with these conditions on the ability to work. The study included a survey of approximately 300 people, most of whom who were currently working, as well as semi-structured interviews and focus groups with participants with these conditions. Key findings were:

- Fatigue is a pervasive symptom in employed individuals with rheumatic disease;
- Physical demands of work, and fitting in with work schedules were the two reported areas of greatest difficulty, and higher fatigue levels meant greater difficulties;
- A significant number of respondents had a concurrent condition;
- Younger workers tended to experience more difficulties related to fatigue;
- Employers tended to have little awareness of the fatigue issue.

While these studies reveal the characteristics that can effect returning to work for two specific conditions, NDA notes that some of the findings would be common across disability types where a disability is acquired during an individual's working life. These studies reveal that once an employee goes on sickness absence, early and sustained support is required to support their return to work.

Additional research reviewed by the NDA has shown that the longer someone is not engaged on this issue the less likely reintegration to work becomes. This is an important finding from the NDA commissioned literature review that explored the evidence from research and good practice guidance on acquired disability and return to work. This literature review is a companion piece to *Retaining Employees Who Acquire a Disability - A Guide for Employers*²³. The NDAs guidance provides top tips to support staff includes the following key steps:

Early intervention: Offer appropriate supports from the early stages of absence from work

²³ <http://nda.ie/Publications/Employment/Employment-Publications/Literature-Review-Guidance-on-retaining-employees-with-a-disability.html>

Keep in touch: When a person is off work, ensure that they are kept up to date with social activities and other events at work. Check that they are comfortable with such regular contact

Return to work assessment: When the person is due to return to work, give their doctor and your occupational health doctor a detailed job specification in order to assess what tasks the employee is able to do on their return, and any special requirements they may need to do their work

Return to work plan: Develop a return to work plan based on the above assessment. This plan should detail what happens in the initial period on return to work and how any potential difficulties might be managed

Reasonable accommodation: Before they return to work, discuss with the person what supports they may need to do their job, for example, assistive technology, flexible working hours. Ensure these supports are in place when they return to work

Option for phased return: A person may need some time to resume the full range of tasks. Before they return to work, agree with them what the transitional arrangements will be, and how they will be reviewed

Impact of targeted early interventions to prevent chronic disability

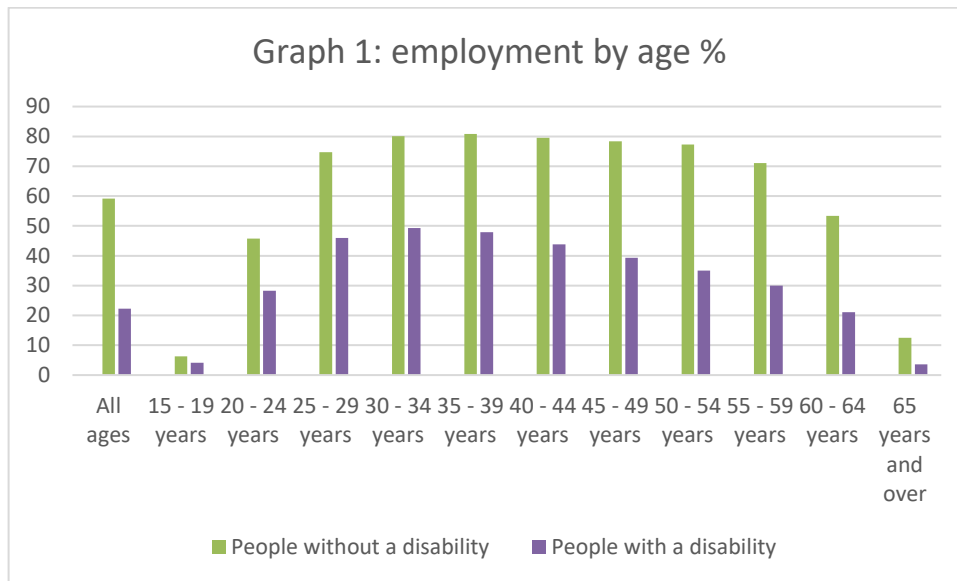
In 2003, the Renaissance project devised by the Chief Medical Officer in the then Department of Social Welfare explored the impact of targeted early interventions to prevent chronic disability for Disability Benefit and Injury Benefit recipients with low back pain in Ireland.²⁴ Participants were assigned to three categories: simple back pain, nerve root pain and potentially serious spinal pathology. Results indicated that early intervention for benefit applicants with low back pain significantly decreased progression to chronic disability, the duration of claims and delivered over half a million euros in cost savings.

²⁴ Leech, C. (2004). **Preventing Chronic Disability from Low Back Pain: Renaissance Project**. Dublin, IRL: Stationery Office, Government Publications. Retrieved (24/08/2015) from: <http://www.welfare.ie/en/downloads/renaissance.pdf>

Acquired disability and employment in Ireland

In Census 2016, there were 643,131 people with disabilities in Ireland, of which 331,145 were aged between 20 and 64. In overall terms 36.5% were in employment compared to 72.8% of persons without a disability.

Figure 1 below shows how this employment gap is experienced at different ages across the life cycle. The graph shows that older people with a disability are less likely to be employed.



Employment rates fall significantly after onset of disability

Relevant Government departments have examined acquired disability and work. During the 2007 – 2008 period evidence gathered stated that about three quarters of people of working age with disabilities have acquired their disability after the age of 18 and before the age of 65. Many of those affected cease employment within a fairly short time.²⁵ One study showed employment rates of people with disabilities dropped to about a third.²⁶ A number of those remaining

²⁵ A 2007 survey of Illness Benefit recipients showed that 40% of those on benefit for six months, and 58% of those on benefit for 12 months, were no longer in employment. WRC Social and Economic Consultants (2008) Research Report on Acquired Disability and Employment

²⁶ Gannon and Nolan (2006) **Dynamics of disability and social inclusion**. Those who experienced disability onset were already somewhat less likely to be employed. This study was based on a longitudinal data set covering 1995-2001, a period of steady economic growth.

at work do so part-time. This can reflect stamina and fatigue issues experienced by many people with disabilities.²⁷

Older, with less educational attainment than workforce at large

People who experience onset of disability are on average older and have less education attainment than the working-age population at large.²⁸ Roughly a third who move on to disability payments have a musculoskeletal condition such as back problems, and roughly a third a mental health condition such as depression or anxiety. Independent of the effectiveness of any vocational rehabilitation measures or return to work policies, the likelihood of return to work will depend on the nature and degree of incapacity, education and skills, and the individual's age.

Most have a work history, many are interested in work

While only a third of people with disabilities may be at work, four out of five have a work history, and half are either at work or have an interest in working.²⁹ Younger people with disabilities are more likely to express an interest in taking up employment if the circumstances are right.³⁰

People with disabilities more likely to exit, less likely to enter work

NDA-commissioned research on patterns of exit and entry to employment over the period 2010-2015³¹ shows:

²⁷ <http://nda.ie/Publications/Employment/Employment-Publications/Exploring-the-Factors-Related-to-Return-to-Work-after-Stroke.html>; <http://nda.ie/nda-files/Exploring-the-Impact-of-Fatigue-on-Work-Ability-of-People-with-Rheumatic-Disease.pdf>

²⁸ Compared to other adults aged 20–59 years, people with disabilities tended to be concentrated in the upper end of the age distribution and to have lower levels of education. Data for 2010-15 show half were aged 45 and over, compared to 33 per cent of nondisabled adults, and 45 per cent had no more than the equivalent of Junior Certificate (Watson et al, 2017, **Employment transitions among people with a disability in Ireland: an analysis of the Quarterly National Household Survey, 2010-2015**). Onset of disability or long-term illness onset is five times more likely to occur among those aged over 55 than among 16-24 year olds, and such older workers are least likely to return to work (Gannon and Nolan, Table 2.3).

²⁹ Watson et al (2017). Findings relate to 2010-15 period.

³⁰ The National Disability Survey 2006 showed 63% of those under 44 were interested in work, in the right circumstances, compared to 28% of those over 55. Vol. 2, Table 7.19.

³¹ Watson et al (2017) **Employment transitions among people with a disability in Ireland: an analysis of the Quarterly National Household Survey, 2010-2015**
<https://www.esri.ie/publications/employment-transitions-among-people-with-a-disability-in-ireland-an-analysis-of-the>

- People with disabilities are more likely to exit a job than those without a disability – 5% of those with a disability exit work in any quarter versus 2% of others;
- People with disabilities who are out of work are less likely to enter employment than people without a disability – 2% in any given quarter versus 8% of others;
- People with multiple difficulties were most likely to leave, and less likely to enter work;
- Therefore, people with no additional difficulties, other than having a disability, were more likely to leave work, and less likely to enter, than non-disabled people. Even when allowance is made for the fact that people with disabilities are older, may have less education attainment and other characteristics, they are only half as likely to get a job as people without a disability.

The Inactive Working Age Population³²

The issues presented in this section have been emphasised in a recent paper from the Irish Government Economic and Evaluation Service (IGEES). This study examined the inactive working age population. One of the groups examined was those with a disability. This study found that:

- A high proportion of people with a disability who are inactive **have previous work experience (75%)**;
- However, for about half of them (52%) **the work experience was from over 10 years ago.**

This means that a third of people with a disability who are counted as inactive have been employed in the last ten years.

As with other studies presented in this policy advice paper the IGEES paper found that the disabled inactive population had relatively lower levels of education (52% lower primary/secondary) and predominantly worked in occupations which are likely to require a physical aspect to the work (55% in 'skilled trade, operatives and elementary' category). From a return to work perspective the IGEES paper indicates that people in these occupations may be physically unable to resume their previous work or that income replacement means that it is financially unattractive.

³²[http://budget.gov.ie/Budgets/2020/Documents/Budget/The%20Inactive%20Working%20Age%20Population%20\(A\).pdf](http://budget.gov.ie/Budgets/2020/Documents/Budget/The%20Inactive%20Working%20Age%20Population%20(A).pdf)

Vocational rehabilitation the Irish experience

Understanding the lived experience of people with acquired disabilities and their interaction with proven elements of vocational rehabilitation was central to informing this advice paper. In 2021, the NDA conducted a consultation to explore the experiences of the support to return to work received by a sample of people with acquired disabilities or illnesses. This consultation involved an online survey completed by 115 respondents and case study interviews of seven of the respondents. While the following is a brief summary of the experiences of those respondents, a full analysis of the survey results and series of case studies describing the lived experience is available at www.nda.ie.

Of the 115 people who took part in the survey, the majority of them, just over three quarters, had one disability while the rest had two or more disabilities. The most common disabilities reported were a vision impairment, an acquired brain injury and a neurological condition. The other disabilities and conditions reported included mental health conditions, other conditions (not specified), physical disabilities, and deafness or hard of hearing. In terms of geographical spread the respondents were substantially from Dublin and Cork, with the remaining 60.0% based in 20 other counties. Survey respondents were asked about their experiences in returning to work (or not) after acquiring a disability/illness, whether they had received any key supports, and how useful they found these supports. The key supports respondents were asked about are considered to be core elements of a vocational rehabilitation pathway and include:

- Assessment or evaluation
- Advice or guidance
- New skills training or education
- Health and wellbeing support
- On the job support
- Adaptations or technologies
- Service coordination.

The case study interviews then gave respondents an opportunity to tell us about their experiences in greater depth.

Returning to work after acquiring a disability or illness

Out of this sample of 115 people, a minority of them returned to work or started work after acquiring their disability (36.5%). Most of these respondents returned to their original job, and the rest returned to a different role in the same or different organisation or became self-employed. It is significant that of

those who did not return to work, over half of them said they would have liked to. Around two in every three of these respondents who would have liked to return would prefer part-time work, compared to about one in three who would like to return to full-time work. One of the respondents who has tried repeatedly to return to work stated:

Not working only adds to the comorbid conditions associated with my disability - depression, anxiety, fatigue - which increase your visits to the doctor/hospital (plus costs to state), more medication, less brain stimulation, increased fatigue, increased isolation and so on. It's a recipe for disaster, a vicious circle, on an individual level, societal level and at a cost level.

Some respondents shared the challenges of working with a disability, including how difficult, stressful and worrying it can be. Others discussed challenges in getting supports, such as having to 'beg' and 'fight' for reasonable accommodations, and having to source their own equipment and technologies for work. Two of our case study participants give stark descriptions of the challenges of returning to work to employers who lack the knowledge and/or motivation of how to appropriately support people to do this. One of them noted:

I had to fight for everything and it is so draining. Especially when that energy would be better spent recovering or feeling well.

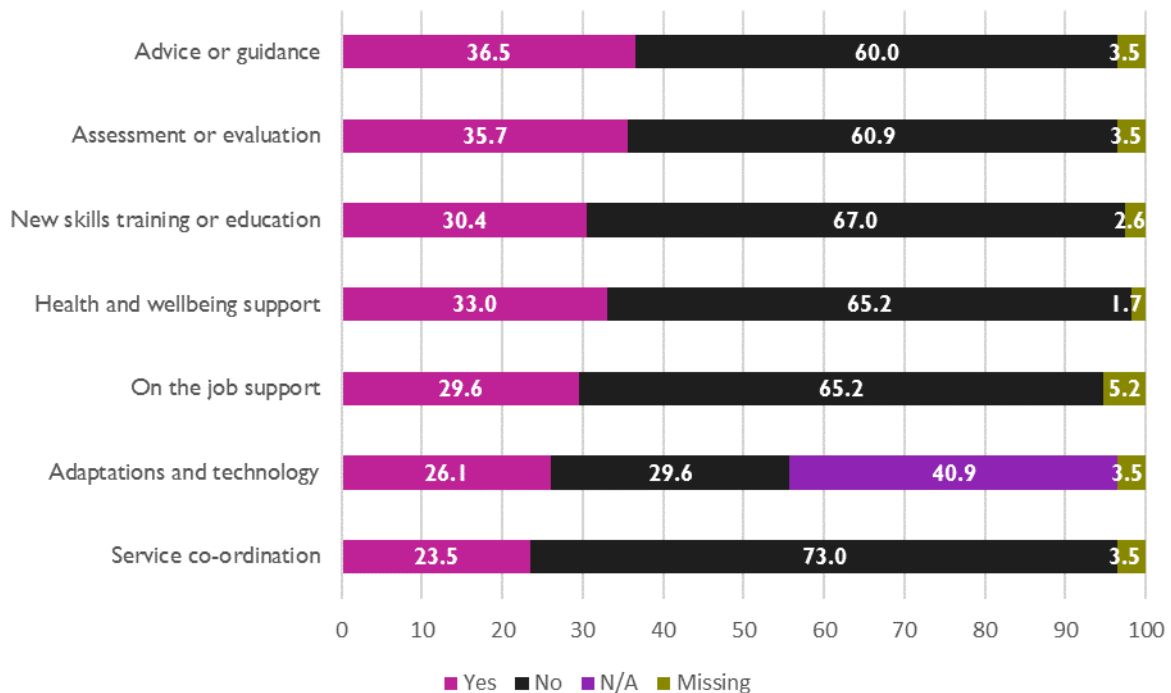
Given the challenges faced by people who have acquired disabilities, and that many of them still want to work, support to help them enter into appropriate roles and to navigate employment or self-employment is critical.

Supports received after acquiring a disability or illness

For the most part, respondents found it challenging to find information and services to support them back to work after acquiring their disability or illness. The important role that family has played for respondents was clear from responses to this consultation, with family members seeking information on available services, supports, accommodations, benefits and entitlements and navigating these often complex processes. This type of support can place an extra burden on families, it can be time consuming and challenging for those involved, and of course is not available to all people who acquire a disability. This informal support from family fills the gap where clear advice and information should be.

While the majority of respondents had received at least one of the seven supports³³ asked about in the survey, just over one third of them had not received any. None of these supports stood out as being commonly available, as only a minority of respondents had received each one (see Figure 2). For example, the most common support received by respondents was advice or guidance, but this was only received by 36.5% of respondents, compared to 60% who had not received it. The next most commonly received support was assessment or evaluation, followed by health and wellbeing support, new skills training or education, on the job support, adaptations and technology, and service coordination. On a positive note, almost all of those who received any of these supports found them useful.

Figure 2 - Supports received by respondents after acquiring disability



Support needs for those who have acquired a disability or illness

The survey respondents identified how much of a priority the aforementioned seven supports would be for them. The way that respondents prioritised these supports is perhaps not surprising. The top two priorities were advice or guidance and assessment or evaluation. These kind of foundational supports would be necessary at the beginning of a possible journey back to work. The next

³³ Assessment or evaluation, advice or guidance, new skills, training or education, health and wellbeing support, on the job support, adaptations or technologies, or service co-ordination

three priorities were health and wellbeing support, adaptations and technology, and new skills education and training. These supports would be fundamental to help people adapt to the changes in their life and acquire the skills and tools necessary to do their job. The two supports which were the lowest priority for respondents were on the job support and service coordination. While these were the lowest priorities, they were still important to respondents. These supports would be of most importance for those for whom returning to work is desirable and feasible after acquiring a disability.

The findings from this consultation highlight that there is no coherent national approach to vocational rehabilitation in Ireland. On a positive note, when people did receive vocational rehabilitation interventions, they overwhelmingly found these interventions useful. People's experiences have been shaped by a myriad of factors including the impact of their disability or illness on their lives and the information and supports, or lack thereof, which they were given after acquiring their disability. On the personal side, their experiences have also been shaped by how employers and colleagues responded to their change in circumstances, as well as general attitudes towards people with disabilities. On this, regarding what the government could do, one person answered:

Prioritising disability issues - employment, cityscapes, housing, spending, making them more visible in the media, promoting them within government and contractors - and therefore normalising disability and disabled people as part of the workforce and positions of power, not as a box to tick. Prioritising diversity and inclusion issues to include disability more to the fore - ensuring all their contractors and agents employ people with disabilities, and tenders request information regarding this (accessibility of workplace, disability policies, diversity and inclusion...).

Recent developments in policy landscape in Ireland

The OECD in their **Sickness, Disability and Work – Breaking the Barriers** report concluded that with regard to Ireland 'disability benefit take up is a one-way street' (p.10).³⁴ This report recognised 'early vocational rehabilitation' as an option that can reduce the inflow to, and enhance the outflow from, disability pension systems. However the Irish policy landscape has changed significantly

³⁴ OECD (2010) *Sickness, Disability and Work: Breaking the Barriers*. Paris, FR: Organisation of Economic Cooperation and Development. Retrieved (24/08/2015) from: <http://www.oecd.org/ireland/46461490.pdf>

since the last OECD reports³⁵. Developments underway through the Pathways to Work Strategy and the Comprehensive Employment Strategy for People with Disabilities 2015 to 2024 have delivered a number of relevant developments.

The **Pathways to Work Strategy** was originally published by Department of Social Protection (DSP) in 2015³⁶. A new iteration of the strategy was published in July 2021³⁷ and states ‘the Government intends to deliver on the goal, set out in the Roadmap for Social Inclusion, of increasing the employment rate of people with disabilities from 22.3% in 2016 to 33% by 2026’ through commitments made in this strategy. More detail on commitments are outlined in Appendix 2.

This strategy focuses on the government’s national employment service and requires the network of Intreo offices to support all jobseekers including people with disabilities who wish to work, and to secure jobs in the open labour market. It offers practical, tailored employment services and supports to both jobseekers and employers.

Intreo provides jobseekers with:

- Employment services and income supports in one place;
- Expert assistance and advice on employment, training and personal development opportunities from a dedicated Case Officer or Job Coach;
- A focus on your individual needs to help you enter or re-enter the workforce;
- Access to job vacancies via www.jobsireland.ie

DSP have built on the first Pathways to Work strategy to commit to a number of actions that can serve to underpin a vocational rehabilitation – return to work pathway. These include:

- Maintain the resource capacity of contracted service provision and increase the funding of local/regional employment services to provide full national coverage;

³⁵ Government ratification of the UN Convention on the Rights of Persons with Disabilities and the co-ordinated cross-government approaches to disability under the National Disability Inclusion Strategy

³⁶ Current actions are described in Pathways to Work 2020 to 2024. Department name changed to Department of Social Protection in July 2020.

³⁷ Pathways to Work Strategy 2021-2025 <https://www.gov.ie/en/publication/1feaf-pathways-to-work-2021/>

- Implementation of a holistic profiling tool for use by Case Officers/Job Coaches to promote consistency in approach & assist them in forming an understanding of what might work best for their client;
- Explore and, if appropriate, develop a holistic diagnostic tool to support Intreo Case Officers in their assessment of individual jobseeker needs;
- Develop and progress a Case Officer / Job Coach model of case work within Intreo;
- Developing and operating 'Returner' programmes to encourage and support people who left the workforce and have been outside of the workforce for some time to take up employment;

DSP has acknowledged that some people will require specific and sustained support to access employment³⁸. Newer commitments include increasing capacity of commissioned services. The NDA recommend that this increased capacity should include increased capacity in supported employment and support for access to part time options for persons with disabilities across the programme of employment supports. Most welcome is the Pathways to Work approach to development of the Case Officer / Job Coach role. These roles are key in supporting persons with disabilities, they draw up **a Personal Progression Plan** with the individual which will include a series of activities and actions designed to help them get a job. These might include work experience, training and other relevant supports. They will be given career advice and helped with CV and interview preparation. Individuals can also get support and advice about starting their own business. The NDA note that this activation model provides component parts of a vocational rehabilitation pathway but that part time or staggered return to employment should be an outcome, as many people with disabilities who may prefer part-time opportunities.

Relevant CES changes

The CES has delivered changes to support more people with disabilities to access work. The Make Work Pay report examined the complex details of the disincentives to work for people with disabilities, including fear of losing their

³⁸ Further commitments in the 2021 to 2025 Pathways to Work Strategy are listed in the appendices

Medical Card,³⁹ the need for increased flexibility with regard to disregard of earnings, and the apprehension about re-qualifying for benefits if a job does not work out. These concerns were all addressed in a series of meaningful recommendations within the report, and the following measures have since been implemented:

- Establishing a fast track return to disability benefits for those people with disabilities who take up employment and for any reason that employment does not work out;
- The development of an on line ‘ready reckoner’ for people to calculate their total earnings once they commence work, called a [Benefit of Work Estimator](#) tool for people getting Disability Allowance, Blind Pension, Invalidity Pension or Illness Benefit;
- For people who are in receipt of Disability Allowance that may take up employment using the DA Employment Disregard. The first €140 of weekly earnings is disregarded in means test for the payment while earnings between €140 and €350 are assessed at 50%. All earnings from work over €350 are assessed as income;⁴⁰
- The removal of the restriction that work while on DA must be ‘rehabilitative’ in nature and therefore removing the need for a GP to endorse this form of employment.

National Skills Strategy

Reform is also underway in the education and training sector to ensure a more responsive and high quality system that provides all learners with the knowledge and skills they need to participate fully in society and the economy. SOLAS⁴¹ has a role to co-ordinate and monitor Further Education and Training (FET) provision to develop a sector that is more responsive to the needs of learners and employers, and the needs of DSP priority groups⁴². SOLAS also has responsibility for those involved in delivering Specialist Training Provision (STP) who provide a nationwide programme of vocational and employer based training. This training

³⁹ Strategic Priority 3 Make Work Pay. NDA (2006) A Strategy of Engagement - Towards a Comprehensive Employment Strategy for People with Disabilities

⁴⁰www.citizensinformation.ie/en/social_welfare/social_welfare_payments/disability_and_illness/disability_allowance.html#

⁴¹ SOLAS was established in 2013 under the Further Education and Training Act as an agency of the Department of Education and Skills.

⁴² SOLAS FET Strategy 2014 - 2019

model is an important element of vocational rehabilitation and through efficient referrals process with Intreo case officers can easily form part of the VR pathway.

Statutory Sick Leave Scheme

The introduction of a statutory sick leave scheme is to be welcomed. The forthcoming OECD publication "Disability, Work and Inclusion in Ireland: Engaging and supporting employers" states that 'Paid sick leave protects workers' (1) incomes; (2) jobs, by preserving employment relationships; as well as (3) health, by allowing sick workers to recover at home. Working while sick can prolong illness and have further long term impact. Lower infection rates translate into lower absence and lower employer costs. The introduction of paid sick leave in Connecticut and Washington DC, for example, led to an estimated 18% decrease in sick leave, most likely through lower probabilities of getting sick.

The statutory entitlement to sick pay in Ireland will be phased in as part of a 4-year plan and will initially be for 3 days per annum in 2022. This will effectively fill the gap in coverage caused by Illness Benefit waiting days. Closing the gap of current waiting days before being able to access Illness Benefit will minimise the numbers of sick employees presenting for work. This new measure will allow people to view returning to work in a new way. The NDA advises that further work is necessary to link sick leave with access to vocational rehabilitation interventions for those conditions that are long term. Further consideration is echoed by the OECD when they stated that with 'the introduction of statutory sick pay, the Irish Government should aim for an encompassing system that covers all health conditions and all types of employment, to realise the largest gains for workers and the Irish population at large. Ireland should also consider implementing a vocational rehabilitation pathway, with shared responsibilities with the employers. Vocational rehabilitation helps to restore and develop skills and capabilities of employed persons with disabilities, so that they can continue to participate in the general workforce.'

The NDA highlights these developments across the spectrum of the system to illustrate that there is progress and development with regard to the provision of supports both at the mainstream agency level such as Intreo as the single point of contact for all employment and income support, and at the particular or tailored level such as specialist training provision. The Irish system of benefits, supports, and education provision has already undergone substantial reform and change. With some further capacity building to include delivery of tailored supports, the implementation of agreed protocols and efficient use of referrals mechanism there will be an impact on those with disabilities who wish to work. The CES work with regard to high support needs and vocational rehabilitation has illustrated that the provision of tailored supports for people with disabilities also

requires the involvement of disability organisations who are providing some of these supports at a local level.⁴³

Gaps in Vocational Rehabilitation in Ireland

While the above summary highlights the extensive range of activity underway to implement national policies relevant to improving employment outcomes for persons with disabilities, there remain some gaps that would need to be addressed in order to secure an effective approach to vocational rehabilitation.

NDA advises a series of elements are required for an effective system of vocational rehabilitation suitable for Ireland, and these are set out below.

Early intervention essential

For those who experience acquired disability and or long term health conditions Ireland does not have an early intervention process. NDA commissioned research shows that the likelihood of re-entry to work declines the longer someone has been out of work.⁴⁴ Indeed, for many private sector workers, after six months, there may no longer be a job to return to.⁴⁵ This emphasises the importance of early intervention to keep work on the individual's agenda, with research suggesting that 6-10 weeks after leaving work is the critical intervention period. ⁴⁶The NDA suggest that while the average early intervention milestone is usually between one week and three months, it can vary widely depending on the severity and complexity of the health condition. The NDA also advice that for employers and employees may require the services of an occupational health professional to support a return to work.

Medical rehabilitation an important first step

Medical rehabilitation is for many an important first step on the journey back to work, but NDA advises the importance of vocational rehabilitation being considered as part of clinical recovery pathways. The National Neuro-

⁴³ Appendix 3 seamless pathway to work CES action 5.1

⁴⁴ An NDA literature review has summarised research findings in this area <http://nda.ie/Publications/Employment/Employment-Publications/Literature-Review-Guidance-on-retaining-employees-with-a-disability.html>

⁴⁵ WRC Social and Economic Research (2008) Research Report on Acquired Disability and Employment

⁴⁶ <http://nda.ie/Publications/Employment/Employment-Publications/Literature-Review-Guidance-on-retaining-employees-with-a-disability.html>

Rehabilitation Strategy [2011], and its associated implementation plan,⁴⁷ has laid out the models of community-based care required to facilitate and support the medical rehabilitation of those who have experienced major neurological trauma such as spinal cord injuries, acquired brain injuries or stroke⁴⁸. However while the Neuro–Rehabilitation strategy does acknowledge vocational rehabilitation there is limited or no referral from that system of rehabilitation to vocational rehabilitation, therefore further marginalising those that could benefit from assistance to support the return to work.

Working with employers

Business and the trade union movement has led some of the response of return to work post-COVID-19. Businesses have adopted measures that have previously supported people with acquired disability back to work. Measures such as making contact with absent employees, providing necessary interventions in a safe and timely manner while the person has an employment contract, and staggered return to work attendance are all measures of a proven successful return to work process. Measures currently in operation illustrate that employers can adapt and change to ensure their workforce can return to a safe place of work.

However additional effort is required to engage employers to adapt and accommodate work activity. To make work accommodation widely available for all workers, including those with disabilities, a statutory entitlement to working-time flexibility, working-hour reduction and working from home could be introduced. Such a measure, which would apply to everyone, will reduce employment barriers for persons with disabilities⁴⁹. Information and guidance should be made available to employers on how to put reasonable accommodation into practice for workers with disabilities across on-site and off-site work

⁴⁷ <https://www.hse.ie/eng/services/list/4/disability/neurorehabilitation/national-strategy-policy-for-the-provision-of-neuro-rehabilitation-services-in-ireland.pdf>; <https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/model-of-care-for-specialist-rehab-medicine.pdf>; HSE (2019) Neuro-rehabilitation implementation framework 2019-2021 <https://www.hse.ie/eng/services/list/4/disability/neurorehabilitation/>

⁴⁸ Report on future need for disability services <http://nda.ie/Publications/Disability-Supports/Transforming-Lives.pdf>; <http://nda.ie/Publications/Employment/Employment-Publications/Exploring-the-Factors-Related-to-Return-to-Work-after-Stroke.html>; Smith et al (2019) Geographic profile of healthcare needs and non-acute healthcare supply in Ireland, <https://www.esri.ie/system/files/publications/RS90.pdf>; Neurological Alliance (2019) https://www.nai.ie/go/resources/nai_documents/11-3-2019-living-with-a-neurological-condition-in-ireland-2019-survey

⁴⁹ Forthcoming OECD publication OECD - "Disability, Work and Inclusion in Ireland: Engaging and supporting employers

settings. For further details please see NDA publication on reasonable accommodation practice in Ireland 2019⁵⁰

The NDA commissioned research maintains that employers require a system of vocational rehabilitation that is worth investing in and that will aid rather than impede the return to work process for staff with disabilities. The size of an employer business will determine the elements of support it has access to. A number of large private sector employers provide employee benefits which are often delivered under contract by private specialist providers. These providers also operate on behalf of insurance providers. Services available include:

- Work Capacity Evaluation
- Functional Capacity Evaluation
- Worksite Evaluation
- Ergonomics
- Vocational Redirection Evaluation
- Transferrable Skills Analysis
- Return to Work Case Management
- Initial Needs Vocational Rehabilitation Evaluation

In some of the jurisdictions studied for smaller sized employer organisations the vocational rehabilitation case manager sourced these services and interventions. For example as in the return to work case managers as modelled in the Scottish example.

Counselling and guidance supports

Recent reports have documented shortfalls in availability or accessibility of appropriate counselling and guidance supports, noting that the provision of employment guidance is not a strong feature of the Irish system. A research project underway in Maynooth University examined the effectiveness of a new high support career guidance intervention for long-term unemployed in terms of its impact on aspects of wellbeing, perceived employability and enhancing career sustainability⁵¹. Supporting and preparing people to return to work requires a specific set of skills. An Ibec campaign described the need for the provision of life

⁵⁰ <http://nda.ie/publications/employment/employment-publications/reasonable-accommodations-obstacles-and-opportunities-to-the-employment-of-persons-with-a-disability1.pdf>

⁵¹ EEPIC - Enhancing Employability Through Positive Interventions for Improving Career Potential: The Impact of a High Support Career Guidance Intervention on the Wellbeing, Hopefulness, Self-Efficacy and Employability of the Long-Term Unemployed - A Study Protocol for a Randomised Controlled Trial

long career guidance. While the Indecon report on ‘Guidance for All’ was published in 2019, states that provision of career guidance remains a significant gap in the system⁵². Resourcing and developing capacity in guidance and counselling regarding employment and career choices for persons with disabilities requires investment.

Functional assessment interventions

Within the current Irish system there is a lack of provision of functional capacity evaluation, which is described as ‘an assessment, usually carried out by a physiotherapist or occupational therapist, which evaluates an individual's health status, and body functions and structures, and compares them to the demands of the job and the work environment’. In tandem with evaluation is the ability of the individual to avail of interventions intended to build stamina, endurance, physical capacity and psychosocial resilience. It can include physiotherapy, occupational therapy, and pain management in a simulated or real work setting, which is commonly refer to as functional capacity building. This is the essence of a robust vocational rehabilitation process.

Staff trained in the provision of vocational rehabilitation

The NDA commissioned research showed that there was a wide variation on the training of staff involved in VR across the jurisdictions. In Queensland, staff generally have a qualification in rehabilitation counselling, an allied health profession or in human services. There are two professional associations to which vocational rehabilitation professionals can affiliate – the Australian Society of Rehabilitation Counsellors and the Rehabilitation Counselling Association of Australasia. In New Zealand. Auckland University of Technology has a qualification at both undergraduate and postgraduate level in case management and a postgraduate Diploma in Vocational Rehabilitation. Rehabilitation staff in Finland come from a wide range of disciplines who acquire their qualifications during the course of their careers. Continuing professional development (CPD) is provided by a range of organisations including rehabilitation service providers, universities and further education centres. The National Institute of Disability Management and Research (NIDMAR) developed, with the support of the Government of Canada, the Occupational Standards and Professional Certification examinations for Certified Disability Management Professional CDMPs to meet those standards⁵³.

⁵² <https://www.education.ie/en/Publications/Education-Reports/indecon-review-of-career-guidance.pdf>

⁵³ <https://www.idmsc.org/professional-standards/becoming-certified/>

Varied educational programmes are required in Ireland to build capacity in the field of vocational rehabilitation. Professional development and education for those in multidisciplinary rehabilitation work, in delivering specific vocational interventions and those involved in case management. Specific educational programmes that will foster an understanding of the implications of a range of impairments and the support services available is required. Advanced training should also include the core values of rehabilitation, assessment of needs and strengths, collaborative goal setting and supported decision making. Other key skills addressed include communication with the customer and other employees, problem solving and group processes, cooperation and negotiation skills and the skills needed for working in multidisciplinary teams using a person-centred approach. Professional education also aims to change the attitudes of staff in vocational rehabilitation services. Noting this lack of education for example 'Acquired Brain Injury in their submission to this paper stated that the lack of availability of appropriate assessments by specialist staff (clinical) is a real gap in service provision. Without full and proper assessment it is very difficult to get people back to work and to sustain them over the long term'⁵⁴. However, AOTI have delivered continuous professional development modules in vocational rehabilitation. Also a Masters in Disability and Rehabilitation in UCD covers vocational rehabilitation. The NDA recommend that further varied educational programmes are necessary in Ireland.

Coordination of supports and joined-up pathways

In general, the vocational rehabilitation process starts with assessing an individual's needs and strengths and matching these with career interests and job tasks. Through a process of assessment, counselling and guidance, the jobseeker is helped to select a field of employment and an occupation which is within the scope of their abilities. The vocational rehabilitation professional ensures that they gain the knowledge, skills and qualifications required, gain access to functional capacity building interventions, if necessary, and develop social competences and job search skills. Adult basic education and further education and training are important interventions for people with low education and qualifications. The rehabilitation professional then acts as a support in identifying suitable job opportunities and acting as an intermediary with a potential employer to arrange work experience or a job interview. As part of the placement process, the rehabilitation professional carries out a job site visit and a job demands analysis to identify the accommodations and assistive technologies that may be needed by the person. An important characteristic of vocational rehabilitation is that it operates within the community and integrates where possible into

⁵⁴ Additional notes to NDA consultation on vocational rehabilitation

mainstream services and activities, proving that local networks of services are required to ensure that the VR pathway is followed.

The central point of this policy advice paper is that while medical rehabilitation is important, evidence shows that employment can play a vital part in recovery and on-going independence. It is therefore important that the vocational element of rehabilitation is linked as closely and early as possible with medical supports and services. This paper suggests a route to same, setting out what would be required to provide a joined-up pathway back to work where systems of medical rehabilitation, vocational guidance, retraining, job placement/re-entry, and accommodation of disability in the workplace are effectively linked.

NDA advice for a Vocational Rehabilitation Programme

Informed by the research and evidence set out above, as well as by input from key informants and persons with disabilities, the NDA advises the importance of a national policy and coordinated programme of vocational rehabilitation⁵⁵. Below is an outline of actions recommended to develop a vocational rehabilitation pathway in Ireland?

The evidence presented thus far has specifically highlighted the need for a clear vocational rehabilitation pathway that links the four main actors i.e. the individual, the employer, the medical system and the welfare and employment supports. However keeping all of these players connected will require a new level of coordination and integration between different actors.

Therefore the NDA advises the importance of the following in a well-functioning and coordinated system:

- Placing the individual and their particular requirements at the centre of the service is the starting point for an effective vocational rehabilitation system;
- The key to vocational rehabilitation is ‘early intervention’. All other elements of vocational rehabilitation will stem from this point, building along a vocational rehabilitation pathway;
- Accept that people with acquired disabilities or long-term health conditions who undergo a vocational rehabilitation pathway expect that they will have moved closer to employment as the outcome of the process;

⁵⁵ This evidence was further inputted through consultation with stakeholders and key stakeholders

- Many people with acquired disability or long term health condition want options to explore be that return to work or otherwise rather than solely access to long-term receipt of illness or disability benefits. Many articulated the need for flexible options regarding hours at work or education as rarely was full time participation a desired outcome;
- There are certain elements of a vocational rehabilitation system that already operate in the Irish system, however not consistently or nationwide so that a better system of coordination between these elements is required;
- Of the elements of vocational rehabilitation that do not currently exist, the implementation process must provide a mechanism to ensure they link to the aspects of vocational rehabilitations already in the system; (Please see chart below.)
- For the vocational rehabilitation pathway to succeed, it would be preferable for a single department or agency to lead the coordination through a multi-agency collaboration process. This collaboration is best defined as “a process in which organisations exchange information, alter activities, share resources, and enhance each other’s capacity for mutual benefit and a common purpose by sharing risks, responsibilities and rewards.”
- The collaborative working would be supported by a referrals process, operational protocols and the development of quality standards between agencies and providers.

While it is necessary to develop additional components of a vocational rehabilitation pathway, the overall system will be operated on the basis of a focused case management plan which can include mainstream and or tailored employment services. The attached implementation plan suggests further details of what is required to ensure that these components are co-ordinated into a single pathway.

4 steps necessary during the vocational rehabilitation process are:

- Step 1 Access to coordinated pathway through principle of early intervention
- Step 2 Assessment points developed across the pathway as described in the vocational rehabilitation pathway process
- Step 3 Decision made on the interventions required to support ‘return to work’ or ‘training and education’ or ‘access to long-term social welfare payment’ or all three.

- Step 4 Engaging employers to create awareness of return to work pathway for individuals and of the steps/time involved in the process with specific guidance on provision of reasonable accommodations.

Step one: Access to coordinated path

Early intervention for the individual is the key pillar for an efficient vocational rehabilitation system. The NDA advise that the common **points to access vocational rehabilitation** for the individual could include any of the following:

- Through a local Intreo office where an individual accesses a long-term illness/invalidity benefit;
- While in hospital under-going medical treatment; but after clinical assessment and with the agreement of individual
- Through a health-care professional such as an Occupational Health Doctor, a GP; or other HSE-funded service e.g. disability support organisation
- Through an education provider such as a local Education Training Board, adult guidance counsellor or other.

Step two: Assessment and intervention points developed across the pathway

Set out below are components of vocational rehabilitation required for an effective vocational rehabilitation pathway

	Components	Delivery approaches	Further developments
Assessment & Evaluation	Vocational Assessment	New models of vocational assessment required to address specific acquired disability/ mental health conditions. multidisciplinary teams to be available to conduct assessments	NDA recommend utilisation of disability specific assessments and of the Disability Management quality standards, which are promoted and governed by a number of the International Disability Management Bodies. ⁵⁶⁵⁷⁵⁸
	Functional Capacity Evaluation	New models of evaluating functional capacity required in order to assess next steps	
	Job/Person matching	Current models could be tested for suitability in standardised VR pathway: including Employability/ LES and Job Path staff engagement	
	Work sampling or on the job assessment	Existing approaches tested for VR pathway suitability as above	
Advice & Guidance	Information & Advice about Vocational Rehabilitation	Develop specific guidance and information for delivery through for example CIB, Intreo, disability specific organisations, HSE providers, ETBs and others capacity to ensure advice & guidance is appropriate and standardised	New guidelines on delivery of VR developed by these range of information providers
	Guidance & Counselling	Build guidance and employment counselling module specifically on acquired disability for all guidance and counsellor and practitioners.	Develop employment guidance counselling for delivery across the spectrum of provision
Vocational Education & Training	Specialised Vocational Education/Training	Ensure that ETBs funded Specialist Training Provision and FET skills areas are inclusive of people with acquired disabilities	Ensure that VR pathway includes all STP

⁵⁶ <http://www.idmsc.org/pages/index.html>

⁵⁷ www.carf.com

⁵⁸ <https://www.idmsc.org/professional-standards/becoming-certified/>

	Components	Delivery approaches	Further developments
	Pre Vocational Training	Ensure elements of support available through Ability Projects, STP, Rehabilitative Training are linked by referral mechanisms to the VR pathway	
Health & Wellbeing Support	Psychological Supports	Ensure that CMH Teams, Disability Organisations, have new modules of awareness on their role in supporting a return to work	Establish guidance on functional capacity testing. Examine models referenced in NDA commissioned research such as
	Physical/Functional capacity building	New Models required	
On the Job Support	Job Coaching	EmployAbility extended to support all wishing to return to work	Job Coaches are trained as return to work case managers
	Supported Employment	EmployAbility is extended and the job coach role developed to further support employers	Job Coaches are trained as return to work case managers
	Job search and placement services	Intreo, LES, EmployAbility, ETBs and disability organisations working in this field are supported	
Adaptations & Technologies	Workplace Adaptations	Promotion of available grants and all types of supports available to support return to work. Disability Organisations refer to or provide supports for individual and Employers	Reasonable Accommodation Grant system is reviewed as per CES and addresses concerns of employers
	Assistive technology	Intreo, Disability Organisations, Employers	New Assessments procedures are developed that can link Assistive Technology to grant scheme ⁵⁹
	Reasonable Accommodation	Intreo, Disability Organisations, Employers ensure built into practice so persons with disabilities can engage	As above
Service Coordination	Case management	Case management processes are the key driver of a coordinated VR pathway. .	https://www.idmsc.org/professional-standards/ becoming-certified/

⁵⁹ Ensuring that people with disabilities who are remote working have equipment for home and the office

Step three: Decision made on Individuals next stage

This step is non-linear and can result in a number of decisions regarding the interventions necessary to support the individuals 'return to work'. The series of intervention can include a mix of further education or training plan, each step is developed and agreed with the individual. It is also clear to individual on their entitlements to retaining any income or other supports. Alternatively where appropriate a decision is made to support individual's access to long-term social welfare payment.

Step four: Role of employers

The role of employers in creating a more effective vocational rehabilitation approach is significant. Services cannot be effective in the absence of employer engagement. At a system level, it is essential that employers are informed of and involved in the return to work process. Practically, the employer must be an integral part of the return to work protocol, a process to develop such protocols can be embedded as the Irish activation and employer engagement systems response to COVID-19. The NDA advice is that similar to Disability Management experience in other jurisdictions, where there is no employer funded occupational guidance it is the Return to Work Case Manager that supports the employer through this process. The Case Manager will clearly describe and communicate the steps necessary for the employer in supporting an employee to return to work or to another job within the same business.

Implementation of vocational rehabilitation

Since 2015 Ireland has introduced measures to improve the employment landscape for people with disabilities. The Comprehensive Employment Strategy for People with Disabilities 2015 to 2024 and other relevant strategies continue to frame new ways of working for departments and agencies to collectively deliver on joint outcomes. However there is a gap in the provision of tailored supports that would assist people with disabilities into work and these supports require further resourcing and implementation, as outlined above. The NDA advises that new ways of enhancing activities of relevant departments and agencies to work together are needed to provide a single coordinated vocational rehabilitation pathway. Of importance to this new pathway is the requirement for profiling and assessing, with the triaging of support for people who want to and can return to work. Some of these supports are delivered in the community by a mix of statutory and not for profit organisations. The NDA recognises that the existing capacity of available employment supports will be stretched as a post COVID-19 world emerges, but equally that there is an opportunity to develop a new way of provision that builds on current practice.

To implement a single vocational rehabilitation pathway the NDA advises that the following actions are necessary:

Intreo

As one part of the public employment service, Intreo can be the first access point for either the individual with acquired disability (or their advocate) and possibly for an employer. The NDA advises that in light of the remit of the reconfigured Department of Trade, Enterprise and Employment to engage with employers, that it would be best placed to take the following steps, coordinating as appropriate with and the network of Intreo offices managed by the Department of Social Protection:

- Promote and provide supports on ‘return to work’ with information and guidance protocols for employers⁶⁰
 - Work with the Chief Medical Officer and others to develop a functional capacity assessment system and supporting tools administered by Intreo Case Officers, Local Employment Service Staff and EmployAbility Job Coaches.
 - Increase capacity of Intreo Case Officers to support people with acquired disability to begin the return to work process. This capacity building exercise will be a mix of referral to other services and supports listed.
 - Increase the capacity of commissioned employment supports such as EmployAbility by funding the training of job coaches to become return to work case managers. This can be achieved through professional development training such as the National Institute of Disability Management and Research (NIDMAR) developed programme,
 - Ensure that the coordinated policy approach that would assist individuals with high support needs to obtain and retain employment⁶¹ is fully implemented.
 - Use the commitment to draw from ‘existing international models, to explore the possibility of introducing a new Short-Time Work Support scheme to enable employers to retain people on their payroll in response to short-duration shocks to employment⁶²

⁶⁰ This information builds on the removal of ‘rehabilitative quality of work’ as described in the Make Work Pay report and allows people on Disability Allowance to work. This policy shift has resulted in over 3000 people on DA coming off that payment since April 2017.

⁶¹ To work together to develop an effective coordinated policy approach (and draw up an implementation plan based on that approach), to assist individuals with disabilities, including those who require a high level of support, to obtain and retain employment having due regard to the implementation of New Directions.⁶¹

⁶² Pathways to Work commitment 44

An EU report on public employment services suggests that personalised services such as supported employment rather than large scale uniform programmes (training or work-shops) are more effective in **promoting a transition into the open labour market**. This report also states that in common with other research, out-sourcing these tailored services was identified as an efficient way to support hard to place clients. The NDA therefore advises that similar to the Job Path providers out-sourcing or commissioned services are potential options for the interventions that are required for vocational rehabilitation to be available locally for people with acquired disabilities and lifelong health conditions.

Department of Health and the HSE

NDA advises that the Department of Health and the HSE will have a role in developing and resourcing occupational guidance and services for healthcare professionals such as GPs, OTs and other allied professionals. As evidenced in research, the GP was a primary contact during absence for 94% of people long term absent from work and only 15 per cent had contact with another professional. In 2006 GPs who participated in a survey of health professionals did not consider that they had any role in the return to work process.⁶³ While some progress has occurred with initiatives such as 'Healthy Ireland', NDA advises that specific guidance outlining that vocational rehabilitation is not a single intervention and that a range of appropriate interventions should be based on individual identified needs is required. As a primary point of contact, GPs have a role in referring people to information sources and to practitioners that will allow the individual to consider a return to work.

The NDA advises that delivering the Sláintecare objective of a universal healthcare system will require a specific social care strategy, one that links medical and rehabilitation provision. Social care provision within Sláintecare must be delivered locally, where people can access their services. To that end, the Department of Health and the HSE could, together with others, develop clear protocols for those involved in the vocational rehabilitation pathway. All health/social care professionals will require quality standards to support their roles:

- in referral, treatment, and ongoing assessment,
- assessment for entitlement to benefits,
- case management,

⁶³ McAnaney, D. and Wynne, R. (2006) 'Stress, Absence and Reintegration: Perceptions and Practice of Professionals in Six European Member States', *International Journal of Disability Management Research*, 1 (1), pp. 31-42.

- In providing information and advice, and other supports.

Key to the success of vocational rehabilitation in Ireland is the continued capacity building of community-based teams, primary care teams and those in the voluntary and community sector who have led work in this area and to develop local referral mechanisms to welfare and education services.

Department of Further and Higher Education, Research Innovation and Skills.

Return to work can require an individual to be informed about options regarding retraining. The provision of career guidance and the delivery of further education and training are important points on the vocational rehabilitation pathway. The ILO in recommendation R099⁶⁴ states that 'All necessary and practicable measures should be taken to establish or develop specialised vocational guidance services for disabled persons requiring aid in choosing or changing their occupations'. In the return to work pathway people may not return to their previous job and therefore retraining is an important step in the process for people with acquired disabilities that requires support guidance. This retraining can include counselling and guidance to identify appropriate opportunities; job demands analysis and matching; vocational education and training. Referrals to and from education, therefore, will often form part of the pathway.

Return on investment

The international research evidence suggests that the investment in vocational rehabilitation by social security systems is likely to be recouped within two to four years simply on the basis of increased income tax revenues of participants successfully placed in employment.⁶⁵ The NDA recommend that implementation of the vocational rehabilitation pathway is designed to capture equivalent data in the Irish system regarding return on investment. NDA advises that this is most accurately done by testing and monitoring provision of the core elements of a vocational rehabilitation system on a small scale and then modelling wider provision:

- What is the Return on Investment for vocational rehabilitation in Ireland?

⁶⁴ ILO R099 - Vocational Rehabilitation (Disabled) Recommendation, 1955 (No. 99)

⁶⁵ Hanophy, J. (2012) 'Testimony of the Council of State Administrators of Vocational Rehabilitation (CSA vocational Rehabilitation) on Work Incentives in Social Security Disability Programs', **Journal of Vocational Rehabilitation**, 36 (1), pp. 13-20.

- What are the average earnings of people who engaged in vocational rehabilitation? How do those earnings compare to income of those without vocational rehabilitation?⁶⁶
- What are the work-related absence rates for employers offering access to rehabilitation?

Cross-departmental delivery of vocational rehabilitation

The NDA advises that action required to develop an effective vocational rehabilitation pathway can effectively build on infrastructure currently in place. People with disabilities will also need to be included in the newly reimagined services that will emerge post COVID-19 as described in the next phase of Pathways to Work. Research presented shows that without tailored provision for people with disabilities, their return to work will be impeded. The NDA advises that the full implementation of a vocational rehabilitation pathway will require collaborative and coordinated working across a number of relevant Government departments and agencies. The reform required to support more people with disabilities return to employment requires a whole-of-government approach, as the potential savings resulting from any change under the responsibility of one department may accrue in another department and vice versa.

It will also be important that there is a clear national policy and programme on vocational rehabilitation that provides a pathway to accessing vocational rehabilitation to deliver effective work outcomes for individuals who acquire a disability. NDA advises the importance of establishing oversight and leadership at an appropriately senior level across these actors, to ensure that this key intervention for people with acquired disability can be effectively delivered. The NDA would be available to support and facilitate this collaborative effort as appropriate particularly regarding the component elements of the pathway, and builds in referral and protocol mechanisms, including development of practical protocols such as those used to support a return to work.

Conclusion

The vocational rehabilitation programme set out in this policy advice is based on relevant research and experience from other jurisdictions, effective local models of vocational rehabilitation that are currently delivered in Ireland, consultation

⁶⁶ Dean, D., Pepper, J., & Schmidt, R. (2014) 'State Vocational Rehabilitation Programs and Federal Disability Insurance: An Analysis of Virginia's Vocational Rehabilitation Program', *IZA Journal of Labor Policy*, 3 (7), pp. 1- 19

with people who have acquired disabilities and conditions, engagement with stakeholders and including NDA's own work in this space over the last number of years. The NDA recommends that as the Comprehensive Employment Strategy for People with Disabilities⁶⁷ is intended to progress employment opportunities for all persons with disabilities, the lack of supports to return to work for those with acquired disabilities and long term health conditions will continue to impede its progress. Unfortunately it would therefore continue the path to early retirement that acquiring a disability has, in many cases, become. In reality, there is a large cohort of people with acquired disabilities or illnesses who want to return to work. Better outcomes for people with acquired disabilities and long term health conditions will depend on the adaptation and expansion of current ad hoc provision being offered in a more collaborative way but within an overall national policy and programme on vocational rehabilitation to be agreed and adopted by the government. In proposing this policy, NDA also commits 'to support relevant government departments to ensure a national approach to vocational rehabilitation is introduced'. The NDA will embark on this phase of development by engaging with the relevant departments and agencies to explore how the recommended approach to implementation could be advanced through the CES next action plan and the implementation of the Pathways to Work strategy. The NDA will continue to use the findings of the consultation with people with acquired disabilities and illnesses to inform how a vocational rehabilitation system is developed.

⁶⁷ In keeping with actions 4.2 and 4.3 of the CES the NDA will develop a programme of work with relevant Departments and their agencies to support the introduction of a vocational rehabilitation system that meets the guidance set out in this paper.

Appendix I: UNCRPD Articles 26 and 27

The UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) **articles 26 and 27** reference elements of vocational rehabilitation and employment in general.⁶⁸ Together these articles require states to **promote vocational and professional rehabilitation, job retention, and return to work programmes** for people with disabilities. The UNCRPD also supports the right of people with disabilities to **early intervention; a multi-disciplinary assessment and services, close to where they live, to support job retention and return to work.**

In March 2019 the annual report of the United Nations High Commissioner for Human Rights⁶⁹ commented on Article 26 stating that **access to rehabilitation has long been understood to be an intrinsic element of the right to health.** In addition the right to physical and mental health also implies the right to have access to, and to benefit from, medical and social services, and that persons with disabilities should be provided with rehabilitation services that would enable them to reach and sustain their optimum level of independence and functioning. The text of Articles 26 and 27 (work and employment) are presented below.

Article 26 – Habilitation and rehabilitation

I. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:

a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;

⁶⁸ Article 26 covers the promotion of vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

Article 27 covers the right to work and employment for people with disabilities, including for those who acquire a disability during their employment.

⁶⁹ Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary-General 25 February–22 March 2019

b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.

3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

Article 27 - Work and Employment

“recognizes the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities” (United Nations, 2006).

States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:

- a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
- b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;
- c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;
- d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
- e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
- f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;

- g) Employ persons with disabilities in the public sector;
- h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;
- i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;
- j) Promote the acquisition by persons with disabilities of work experience in the open labour market;
- k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

Appendix 2: Pathways to Work 2015 - 2020 and 2021 -2025

DSP has committed to the development of a quality public employment service over two iterations of the Pathways to Work strategy.

2015 actions included

- The Partial Capacity Benefit (PCB) scheme whereby some people with disabilities who have a capacity to engage in open market employment while continuing to need some income support from the Dept. The objective of the scheme is to support such people **to return to the workplace** without fear of loss of their disability related social welfare benefits. **A person in receipt of Invalidity Pension or Illness Benefit for a minimum of six months who wishes to return to work may qualify for PCB if their capacity for work is reduced by their medical condition.** PCB allows people to continue to receive a percentage of their Illness Benefit or Invalidity Pension payment while working.
- The EmployAbility Programme of supported employment for individuals who are available to work 8 hours a week. DSP currently funds 24 contracts with the EmployAbility service with an average of 3,000 clients at any stage with a placement rate in the order of 40%;
- The Wage Subsidy Scheme supports private sector employers to employ employees with disabilities; employers are provided with a grant to cover productivity for staff
- Supports to private sector employers with the cost of adaptations or assistive technology, including:
 - Workplace equipment adaptation grant (new & existing staff)
 - Employee Retention Grant (existing staff)
 - Job interview
 - Interpreter Grant
 - Personal reader grant

Other measures funded by DSP to support people who particularly marginalised and long term unemployed include:

- The Local Employment Services Office (LES) which provide a range of professional supports to assist work searches. The LES support also includes one to one career guidance, information and training, education options and employment opportunities that suit the individual.

2021 to 2025 actions include

- Deliver a bursary programme, as set out in the Action Plan for Apprenticeship 2021-2025, to fund up to 100 apprentices per annum who are experiencing socio-economic disadvantage and who are from target groups, including lone parents, people with disabilities, Travellers and Roma.
- Developing 'Get Work Ready' work and transversal skills programmes to be delivered via the further education and training sector
- Review the current long-term disability payment schemes with a view to removing inconsistencies/ anomalies and ensure that they recognise the continuum of disabilities and support employment.
- Offering high value financial incentives and supports to employers who hire people with disabilities, including through the Wage Subsidy and the Reasonable Accommodation Fund schemes.
- The delivery of employment services to people with disabilities needs to be tailored to work for people who may have physical, communicative or cognitive challenges.

Appendix 3; CES 5.1 seamless pathway to work

Developing a seamless pathway to work for persons with a disabilities.

In the CES priority area 5 focused on the provision of public services in a co-ordinated and seamless manner. Action 5.1 required an interdepartmental working group⁷⁰ to work together to develop a coordinated policy approach that would assist individuals with high support needs to obtain and retain employment⁷¹. In brief the outcome of this working group agreed the following:

- The Intreo service – is a single point of contact for all employment and income supports and is part of the Department of Social Protection⁷² - will be the primary gateway or access point to employment supports, but it may need to refer those with higher support needs to the relevant support area for training or employment supports.
- For those people with higher support needs complementary employment support services such as a fully accessible supported employment service may need to be developed, and this will be informed by research and the outcome of a project trialling an approach with specific target groups.
- In order to develop a coordinated approach to pre-activation, or preparation for work, learning from the Ability projects, aimed at fostering innovative practices in pre-activation, will be evaluated for future implementation at scale.
- Standardised and over-arching protocols between bodies at both national and local level will be developed to ensure the relevant systems can interface efficiently to maintain the seamless nature of the supports required – particularly at transition points. Effective protocols between the relevant agencies will need to be in place so there is clarity on roles and responsibilities, to support referrals and

⁷⁰ DSP, DES, DoH, HSE, NDA,

⁷¹ To work together to develop an effective coordinated policy approach (and draw up an implementation plan based on that approach), to assist individuals with disabilities, including those who require a high level of support, to obtain and retain employment having due regard to the implementation of New Directions.⁷¹

⁷² This recommendation to be delivered with the support of the new reconfigured Department of Enterprise Trade and Employment

ensure supports can be delivered in a coordinated and effective manner both now and in the future.

- This includes, for example, referrals from the national employment service, Intreo, to education and training bodies, from HSE to the national employment service, and from any complementary support service developed in the future to education or HSE support providers.
- These protocols will be supported by shared communications approaches across relevant departments and agencies.

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