European Agency for Safety and Health at Work

Safer and healthier work at any age

Country Inventory: Ireland

Safety and health at work is everyone's concern. It's good for you. It's good for business.

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Cataloguing data can be found on the cover of this publication.

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Abbreviations

DJEI:	Department of Jobs, Enterprise and Innovation
DSP:	Department of Social Protection
ENWHP:	European Network for Workplace Health Promotion
EU:	European Union
Eurofound:	European Foundation for the Improvement of Living and Working Conditions
EU-OSHA:	European Agency for Health and Safety at Work
GP:	General practitioner
HR:	Human resources
HSA:	Health and Safety Authority
HSE:	Health Service Executive
Ibec:	Irish Business and Employers' Confederation,
ICTU:	Irish Congress of Trade Unions
ILO:	International Labour Organization
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
NHS:	National Health Service
OECD:	Organisation of Economic Cooperation and Development
OIB:	Occupational Injuries Benefit
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RTW:	Return to work
WHO:	World Health Organisation

Introduction

This report is part of the project 'Safer and healthier work at any age', initiated and financed by the European Parliament[1][2]. The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

To review policy developments and initiatives taken in Europe to tackle the demographic change, country reports were prepared, with a specific focus on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting rehabilitation/return to work.

Methodology

The country reports were prepared in each of the 28 European Member States and EFTA countries (Iceland, Switzerland, Lichtenstein and Norway). In eight countries (Austria, Belgium, Denmark, Finland, France, Germany, the Netherlands and the United Kingdom), the research was carried out at a more in-depth level including additional resources and the consultation of relevant stakeholders via the organisation of expert workshops.

The **information** used to prepare the reports was collected between September 2013 and June 2014 and comes from international, European and national sources, referenced in the report's bibliography.

The **indicators** presented in the first section of the reports have been selected taking into account:

- *Relevance to the topic:* In addition to data on working conditions and health, indicators related to general contextual factors such as the demographic development, labour market and employment have also been included.
- *Availability of data by age groups:* As the focus of this work is to investigate activities in the context of an ageing workforce, it is central to the project to collect data by age groups.
- *Geographical coverage:* In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

National expert workshops took place in the eight countries subject to in-depth review as well as in two additional countries, Poland and Greece between March and June 2014.

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;
- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;
- Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

[1] Official Journal of the European Union, '04 04 16 – Pilot project - Health and safety at work of older workers', Chapter 0404— Employment, Social Solidarity and Gender Equality, 29.02.2012, pp. II/230 - II/231. Available at: http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29.02.2012-pbFXAL12056/ (Accessed December 2014

[2] The activities carried out for the European Parliament's pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).

The present report describes policies and strategies in Ireland, addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.

Structure of the country reports

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population. The institutional and legal framework for occupational health and safety in Finland, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.

1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Ireland with regard to demographics, the labour market, working conditions and the health status of the older working population. It then provides background information on the institutional and legal frameworks in Ireland that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

1.1 Facts & figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Ireland with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following definitions aim to provide clarity on a number of terms used frequently in this section:[3]

- "Median age" is the age that divides a population into two groups that are numerically equivalent.
- The "old age dependency ratio" is the ratio of the number of older people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- "Old age pension" is payment to maintain the income of a person after retirement from employment at the standard age or payment made to support the income of older persons.[4]
- "Healthy life years", also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition.[5]

Table 1 provides a quick snapshot of selected indicators, some of which are further described in the rest of the section.

Table 1, Overview table of main indicators

	Ireland	EU-28
Median age 2013 (2060)	35 (40)	42 (46)
Share of population aged 55 to 64 years (2013)	10%	13%
Share of population aged 65+ (2013)	12%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	19% (36%)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	51% (+2 p.p.)	50% (+10 p.p.)
Official Retirement age[6]	66	
Effective retirement age (2012) [7]	62.6(f)/64.6(m)	60.9(f)/62.3(m)*[8]

[3] Definitions extracted from the Eurostat glossary (unless stated otherwise): http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries (Accessed December 2014)

[4] Eurostat, Methodologies and Working Papers, *The European System of integrated Social PROtection Statistics (ESSPROS), ESSPROS Manual and user guidelines*, 2012, p. 58. Available at: http://ec.europa.eu/eurostat/documents/3859598/5922833/KS-RA-12-014-EN.PDF/6da3b2bf-85ba-4665-b318-a41d6a2df37f?version=1.0 (Accessed December 2014)

[5] This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.

[6] See section 1.4 on Pension system.

[7] Source: OECD estimates on the "average effective age of retirement versus the official age, 2007-2012"

[8] These figures refer to the EU-27

	Ireland	EU-28
Share of pensioners (50-69) who quit working for health or disability reason (2012)	22%	21%
Pension expenditures (% of GDP) (2011*)		
All pensions	7.1%[9]	13.0%
Old-age pensions	4.9%	9.5%
Disability	1%	0.9%
Life expectancy at 65 years, in years (2011)	19.5	19.7
Women	20.9	21.3
Men	17.9	17.8
Healthy life years at the age of 65 (and 50) (2011)		8.6 (17.7)
Women	11.8 (22.9)	8.6 (17.9)
Men	10.9 (21.3)	8.6 (17.5)
Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)	4.7%	11%[10]
Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs), 2012	1% (0.3%)	5.7% (3.8%)
Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs), 2012	No data	33.3%** (24.2%**)
Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months (2007)	56%[11]	60%[12]
Women	67%	64%
Men	51%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60[13] (2010)	90%	71%[14]
Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace[15] (2013)	32%	31%

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC), the European System of Integration Social Protection Statistics (ESSPROS)
*figure refers to 2011; ** estimated figures only (by Eurostat)

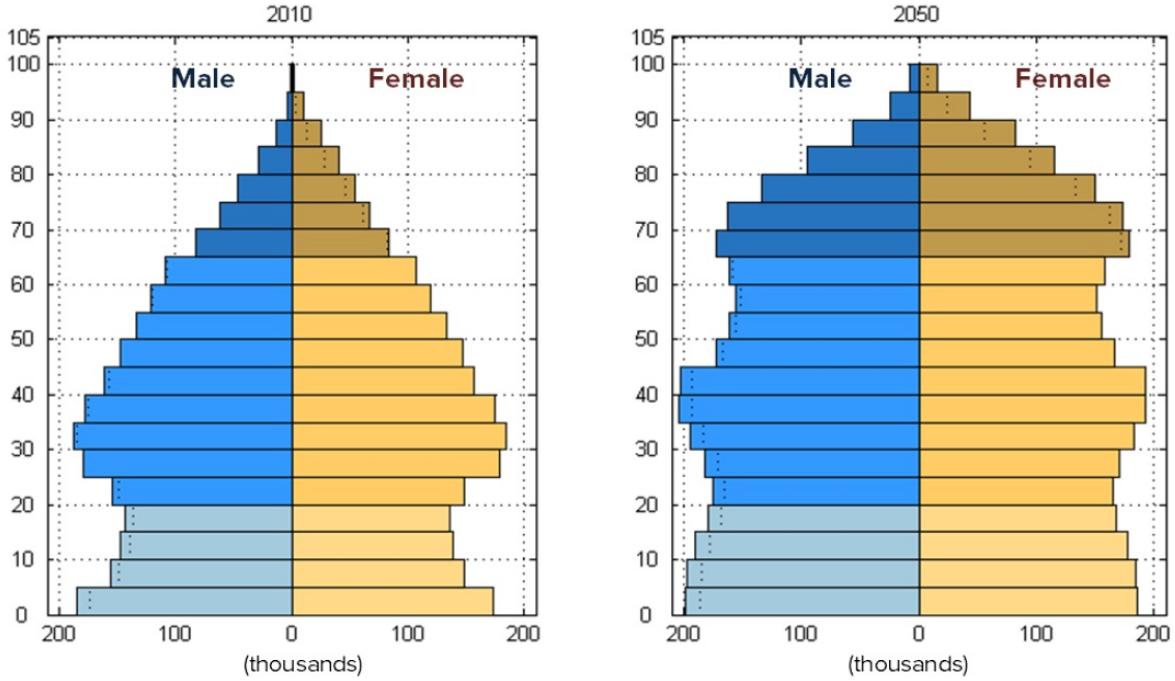
[9] Provisional data
[10] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.
[11] Definition differs
[12] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.
[13] Source: European Working Conditions Survey 2010.
[14] This Figure refers to the EU-27
[15] Source: European Commission, Flash Eurobarometer on Working Conditions, 2014. Fact sheet on Ireland. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_ie_en.pdf (accessed December 2014).

Demographic developments

The median age in Ireland decreased between 1960 and 1980, meaning that Ireland's population as a whole became younger during that time span[16]. However, since the 1980s the Irish population has been ageing, like the rest of the EU: from a median age of 26.5 in 1980 to a median age of 35 in 2013. Even then, the Irish population is much younger than the overall EU-27 population, whose median age was 42 years in 2013. The ageing population and the difference with EU figures are also reflected in the distribution of the population across the different age groups and their development between 1990 and 2013. The oldest age group (65 years and above) remained more or less the same between 1990 (11%) and 2013 (12%) (compared to 18% in the EU overall population in 2013) while the proportion of 55 to 64-year-olds increased from 8% in 1990 to 10% in 2013 (compared to 13% in the EU in 2013).

The population ageing is predicted to continue. The age group "65+" will increase from 12% of the total population in 2013 to 22% in 2060. This ageing is also shown in the age pyramid below (Figure 1) which shows that between 2010 and 2050, the age group of 65+ is predicted to significantly increase. However, the age group of 20 to 65 year-olds will not decrease as in other European countries. This is also reflected in the old-age dependency ratio (see Table 1).

Figure 1, Total population by age group and gender, 2010 and projection for 2050



Source: International Conference on Population and Development Beyond 2014, Ireland Country Implementation Profile[17].

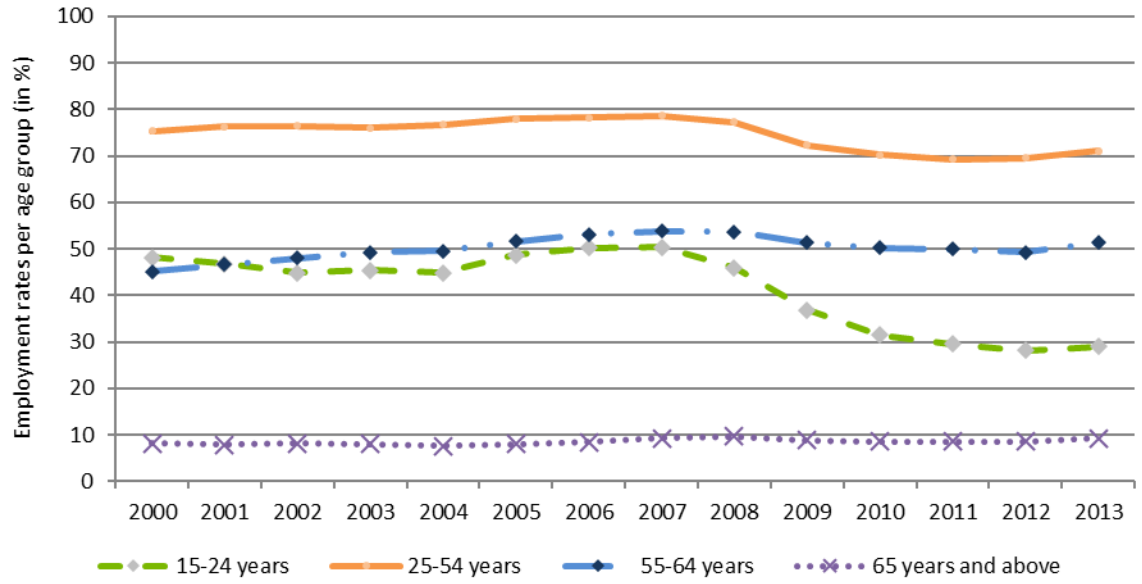
Labour market participation

Employment among the 55 to 64-year-olds was considerably higher (by around 8 to 10 percentage points) in Ireland than the EU average between 2002 and 2008. However, since 2008, it has decreased in Ireland, while the EU average has been rising. Therefore, by 2013 it was only slightly above the EU average rate (51% and 50%, respectively). The employment rate of the oldest age group (65 years and above) increased between 2000 and 2008 and has been decreasing since. However, in 2012, employment of this group was still higher in Ireland than the EU average (8.6% compared to 5%). The crisis has had a strong impact on the youth employment rate which has

[16] Source: Eurostat population statistics 2013, structural indicators.
[17] International Conference on Population and Development Beyond 2014, Ireland Country Implementation Profile. Available at: http://icpdbeyond2014.org/about/view/19-country-implementation-profiles (Accessed December 2014)

decreased drastically between 2008 and 2012, and fell below the EU average in 2012 (28.2% compared to 32.9%).

Figure 2, Employment rates per broad age groups, trend 2000-2013, residents in Ireland, all nationalities



Source: Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010,[18] the following conclusions can be drawn with regard to the working conditions of older workers (aged 50 and above) in Ireland:

- In Ireland, the exposure to *carrying heavy loads* at work decreases with age (37% of young workers, and 29% of older workers)[19]. The percentage of older workers in Ireland carrying or moving heavy loads for at least a quarter of the time is lower than the EU average among older workers: 29% compared to 32% respectively.
- The proportion of older Irish workers whose job involved working in *tiring or painful positions* almost all of the time decreased slightly between 2000 (12%) and 2010 (6%). Furthermore, this share was lower than the EU average in 2010, which was 16%.
- Exposure to *night work* was higher among Irish older workers than the EU average in 2010; (24% of Irish older workers compared with 16% among older workers across the EU). Exposure to *shift work* in Ireland was similar to the EU average in 2010: the share of older workers who worked in shifts was 14% (the same as the EU average).
- In Ireland, satisfaction with the *work-life-balance* among older workers is slightly higher than the EU-average: in 2010, 87.8% of the older Irish workers felt that their working hours fit in well or very well with their family or social commitments outside work, while the EU-average was 84.5% for that year

[18] Unless mentioned otherwise, the figures in this paragraph relate to the EWCS from 2010. Available at: http://eurofound.europa.eu/surveys/ewcs/2010/european-working-conditions-survey-2010 (Accessed December 2014)

[19] The term "older workers" in this section refers to workers aged 50 years and above, the term "young workers" refers to workers below 30 years.

- As in most other EU Member States, the number of people reporting thr*ee or more external constraints on their work pace* (such as demands from people or production/performance targets) decreases with age in Ireland: 54% of young workers report that at least three external factors determine their work pace against only 37% of older workers (which is higher than the EU-27 average of 27% of older workers).
- In Ireland, a higher share of workers from all age categories receive *on-the-job training* compared to the EU average. For older workers, this is 30% compared to 26% respectively.
- The proportion of older workers who thought that their *work negatively affected their health* was much lower in Ireland (10%) than across the EU (27%) in 2010.
- Irish older workers were *more satisfied with their working conditions* than older workers across the EU; 94% of older Irish workers reported that they were satisfied with their working conditions in 2010, compared with the EU average of only 84%.
- In addition, the proportion of older Irish workers who thought they would be *able to do their current job at the age of 60* increased between 2000 (79% confirmed this) and 2010 (90%). The proportion in 2010 was higher than the EU average (71%).
- In Ireland, 32% of employed people and people with working experience indicated that *measures to adapt the workplace for older people* had been put in place at their workplace (compared to 31% at EU-28 average). Ten percent of those that responded did not know whether their workplace had been adapted to older workers[20].

Health

In 2011, estimations showed that Irish men of the age of 65 years had a *life expectancy* of around 17.9 additional years[21] including 10.9 considered "*healthy life years*".[22] Women of the age of 65 had a life expectancy of 20.9 additional years including 11.8 "healthy life years". These figures, and in particular those of the healthy life years, were higher than those of the EU population in general (with a life expectancy of 17.8 for men and 21 for women and 8.6 "healthy life years" on average in the EU for both genders).

The *perceived health status* among employed persons in Ireland worsens with age, as demonstrated in Table 2 below.

Table 2, Self-perceived health among employed in different age groups, 2012; shares of age group reporting "very bad" or "bad" health status

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	0.8%	0.3%	1.0%	0.5%[23]

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth_silc_01]

As shown in Table 3, the share of Irish workers between the age of 55 and 64 years who reported that they suffered from *work-related health problems* was lower than the EU average for the same age group in 2007.[24]

[20] European Commission, *Flash Eurobarometer on Working Conditions - Fact sheet for Ireland*, 2014. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_ie_en.pdf (Accessed December 2014)
[21] Eurostat 2013'Life expectancy by age and sex' [demo_mlexpec]
[22] Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth_hlye).
[23] This is for "bad" health status only, as figure for "very bad" health status is missing
[24] EU LFS ad-hoc module 2007 on accidents at work and work-related health problems "Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw_pb1]"; shares from all employed in the respective age group; a work-related health problem is defined as covering all diseases, disabilities and other physical or mental health problems, apart from accidental injuries, suffered by the person during the last 12 months, and caused or made worse by the work. This is a broad concept that covers much more than the recognised occupational diseases.

Table 3, Self-reported work-related health problems by workers in Ireland and EU-27, by age group

IE 25-34 yrs	2%
IE 35-44 yrs	4%
IE 45-54 yrs	**4%**
IE 55-64 yrs	**5%**
Men	**6%**
Women	**4%**
EU-27* 55-64 yrs	***11%***

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by age - % [hsw_pb1]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution[25]. *this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

The *most serious work-related health problems* reported among the 55 to 64-year-olds were – as in most other countries – musculoskeletal disorders (MSDs) (table 4).[26] However, compared to the EU average, the prevalence of pulmonary disorders is also high in Ireland. While the importance of physical illnesses (cardiovascular and pulmonary disorders) as most serious work-related health problems increases with age, the importance of stress, depression and anxiety decreases.

Table 4, Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem during the past 12 months; by gender and by most prevalent types of diseases[27]

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	**Total**	0.8	58.8	17.9	5.7
	(EU-27*)	(2.9)	(60.9)	(16.4)	(4.9)
	Women	0.6	54.9	21.8	5.2
	Men	1.0	61.6	15.1	6.1
45-54 yrs.	**Total**	4.7	56.0	19.0	6.6
	(EU-27*)	(6.2)	(61.3)	(13.5)	(4.7)
	Women	2.0	53.9	21.4	7.6
	Men	6.8	57.7	17.2	5.8
55-64 yrs.	**Total**	10.5	56.4	11.9	9.8
	(EU-27*)	(11.3)	(59.9)	(9.2)	(5.8)
	Women	3.1	67.1	14.6	7.8
	Men	14.4	50.8	10.4	10.8

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution[28]. *this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

[25] See Eurostat Evaluation Report AHM 2007, p. 26, available at: http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf

[26] EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]; the module distinguishes 8 different problems in total.

[27] More recent figures are available (EU-LFS ad-hoc module 2013); however, several countries have not delivered data for 2013, which is why no EU aggregates for this variable could be calculated. Due to these limitations, the 2007 data was used in this report. Data for 2013 can be obtained from Eurostat, available at: http://ec.europa.eu/eurostat/web/lfs/data/database

[28] See Eurostat Evaluation Report AHM 2007, p. 26, available at:

Definition

There is no official definition of an older worker in Ireland.

1.2 Institutional structure for health and safety at work

The following section presents the overall institutional structure related to occupational health and safety in Ireland.

Overall Structure

The **Health and Safety Authority (HSA)** is the national statutory body responsible for enforcing health and safety law. The Authority reports to the Minister for Jobs, Enterprise and Innovation[29]. The HSA has responsibility for almost all work activities, including onshore industry; the offshore industry; major hazards onshore; REACH; the fishing industry; and the public sector, including the emergency services. It also has responsibility for road transport and road accidents at work but does not have direct responsibility for railway safety. The HSA is concerned almost exclusively with OSH and has virtually no involvement in issues to do with general conditions of work, such as salaries, hours of work, or illegal employment. Thus it is a different situation from many other Member States. It does however liaise when necessary with other government or public sector organisations which have these responsibilities. The HSA is the sole enforcing authority for OSH in Ireland, unlike the position in the UK, where the Health and Safety Executive (HSE) shares this responsibility with local authorities. It is probable that the OSH responsibilities of the HSA are the broadest of any labour inspectorate in the EU, and this gives it an unusually complete view of the whole field.

The HSA operates under the auspices of the **Department of Jobs, Enterprise and Innovation (DJEI)**. Within this structure the **Health and Safety Policy Section** acts as a liaison mechanism between the HSA and the Department. The functions of the Section in this regard are:

- To formulate and develop policies relating to workplace health and safety, including reviewing legislative requirements and "work environment" developments on an ongoing basis;
- To monitor and support the activities of the HSA;
- To advise and inform the Minister and management of the DJEI on matters relating to workplace health and safety;
- To interact with the HSA and other Government Departments, State Agencies and the European Commission on matters relating to workplace health and safety.

A diagram showing the overall structure of OSH responsibilities is given below.

The **Department of Social Protection (DSP)** supports the Minister for Social Protection in the formulation of appropriate social protection and social inclusion policies and in the design, development and delivery of income supports, activation and employment services. In addition, from 1 January 2012, the Department took over responsibility, from the National Training and Employment Authority, for the administration of the various schemes to support disabled persons in work (see section 3)[30].

The **National Employment Rights Authority (NERA)**[31] controls the conditions of work.

The **Pensions Board**[32] is a statutory body set up under the Pensions Act, 1990, which regulates a large number of occupational pension schemes that operate in Ireland.

The **Equality Authority**, which is merging with the Irish Human Rights Commission (IHRC) into the Irish Human Rights and Equality Commission in 2014, oversees matters related to discrimination

http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf

[29] HSE website: http://www.hsa.ie/eng/About_Us/ (accessed October 2014).

[30] DWP website: http://www.welfare.ie/en/Pages/The-Department.aspx (accessed October 2014).

[31] The National Employment Rights Authority (NERA): http://www.citizensinformation.ie/en/employment/enforcement_and_redress/national_employment_rights_authority.html (accessed October 2014).

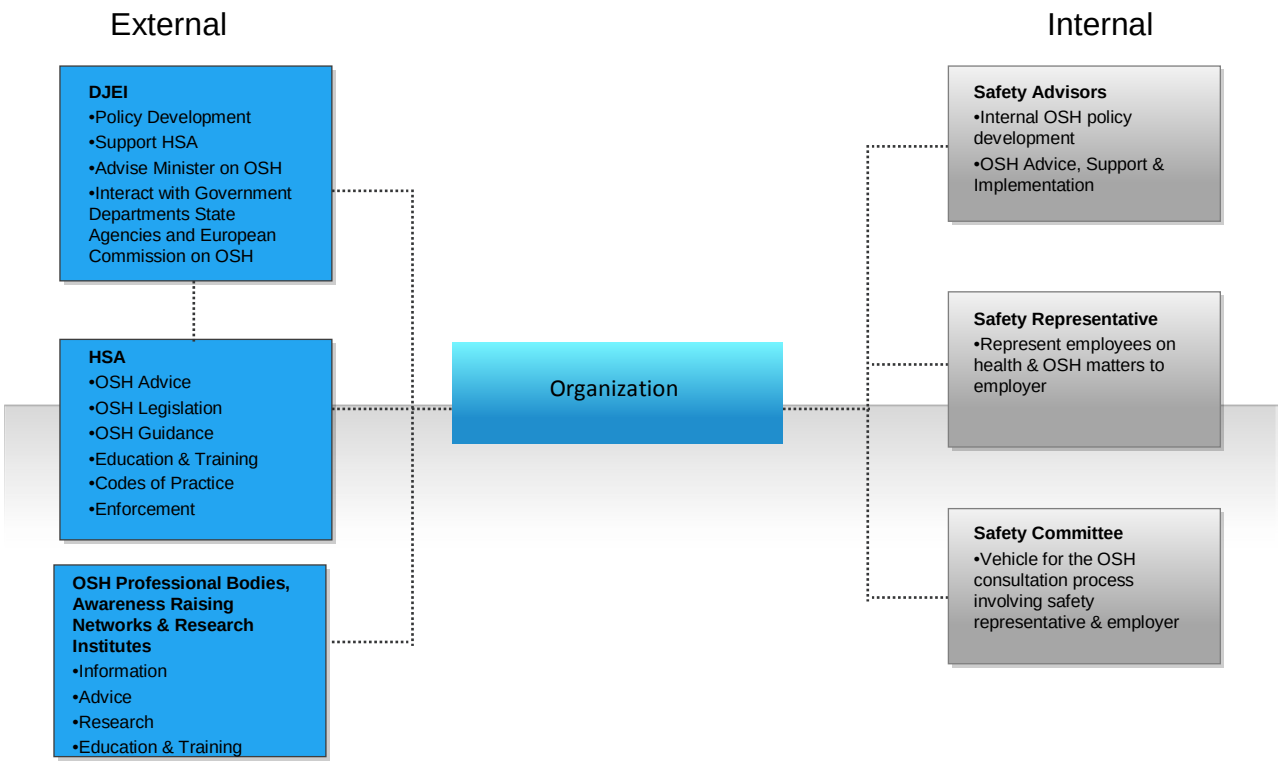
[32] The Pensions Board: http://www.pensionsboard.ie/en/ (accessed October 2014).

situations, in particular in employment. The Authority's website[33] contains a number of links to age-related and disability-related issues, however, no general guidance on age discrimination could be found.

It is worth noting in the EU context that Ireland, like the UK, has no equivalent to the major accident insurance associations which play a significant role in OSH, prevention and rehabilitation in other MS, such as the Berufsgenossenschaften in Germany and the Caisse Nationale/Regionale in France.

Social security matters are dealt with through the responsible government department.

Figure 3, The OSH infrastructure in Ireland



Source: EU-OSHA, OSH WIKI "OSH system at national level – Ireland"[34]

Social Dialogue

The Board of the **HSA**, which determines the Authority's operational policy, is a tripartite organisation which includes members of the social partners and other interests associated with OSH.

The main employers' group is the **Irish Business and Employers' Confederation (Ibec)**, which is the umbrella group for over 60 business associations including the Small Firms Association; some of the major sectors have separate organisations including construction (the Construction Industry Federation) and agriculture (the Irish Farmers Association).

[33] The Equality Authority website: http://www.equality.ie/en/ (accessed October 2014).
[34] EU-OSHA – European Agency for Safety and Health at Work, OSH WIKI, "OSH system at national level – Ireland". Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Ireland (accessed October 2014)

The umbrella group for employees is the **Irish Congress of Trade Unions (ICTU)**, which represents almost 50 trade unions. The involvement of the social partners in establishing the overall direction of the HSA (in developing policy at national, sectoral and topic levels) and in supporting implementation, is a major feature of the Irish approach. The current Board consists of the Chair, three employer nominees, three employee nominees and five members nominated by the Minister.

Trade union density[35] has decreased in Ireland, from 47.5 % of employees in 1993 to 29.6% of employees in 2013, but still remains well above the OECD average of 16.9% in 2013.[36]

1.3 Labour, OSH and anti-discrimination legislation

The following section provides a brief overview of the main pieces of legislation in the fields of occupational health and safety, labour and employment and antidiscrimination and whether they contain any provisions in relation to older workers.

Occupational health and safety legislation

Compared with most Member States, the law on OSH in Ireland is more widely drawn. The enabling law, the **Safety, Health and Welfare at Work Act 2005 (SHWWA)**, applies to all employers and the self-employed and also addresses the risk to members of the public from work activities. The comprehensive nature of Ireland's OSH legislation is similar to that of the UK, although risks to members of the public are not covered in quite as open-ended a way as in the UK. The SHWWA is backed up by a wide range of supporting law and guidance which implements relevant EU legislation, and covers other OSH topics. The Management Regulations cover employers' duty to carry out risk assessments, and take account of hazards faced by any particularly sensitive groups. Night workers are considered to be a particularly sensitive group.

Employment and labour legislation

There is a wide range of labour law in Ireland, covering such issues as the employment of children and young persons; night and shift work; the employment of pregnant women; and the national minimum wage. However, there is no specific labour legislation on the employment of older workers.

Antidiscrimination legislation

The **Employment Equality Acts 1998 and 2004**[37] deal with discrimination within employment. Most employment issues are dealt with by the Acts, including dismissal, equal pay, harassment and sexual harassment, working conditions, promotion, access to employment etc. However, all disputes must relate to one or more of the nine grounds specified in the Acts, which include, for example, gender, disability and age.

There are two interesting aspects of the 1998 Act. Firstly, the Act originally exempted those under 18 or 65 and over from the provisions of the Act; that is, any older worker aged 65 or more had no age-related rights under the Act; this exemption was only removed in 2004. Secondly, with regard to disability discrimination, the 1998 Act allows employers to refuse to make reasonable accommodations for the needs of people with a disability if the costs that would be incurred are more than 'nominal costs'[38] (more information in Section 3).

[35] Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD *Labour Force Statistics).*Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD)

[36] OECD (Online OECD Employment database: http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union (accessed October 2014)

[37] The Employment Equality Acts 1998 and 2004: http://www.equality.ie/en/Information/Employment-Equality/ (accessed October 2014).

[38] EU OSHA, *Work-related musculoskeletal disorders: Back to work report*, Luxembourg, 2007, p59.

1.4 The pension system

There is no single fixed retirement age for employees and retirement age is usually fixed in contracts of employment. The usual retirement age in contracts of employment is 65, but many contracts include provisions for *early retirement* from the age of 60 or in some cases from 55 and most have provision for early retirement on health grounds.[39] According to the OECD, the effective retirement age in Ireland in 2010 was 62.6 for women and 64.6 for men[40].

The **State Pension** (Contributory) is paid to people from the age of 66 who have made sufficient Irish social insurance contributions (Pay-Related Social Insurance (PRSI)). It is not means-tested but is taxable, although if it is someone's only income, tax is unlikely to be paid. The pension age will be increased to 67 in 2021 and to 68 in 2028[41].

Depending on the annual average number of PRSI contributions, the personal pension per week is currently between €90 and €230.30. These payments can be supplemented in various ways. A short guide is given in the Citizens Information website[42]. Those not eligible for a contributory pension will be eligible for the non-contributory pension (also from the age of 66) under which the maximum payment is currently €219. The state pension system is administered by the Department of Social Protection, and its website gives considerable detail[43].

Additionally, a large number of **occupational pension schemes** operate in Ireland, which are regulated by the Pensions Board. All employees are entitled to have access to some form of pension plan through their job. Many companies provide their staff with an employer or occupational pension plan, but if the company does not have one, they must offer a standard Personal Retirement Savings Account – a form of pension plan.

[39] Citizens Information – Retirement age: http://www.citizensinformation.ie/en/employment/retirement/older_people_and_working/retirement_age_in_ireland.html (accessed October 2014).

[40] Source: OECD estimates on the "average effective age of retirement versus the official age, 2007-2012"

[41] OECD, *Thematic follow-up review of policies to improve labour market prospects for older workers: Ireland (situation mid-2012)*. Available at: http://www.oecd.org/els/emp/Older%20Workers%20Ireland-MOD.pdf (accessed October 2014)

[42] Citizens Information - State Pension (Contributory): http://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/older_and_retired_people/ (accessed October 2014).

[43] Department of Social Protection, Retired and older people: http://www.welfare.ie/en/Pages/a-retired-or-an-older-person.aspx (accessed October 2014).

2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in Ireland to address the issue of work sustainability and healthier working lives.

2.1 Initiatives from government/government-affiliated organisations

Occupational health and safety policies

The current Ireland **OSH "Strategy Statement 2013-2015**"[44] sets out the HSA vision for the current three year period. It gives the background to the Strategy and sets out the strategic goals for the period and also indicates in general terms how the goals will be delivered. There are explicit links between the Irish Strategy and the EU Strategy. The Strategy is supported by the "HSA Programme of Work 2013"[45] which sets out the detailed activities to be undertaken during the year. The "HSA Annual Report for 2012" describes the action taken in that year to deliver the aims of the previous strategy for 2010-2012.

These three core documents do not appear to contain explicit references to the challenge in OSH terms of the ageing population. It may be that within more generalised objectives and activities there are age-related issues but these have not been identified. There is a brief reference in Strategic Priority 4 of the Strategy to "Create awareness and understanding of risk management amongst students", and this is the only age-related objective noted. It is worth mentioning that the Strategy has been produced in consultation with a wide range of stakeholders including for example, the Chartered Institution of Wastes Management, the Commission for Energy Regulation, the Department of Health, the Health Service Executive, An Garda Síochána (Ireland's National Police Service), the National Disability Authority and the Road Safety Authority.

The main issues affecting Ireland at present are probably little different from those affecting most other Member States – mainly problems stemming from the economic crisis. From an HSA perspective, the "Strategy Statement 2013-2015" gives a useful summary of some of the challenges – continuing reduction of workplace death, injury and disease and their economic impact; the current economic position and the need both to grow the economy and reduce costs; the *changing nature of the workforce and workplaces*; public sector reform; and dealing with misconceptions of the role of OHS regulation.

A more general search of the HSA database has identified a few references to the ageing population. One of these is to the Farm Safety Plan for 2003-07, which is now out of date; it recognises the challenge of the *ageing population in farming*, but does not specify issues nor actions. Another reference is the booklet "Staying Fit for Farming"[46] produced by a number of government and industry bodies acting in partnership. It combines advice with case studies, and although not specifically directed at the older worker, many of the case studies feature older workers and much of the content about staying fit for work applies with greater force to them. The booklet tackles common health promotion topics such as weight, heart care, and smoking, as well as challenging areas such as stress

[44] HSA Strategy Statement 2013-2015: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Corporate/Strategy_Statement_2013.pdf (accessed October 2014).

45 HSA Programme of Work 2013: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Corporate/programme_of_Work_2013.pdf (accessed October 2014).

[46] National Centre for Men's Health, Institute of Technology, Carlow – "Staying Fit for farming": http://www.hsa.ie/eng/Publications_and_Forms/Publications/Agriculture_and_Forestry/Staying_Fit_For_Farming.pdf (accessed October 2014).

and isolation.

In May 2008, the HSA published the "**Workplace Health and Well-Being Strategy**"[47] – an exploration of issues around the health and well-being of the working age population. The strategy was prepared by an expert group drawn from a wide range of health professions.

The objective of the Strategy was "to create a workplace culture and environment that will *promote health and well-being*, prevent ill health and *support the rehabilitation* to the workplace of those who are out of work through ill health or disability". The Strategy recognises the challenge of the ageing workforce and its recommendation 3 states "Establish structures and supports that facilitate people to stay in the workforce beyond the normal retirement age where appropriate. However, this must take account of existing policies in both the public and private sector, which facilitate people retiring at 65 years of age". Other recommendations also refer directly or indirectly to managing factors such as age, gender, and disability. It also makes recommendations in relation to key workplace health issues, though these are general in nature. It was backed up by a supporting "Response of the Health and Safety Authority to the Workplace Health and Well-Being Strategy Report of Expert Group"[48], which set out the actions needed to implement the strategy, and who should take the lead. However it appears that cooperation across government proved difficult, and although the HSA continues to take forward some of the recommendations, the Strategy was not implemented due to the absence of a cross departmental implementation group. A new cross-government plan "Healthy Ireland" was launched in March 2013 (see below) and the HSA is involved in its implementation group.

Active ageing policies

Looking more generally at initiatives in Ireland, an important step forward was taken on 24 April 2013, with the launch by the Minister of State for Health of the "**National Positive Ageing Strategy**"[49], which recognises and builds upon national and international experience and guidelines. Its vision begins by saying that "Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing." The document *examines many factors related to age and work*. To support the whole-of-Government and whole-of-society approach, it emphasises the importance of working across government at national and local level and of involving the statutory, voluntary and private sectors and is part of the "Healthy Ireland" plan (see below).

The strategy sets out a number of national goals and cross-cutting objectives; National Goal 1 is about removing barriers and part of its objectives is "to recognise and enable the active participation of people in formal and informal work and voluntary activities as they age, according to their individual needs, preferences and capacities". The associated objective is to "Develop a wide range of employment options (including options for gradual retirement) for people as they age and identify any barriers (legislative, attitudinal, custom and practice) to continued employment and training opportunities for people as they age". Education and life-long learning, volunteering, cultural and social participation, and transport are also dealt with under this national goal. One of the main cross-cutting objectives is dedicated to combatting ageism by (in summary):

- promoting activities which will help to combat age discrimination and to dispel age-related stereotypes
- awareness campaigns
- ensuring that older people's needs are considered in the development of any policies that might affect them
- promoting a better understanding of the importance of intergenerational solidarity and encourage intergenerational initiatives
- creating a better awareness of the needs and preferences of people as they age during policy and service development.

[47] HSA, Workplace Health and Well-Being Strategy. Available at: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/Workplace_Health_and_Well-Being_Strategy.pdf (accessed October 2014).

[48] HSA, Response of the Health and Safety Authority to the Workplace Health and Well-Being Strategy Report of Expert Group. Available at: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/Wellbeing_Response.pdf (accessed October 2014).

[49] Department of Health – National Positive Ageing Strategy: http://health.gov.ie/healthy-ireland/national-positive-ageing-strategy/ (accessed October 2014).

The strategy is a comprehensive examination of the need to ensure that Irish society will be "age friendly" in the years ahead.

The launch of the Strategy in April 2013 was closely followed on 13-14 June 2013 by the "EU Summit on Active and Healthy Ageing: An Action Agenda for European Cities and Communities"[50] held in Dublin. This conference seemed to focus mainly on the "city" context of ageing and seems not to have considered employment issues to any extent. However, the "Dublin Declaration", agreed and issued at the meeting, included a commitment to "Promote and support the development of employment and volunteering opportunities for all, including older people".

Employment

The OECD "**Thematic follow-up review of policies to improve labour market prospects for older workers: Ireland**" reflects the situation in mid-2012 and summarises progress on a number of important areas since the original OECD report in 2005. It looks at strengthening *financial incentives to carry on working*; at *tackling employment barriers* on the side of employers; and at *improving the employability of older workers*. Although the report scores most sub-objectives as "some action taken, but more could be done" most of the progress examples seem to be general in nature, rather than specific to older workers.

Public Health

The general approach to health in Ireland is a government priority. "**Healthy Ireland – a framework for improved health and wellbeing 2013 – 2025**"[51] was launched by the Department of Health in March 2013, with a foreword by An Taoiseach (the Prime Minister) which emphasises the government support behind the framework document. Healthy Ireland is "a framework for action to improve the health and wellbeing of the country over the coming generation". It reflects the international experience of a new commitment to public health with a focus on prevention. It takes a "whole of Government" and "whole of society" approach to improving health and wellbeing, and the specific goals are:

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland"

Action is being taken forward across six main themes which include partnerships and cross-sectoral work, health and health reform, and research and evidence. The document provides health statistics to help understand the current position in Ireland and emphasises the links between health and the economy: "The rationale for taking on this significant programme of work is clear – both in terms of health costs and potential health benefits. Proven economic benefits flow from having a healthy society. Prevention at the population level results in better value, increased productivity and improved quality of life".

However, the influence of work upon health is not discussed in the document. There are no explicit references to work, neither to how the workplace can be used to improve health nor to the impact of ill health upon work. It is understood that this issue has now been recognised and addressed, at least in part, through the formation of the high-level Implementation Group, in which the HSA is represented at a senior level.

[50] DG Sanco webpage on the EU Summit on Active and Healthy Ageing: An Action Agenda for European Cities and Communities: http://ec.europa.eu/dgs/health_consumer/dyna/enews/enews.cfm?al_id=1386 (Accessed December 2014)
[51] Department of Health, "Healthy Ireland": http://health.gov.ie/healthy-ireland/ (accessed October 2014)

2.2 Initiatives from social partners

An initial scrutiny of the websites of the two main social partners groupings – Ibec (the Irish Business and Employers' Confederation) and the Irish Congress of Trade Unions (ICTU) – has not revealed any initiatives, good practice examples, or relevant guidance on the topic of the health and safety of older workers, apart from a guide for employers from **Ibec** on "Phased retirement – some points to consider", but it is not a publically available document.

Chambers Ireland, the Irish Chambers of Commerce, published in 2005 a handbook on employing older workers, developed by the ARROW Skillnet network (Assisting the Recruitment & Retention of Older Workers). The aim of the handbook is to provide practical advice for employers who either currently employ or are seeking to recruit older workers. The handbook does not seem to be publicly available.[52]

2.3 Initiatives from non-governmental organisations

2.3.1 National level

Active Ageing

A major initiative on ageing has been undertaken by the **Ageing Well Network (AWN)** which has produced "The New Agenda on Ageing"[53] – subtitled "To Make Ireland the Best Country to Grow Old In". The Ageing Well Network describes itself as "an independent group of leaders, heads of organisations and strategic thinkers". The mission of the network is two-fold:

- to reframe the agenda on ageing – by extending the focus beyond health, care and pension provision to also address the significant opportunities of a rapidly ageing global population; and
- to act as a catalyst and support for better long-term planning and greater collaboration among agencies involved in policy development and service provision across the public, private and voluntary sectors.

The AWN was one of the joint organisers of the EU Summit on Active and Healthy Ageing.

The "New Agenda on Ageing" report provides a full picture of the many issues surrounding ageing, covering health, wealth, age friendly communities, engagement, home and strategy development and implementation. It summarises a number of interesting international case studies, but none of the work-related ones are from Ireland. Chapter 3 of the report deals with "Wealth", and this includes a long section on the *employment of older workers* (pp100-109); later sections deal with economic matters, including pensions. The employment section summarises a great deal of research into employers' attitudes to older workers, (including some 2001 Irish research); the *age-friendly workplace* (including some Irish experience, again from 2001); unemployment among older people (some Irish statistics); retirement legislation (which gives quite a full picture of the Irish position exploring the relationship with equality legislation); and attitudes to retirement.

Age Action is a charity which promotes positive ageing and better policies and services for older people and campaigns on their behalf. In May 2013, it prepared a document entitled "Pre-budget submission 2014", which provides a broad view of current issues and challenges affecting older people in general, including

- income and taxation (including state and occupational pensions);
- education, skills and employment (including the need to improve retirement age flexibility, and develop targeted activation programmes to *get older people back to work* and additional supports to assist people to *stay in work*;
- health, transport; and energy poverty.

[52] EU-OSHA, *Ageing workers prevention report*, Section II - Policy actions on occupational safety and health and ageing workers, unpublished, 2006.

[53] The Ageing Well Network (AWN) - "The New Agenda on Ageing": http://www.atlanticphilanthropies.org/learning/report-new-agenda-ageingto-make-ireland-best-country-grow-old (accessed October 2014).

Research

The **Irish Longitudinal Study on Ageing** (TILDA)[54] is "a large-scale, nationally representative, longitudinal study on ageing in Ireland, the overarching aim of which is to make Ireland the best place in the world to grow old." The study is led by Trinity College Dublin in collaboration with a number of institutions in Ireland and longitudinal studies on ageing in Europe and the US. TILDA "collects information on all aspects of health, economic and social circumstances (from over 8,500 people aged 50 years and over, living in Ireland) in a series of data collection waves once every two years. TILDA is unique amongst longitudinal studies in the breadth of physical, mental health and cognitive measures collected. This data, together with the extensive social and economic data, makes TILDA one of the most comprehensive research studies of its kind both in Europe and internationally."

In October 2013, TILDA was invited by MEP Emer Costello to present the study and its findings to the European Parliament. Some of the insights presented by TILDA at this meeting included:

- Life gets better as we age: Quality of Life continues to improve after age 50 and peaks between the ages of 65 and 75. At 83 years of age Quality of Life is equivalent to that at 50 years.
- The societal contribution of older people: supporting their parents, children and grandchildren in both care and money contributions, and engagement in social activities such as volunteering.
- Life-course: adverse childhood events significantly influence health status in later life.
- Untreated treatable diseases: simple health monitoring can identify undiagnosed health issues. For example, Atrial Fibrillation, an irregular heartbeat, is undiagnosed in over 40% of people aged 50 and over in the TILDA study and is a risk factor for stroke and heart attacks.
- Longer working lives: working is good for your brain. Peer groups in the work place matter a lot and may be more influential than the state in determining when a person retires. Working, education, and social engagement enhance cognitive function and protect against dementia and Alzheimer's disease.

TILDA has been invited to return to the European Parliament in 2015 to run a showcase workshop for the Parliament and the Commission.

2.3.2 Regional level

One of the major initiatives organised by the **Ageing Well Network (**AWN) is the "Irish Age Friendly Counties Programme", which began in October 2007. By mid-2013, 11 County programmes were fully operational. Since 1 January 2014, the programme, previously hosted by AWN, has changed its name to "Age Friendly Ireland" and is being hosted by the Community and Local Government and Dublin City Council. The objective of Age Friendly Ireland is to roll out the Irish "Age Friendly Counties Programme" to all Local Authorities area by 2015[55].

The programme's objective is to form an alliance of local actors (including local authority, health service, police, business community, voluntary organisations and academic institutions, etc.) in order to consult with older people and their organisations to form an *Older Person's Forum* and develop a draft Strategy reflecting the priorities articulated by older people and key stakeholders. The finalisation of the strategy includes a reviewing process and support for its implementation as well as an affiliation to the WHO Global Network of Age Friendly Cities and Communities.

The website of the initiative states that the different Alliances have built up a strong track record of imaginative changes at local level – from Men's Sheds and Bogus Caller Cards to Age Friendly Business Recognition Schemes, lengthened traffic light crossing times and other 'age-friendly town' initiatives. Although business is involved, the extent to which work-related issues are being incorporated into the Programme is not clear.

[54] The Irish Longitudinal Study on Ageing (TILDA), web page: http://www.tcd.ie/tilda/ (accessed October 2014).
[55] Age Friendly Ireland website: http://agefriendlyireland.ie/ (accessed October 2014)

3 Overview of policies, strategies, and programmes in relation to the rehabilitation/return to work of workers

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

Overall, rehabilitation in Ireland is treated as a normal part of the National Health Service function, whether it be purely medical in nature or more broadly based vocational rehabilitation. In addition a number of private health organisations are active, both in providing occupational health services, and vocational rehabilitation.[56]

The following chapter first describes the institutional system in Ireland for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

3.1 The national system for the rehabilitation/return to work of sick/injured workers

The legal and policy framework

The legal framework in Ireland does not address the issue of rehabilitation/return-to-work, apart from the employer's obligation to make adaptations to the workplace to accommodate disabled workers (with the possible opt-out in case costs are too high).

The issue of the return to work of sick/injured workers has been taken up in Ireland's **Workplace Health and Well-Being Strategy** published in 2008 (see section 2.1 above). The objective of the Strategy is "to create a workplace culture and environment that will promote health and well-being, prevent ill health and **support the rehabilitation to the workplace of those who are out of work through ill health or disability**". In particular, the Strategy raised a number of reservations about the Irish approach to rehabilitation, concluding that "*in Ireland, the adversarial legal and insurance system has not encouraged employers and employees to engage with each other after an accident or illness. Absenteeism and rehabilitation have not been considered management's responsibility and it has been regarded as sufficient to ensure that an up-to-date sick certificate is available. The social insurance system has discouraged those on an illness or disability benefit from returning to any sort of work as they would immediately lose some or all of their benefits."* In this context, a number of recommendations were made for improving the approach to rehabilitation and return to work, but the recommendations have not been implemented. One such recommendation was that: *"general practitioners need to encourage workers to return to work at the earliest opportunity and also revise the practice of issuing sick certificates in cases where work may be the best form of rehabilitation.*"

In the **Healthy Ireland** framework (see section 2.1 above), rehabilitation is given scant coverage, which may be indicative of a lower priority for return-to-work issues in the initial strategic thinking. Now that the HSA has been brought on board (through the formation of the high-level Implementation Group – see section 1.2), it is possible that the some of the perspectives and recommendations of the Workplace Health and Well-Being Strategy will be brought into the discussion.

[56] A report published by Eurofound on "Employment and Disability: Back to work Strategies" has a section on Ireland before 2004, and this has since been quoted in other reviews, including the EU-OSHA review "Work-related musculoskeletal disorders: Back to work report" and the HSA "Health, Work and Well-being Strategy". Information from all three reports has been used to build a picture of Ireland before the economic crisis, and inform on the action which has taken place since 2008.

Main actors and steps to the rehabilitation process

Ireland does not have the type of approach to occupational health that is found in many continental Member States, organised through the state insurance associations. Rather, occupational healthcare in Ireland is part of the **National Health Service** (NHS), which is managed by the **Health Service Executive** (HSE). The HSE has a very comprehensive range of healthcare-related responsibilities including topics (for example, environmental health) which in other Member States are dealt with by separate agencies. In essence, the HSE provides treatment for occupational health or injury problems in the same way as it would for any non-occupational conditions. Treatment is informed on by specialist and professional expertise in occupational health – through for example, the Faculty of Occupational Medicine, part of the Royal College of Physicians of Ireland and the Occupational Health Nurses Association of Ireland.

When a worker gets sick or is injured, whether because of work or not, the normal first "port of call" within the NHS will be the person's **General Practitioner** (GP), who will deal with the majority of illnesses or injury. If the GP cannot deal with a particular illness or injury, the patient will normally be referred directly to a range of therapy services or secondary care in a hospital, either as an out-patient or an in-patient, to be reviewed by a specialist in their injury or illness. If a person suffers an acute injury or illness, they may be taken directly to hospital, and placed in secondary care immediately. The NHS is responsible for both medical and a certain type of vocational rehabilitation, getting the patient back to full health, or restoring the greatest degree of work ability. The NHS does this through a number of specialist support mechanisms, such as physiotherapy, cardiac exercises, and physical and sensory equipment. Beyond that, the NHS is not responsible for the reintegration of the person in the workplace through, for instance, workplace adjustments, as these are responsibilities of the employer.

Support to employers

The **Department of Social Protection** (DSP) has responsibility for the administration of the various schemes to support disabled persons in work, although aspects of the scheme apply to a broad range of ill-health[57].

The DSP webpage summarises the position thus: "A number of practical supports and allowances are available to your company to proactively assist the participation of people with a disability in the workforce. If you have not employed a person with a disability before, *or wish to retain an employee who has acquired an impairment or illness*, we can provide the funding to make it happen for you. Employers may take advantage of the following supports:

- The EmployAbility Service
- The Wage Subsidy Scheme
- The Reasonable Accommodation Fund for the Employment of people with disabilities, comprising the Workplace Equipment and Adaptation Grant, the Personal Reader Grant, the Job Interview Interpreter Grant and the Employee Retention Grant
- The Disability Awareness Training Support Scheme"

The purpose of the Employee Retention Grant Scheme is to assist employers to retain employees who acquire an illness, condition or impairment which impacts on their ability to carry out their job. It helps to explore the employees' continuing capacity to operate as productive members of the workforce. The scheme assists in maintaining the employability of the employee when s/he acquires an illness, condition or impairment (occupational or otherwise) by providing funding to:

- Identify accommodation and/or training to enable the employee to remain in his/her current position; or
- Re-train the employee so that s/he can take up another position within the company.

Funding of 90% of eligible programme costs is available to companies up to a maximum of €2,500 towards the development of a retention strategy for any one employee.

[57] DSP Workplace supports: http://www.welfare.ie/en/Pages/Workplace-Supports_holder.aspx (accessed October 2014).

Compensation system

Compensation system for sickness absence

Unlike in many other EU Member States where a form of work insurance association exists, compensation in Ireland is not linked directly to rehabilitation.

Employers Liability Insurance (which would meet any awards arising from civil cases) is not legally required in Ireland, although most insurers offer cover. There have been suggestions that civil cases can adversely affect the way that persons who have suffered injury or ill-health at work can be rehabilitated, and there may on occasions be delays in securing enhanced treatment for this reason, but in the great majority of cases this has no effect on rehabilitation and can enhance the focus on prevention. The UK TUC has recently published a report on this issue, which is also relevant to the Ireland position. In particular, the TUC report recognises (Myth 7) that "*Costs could be reduced still further if defendants, when liable, were to admit liability early. The failure of employers and insurers to do this also has other adverse effects. It means that early treatment and proper rehabilitation for the victim cannot always be offered when it is most needed. This means the condition may become worse and the chance of recovery greatly reduced.*" [58]

In general, an employee has no right to sick pay that is to be paid while on sick leave[59]. However many employers will include a right to sick pay in the employee's contract, although this will usually be for a limited time. Employees may also apply to the Department of Social Protection for **Illness Benefit**, and there are other back-up welfare provisions if Illness Benefit is not payable. Employers may expect Illness Benefit payments to be signed over to them while sick pay continues.

Compensation for occupational injuries and diseases (including those suffered while travelling directly to or from work) is provided through the **Occupational Injuries Benefit (OIB)**, which, despite its title, also applies to occupational diseases, and is administered by the Department of Social Protection. Self-employed persons are not covered under the scheme. OIB includes injury benefit, disablement benefit, death benefit and medical care scheme refunds. This "no fault" state system operates in parallel with "tort", i.e. the worker's right to sue for damages in the civil courts, and such a claim can be based on a much broader concept of loss than OIB. Benefits paid through the state system can later be deducted from any damages awarded as a result of a tort action. Trade unions normally provide support for members taking such civil action.

Finally, medical treatment provided by the **NHS** – for any type of health problem, whether work-related or not – is not free, unless the patient has a "medical card". Medical card eligibility is based on a comprehensive "means test", which means that those who are out of work, and on social welfare payments, or those on low incomes are eligible. This system of NHS charging means that there is a market for private health insurance and there are a number of major providers in Ireland. Companies may arrange private health insurance for their employees, either free or at reduced costs. Larger public sector organisations or larger companies may also arrange in-house occupational or more general health services for their employees. As mentioned before, the NHS does not provide occupational health services, other than for its own employees, i.e. healthcare workers and administrative and technical staff.

Compensation system for disability or reduced capacity to work

A disability allowance is paid to people with a recognised disability. The criteria for allocation include:

- Have an injury, disease or physical or mental disability that has continued or may be expected to continue for at least one year;
- As a result of this disability *be substantially restricted* in undertaking work that would otherwise be suitable for a person of your age, experience and qualifications;
- Be aged between 16 and 66. When the person reaches 66 years of age, they are no longer qualify for DA, but can receive a State pension.

[58] TUC/APIL, "The compensation myth - Seven myths about the "compensation culture", March 2014: http://www.tuc.org.uk/workplace-issues/health-and-safety/compensation/tuc-explodes-%E2%80%98compensation-myth%E2%80%99 (accessed October 2014).

[59] Citizens Information – Sick leave and sick pay: http://www.citizensinformation.ie/en/employment/employment_rights_and_conditions/leave_and_holidays/sick_leave.html (accessed October 2014).

People on disability allowances can do rehabilitative work and earn up to 120 EUR/week without losing their entitlement to their disability allowance.

People who can no longer work because of a long-term illness or disability can receive an **Invalidity Pension**, provided they have a certain number of years of paid contributions to the social insurance system. The criteria to receive the Invalidity Pension are:

- To have been incapable of work for at least 12 months and be likely to be incapable of work for at least another 12 months; or
- To be permanently incapable of work.

People who have received illness benefits for at least 6 months or an invalidity pension, whose capacity to work is reduced (moderate, several or profound restriction on capacity for work) but who wish to return to work, can apply for a **Partial Capacity Benefit.** There is no restriction in terms of hours worked or salary earned. The amount of the benefit is based on the Illness Benefit or Invalidity Pension received before and depends on the restriction on capacity for work (e.g. moderate = 50% of the individual rate of Illness Benefit or Invalidity Pension payment; severe = 75%; profound = 100%).

3.2 Specific Initiatives

Government

The "Workplace Health and Well-Being Strategy" (see Section 2.1) mentions the "**Renaissance Project**", organised by the **DSP**, as an example of a successful programme that facilitated an early return to work of people with back pain. This project, carried out in 2003-2004, trialled early intervention in benefit claimants, and appears to have been successful. The project targeted new disability benefit and injury benefit claimants aged 20 to 50 in Dublin and Cork and certified as suffering from *low back pain*, initially between January and June 2003. The claimants were targeted for *early medical intervention* to see if this would decrease the incidence of progression to chronic disability. A total of 3,300 claimants were assessed and, as expected, 1,700 of these returned to work within four weeks of their own volition. Around 1,600 claimants were selected for early referral and invited to attend a medical assessment at four to six weeks from the date of the claim. Usually, a referral would take a much longer time and the back problems may have gone beyond the acute stage. The project found that on receipt of an invitation for assessment, 1,000 claimants (62%) came off benefit voluntarily and returned to work. The remaining 600 claimants were assessed using a triage system of assessment. The new assessment system employed in the project was extended to a further 8,400 disability claim cases in Dublin, Cork and Galway in the period July 2003 to June 2004. It was found that of the 3,700 claimants in this study invited in for assessment, 67.4% voluntarily came off benefit and returned to work[60].

The **Equality Authority** also publishes a range of guidance material on aspects of disability or age discrimination (see ref 16).

[60] Irish Health – the Renaissance Project: http://www.irishhealth.com/article.html?id=6354; The Department of Social and Family Affairs: http://www.welfare.ie/en/downloads/renaissance.pdf (accessed October 2014).

Social partners

The Workplace Safety Initiative[61] is a "voluntary, fully joined- up approach to workplace health and safety" agreed by **Ibec, ICTU and the Irish Insurance Federation** and is supported by the HSA and other players. It focusses on three principles – prevention of accidents; intervention to help the injured person including medical help and help for the worker's family; and retention – which means getting the injured worker fully back into the workforce. It also produced a broad review "Supporting an Injured Worker Return to Work"[62], which gives practical guidance on supporting workers in their return to the workforce. It is difficult to judge how active the Workplace Safety Initiative is at present.

Other organisations

Some of the age and health-related charities (NGOs) in Ireland produce useful information on work and age.

The web site of **Arthritis Ireland**[63] contains information on the disease, its treatment, and self-management. Arthritis Ireland leads the "*Fit for work Ireland*" initiative based on studies by the Work Foundation (part of the University of Lancaster). The initiative has very broadly based support from a wide range of health and work-related organisations. In April 2013 it published a comprehensive "Position paper"[64] setting out the action that was needed to improve the approach to musculoskeletal diseases in Ireland, which it summarised under three strands:

1. Early and Effective Interventions
2. Risk Assessment and Prioritisation
3. Improving Organisational Behaviours and Performance.

The **Irish Heart Foundation** is the national charity fighting heart disease and strokes. Its website[65] gives a lot of information on these illnesses, their treatments and rehabilitation, including some limited guidance on return to work challenges with heart disease or after a stroke.

[61] Workplace Safety Initiative: http://www.wsi.ie/Sectors/WSI/webwsi.nsf/wHome?OpenForm (accessed October 2014).
[62] Workplace Safety Initiative: Supporting an Injured Worker Return to Work http://wsi.ie/Sectors/WSI/wsidoclib3.nsf/9d1880aeabc958bb80256edf004936cb/8df462a55d2719c7802572cd00402652/$FILE/42094%20IBEC%20Retention%20Doc_interactive.pdf (accessed October 2014).
[63] Arthritis Ireland, web page: http://www.arthritisireland.ie/ (accessed October 2014). .
[64] Arthritis Ireland/Fit for work Ireland, "Position paper": http://www.arthritisireland.ie/assets/66/FB6A6BFD-1221-4EA9-BBCAD491015E8636_document/FFW_pos_paper.pdf (accessed October 2014).
[65] Irish Heart Foundation, website: http://www.irishheart.ie/iopen24/about-us-t-1.html (accessed October 2014).

4 Conclusions

General context

Facts and figures

- Ireland has a higher proportion of children and people aged between 15 and 54 than the EU average, and a lower proportion of those aged 55 and above than the EU average. The *median age* of the Irish population (35 years) is much lower than the EU average (42 years). The ageing of the Irish population, started in the 1980's, is predicted to continue and the old-age dependency ratio will increase from 19% in 2012 to 36% in 2060 (but will remain substantially lower than the EU average – 50% in 2060).
- In 2011, *life expectancy* of men of the age of 65 in Ireland was lower than that at EU level but life expectancy of Irish women was slightly higher. However, the number of healthy life years for Irish men and women at the age of 65 was higher than at EU level by more than two years.
- There were significant fluctuations in the *employment rates* across the different age groups in Ireland between 2000 and 2012 as a result of the economic crisis. By 2012, the rate for workers up to the age of 54 years was lower than the EU average but the rate for workers aged 55 years and above was higher than the EU average.
- *Working conditions'* indicators show that older workers in Ireland had better conditions than the EU average in relation to several aspects, such as carrying heavy loads, satisfaction with work-life balance and feeling that work affects one's health negatively as well as in relation to the expectation of being able to do one's current job at the age of 60. Consequently, Irish older workers were more satisfied with their working conditions than older workers across the EU.
- There is no fixed *retirement age* in the law although the usual retirement age fixed in contracts in 65 and old-age pension is provided at the age of 66. The pension age will increase to 68 by 2028. Early retirement is possible, usually on health grounds, but the provisions for it are fixed directly in the contracts.

The legal and institutional framework

Ireland has a mature and well-developed approach to occupational safety and health dating back well over 150 years. The national regulator, the Health and Safety Authority (HSA), concentrates only on OSH matters. The legal framework implements the relevant EU OSH Directives. Although there are no specific provisions related to the working conditions of older workers in the OSH, employment or antidiscrimination legislation, the legal framework is deemed sufficient to accommodate prevention policies targeting older workers or better prevention at all ages.

The HSA is managed by a tripartite Board and the social partners are positively committed to the development of OSH standards. The economic crisis has had, as in other Member States, a severe impact upon public sector finances; the budget of the HSA has been cut and staff reductions are taking place so that by the end of 2014, staff numbers will be around 15% fewer than at the start of 2012.

OSH and older workers

The HSA strategy statement summarises the current priorities in the field of occupational health and safety in Ireland, which include the continuing reduction of workplace death, injury and disease; the changing nature of the workforce; and the need to grow the economy and reduce costs. The workforce focus seems to be more on matters such as casualisation than on age. One reason for this may be that, like Poland, Ireland has still a relatively young workforce in comparison to other EU Member States.

Although the core HSA planning documents do not specifically mention age or disability, the HSA led, in 2008, on developing the *Workplace Health and Well-Being Strategy*, which was a comprehensive review of the whole field and did deal with age-related issues and disability. It is unfortunate that this strategy seems to have fallen victim to the economic crisis and a lack of commitment from other departments. It appears that the HSA were taking a number of positive and holistic steps up to 2008 to tackle health and work ability issues, but these were derailed by the crisis.

The government's *National Positive Ageing Strategy* is an interesting initiative which takes a whole-government and whole-society approach. Further development of the Strategy and of its implementation through practical actions or initiatives should be monitored to be able to assess its effectiveness. The absence of considerations related to the world of work in the wider government initiative *Health Ireland* (of which the National Positive Ageing Strategy is part) is striking. It is understood that a new high-level implementation group has been formed which includes the HSA, but it has not been possible to confirm this from the website. The success of such an initiative depends on the inclusion at its core of considerations about work. The presence of HSA on the implementation group may help to introduce a work focus. This is particularly important because the Workplace Health and Well-being Strategy, led by the HSA, did a lot of the groundwork in 2008, and if this were to be re-examined it could kick-start this aspect of HI action. Another major Irish initiative is the *Irish Longitudinal Study on Ageing (TILDA)*, which has made a number of broad evidence-based conclusions and recommendations about ageing.

Ireland is therefore taking a number of interesting initiatives, in relation to healthy and sustainable working lives, the ageing population in general, and older workers in particular. However, these initiatives will need to be implemented through concrete, practical actions. Although these initiatives have been dealt with under the section related to the health and safety of older workers, in fact they all to an extent cover rehabilitation and return to work issues.

Rehabilitation / return-to-work

Ireland is one of the OECD countries with the lowest activity rate for people with disability.[66] One of the reasons for this may be the lack of structures in place to promote the return to work of people who have suffered a health problem. The *Workplace Health and Well-Being Strategy* summed up the problems with rehabilitation and return-to-work as seen by the expert group in 2008: *"There is a significant amount of work to be done at all levels in the Irish society to address the challenge of rehabilitating those who are out of work because of illness or disability. Employers need to be encouraged and educated into changing their prevailing attitudes about those out of the workforce who could be successfully rehabilitated. […] The social welfare system should encourage those out of work to return without the loss of benefits in the early stages. General Practioners should also encourage individuals to return to work at the earliest stage possible, taking into account the particulars of their condition."* The Strategy goes on to address in detail how the approach to rehabilitation could be improved, but as indicated earlier, action on the Strategy appears to have stalled.

It has also been suggested in earlier reviews of the Irish position that the civil claims system for securing compensation after work-related injury or ill-health inhibits rehabilitation. It is likely that the position in Ireland mirrors that in the UK, where a recent review by the TUC and the Association of Personal Injury Lawyers has confirmed that the great majority of potential civil claims do not end up in court, and of those that do, Employers Liability Insurance will cover most costs (remembering that in Ireland this is not compulsory, but widely provided). However the report recognises that while mainstream (medical and to a limited extent vocational) rehabilitation will be provided through the NHS in the normal way, enhanced rehabilitation may be delayed by the time taken to settle cases through the legal process.

While there are some aspects of the legal position which are not helpful to older or disabled workers, the current Irish position has a number of positive aspects – for example in the financial and other supports available to employers to help keep injured, ill or disabled people in work, or support them in

[66] OECD – Organisation for Economic Cooperation and Development, *Sickness, Disability and Work: Breaking the Barriers – A synthesis of finding across OECD countries*, 2010, p53.

their return to work. Examples of interesting initiatives include: the Partial Capacity Benefit; the Employee Retention Grant Scheme; the Workplace Safety Initiative, which involves social partners and the Irish Insurance Federation and which includes support to help injured workers return to work; and the previous Renaissance project, from 2003-4, which was a programme for early intervention and return to work in the case of lower back pain.

Conclusions

The data tend to suggest that the experience of working conditions of older workers in Ireland is more positive than the EU average but the demographic and employment figures suggest that the greater priority for Ireland should be the young and middle aged – both in terms of increasing employment rates, and improving health. As the relatively high numbers of younger people progress through their working lives, it will be important for the economy as a whole that they do so in a way that sustains their levels of health, fitness and workability.

What has happened to the 2008 *Workplace Health and Well-Being Strategy* is a good example of the difficulties facing governments wanting to improve cross-departmental issues, while involving a wide range of other players, and appealing to individual culture; overcoming the disjoints between departmental interests is not the least of these difficulties. Ireland has taken a strong policy initiative again, in the wake of the economic crisis, through the creation of the *Healthy Ireland* and the *National Positive Ageing Strategy*, but making sure that everyone is involved and committed, while turning what are undoubtedly good aims, objectives and policies into action, will be a big challenge. Two of the main questions are “who is going to take the lead?”, and “what powers will they have to make different interests work together?”; the answers are not clear from the available information.

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The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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