

Workplace Accommodations, Benefits, Policies and Practices Scale - British-English

Part 1: We are interested in learning about any policies, benefits or job modifications/ reasonable adjustments at your workplace which might help you to manage your work and any health needs you may have. If you have more than one job, think about your **main job**.

Thinking about your health needs over the last 12 months, please indicate for each option if:

Q1) you ever **needed** it; **Q2)** it was/is **available** to you (even if you've not used it); **Q3)** you **used** it; and **Q4)** if yes, if **helpful**.

Please **tick** the appropriate answer. **ALWAYS ANSWER QUESTIONS 1 and 2.**

Are you self-employed (including business owner)? Yes ☐ No ☐ ***If yes, self-employed:.....***

Please **always** answer Questions 1 and 2. If any are **not** available to you, please **tick** "No" for Question 2. Please still answer Question 1 about whether you needed it (even if it was/ is not available to you).

Part 1:	Q1 Have you ever <u>needed</u> this modification/ benefit/policy?	Q2 Is it <u>available</u> at your workplace?	Q3 If Yes: Have you <u>used</u> this policy/ benefit/ modification?	Q4 If yes, was this <u>helpful</u> in managing your health or work needs?				
		<i>If no, continue to the next question below...</i>		<i>Not at all</i>	<i>A Little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A great deal</i>
a. Flexi time or flexible working.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Extended health benefits (e.g., private health care/ insurance, eye tests, physiotherapy, occupational health).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Q1 Have you ever <u>needed</u> this policy/benefit/modification?	Q2 Is it <u>available</u> at your workplace?	Q3 If <u>Yes</u>: Have you <u>used</u> this policy/ benefit/modification?	Q4 If yes, was this <u>helpful</u> in managing your health or work needs?				
		<i>If no, continue to the next question below...</i>		<i>Not at all</i>	<i>A Little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A great deal</i>
c. Special leave or leave of absence (paid or unpaid), e.g., for medical and rehabilitation appointments.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Part-time work with same rights as full-time workers, but some benefits are pro-rata, e.g., annual leave allowance, bonus payments.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Allow you more breaks and rest periods.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Help you learn new skills (e.g., work-related training).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Special equipment for your work (e.g., adapted computer keyboard, adjustable chair, assistive devices, adapted tools).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Q1 Have you ever <u>needed</u> this policy/benefit/modification?	Q2 Is it <u>available</u> at your workplace?	Q3 If Yes: Have you <u>used</u> this policy/ benefit/modification?	Q4 If yes, was this <u>helpful</u> in managing your health or work needs?				
		<i>If no, continue to the next question below...</i>		<i>Not at all</i>	<i>A Little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A great deal</i>
h. Modified work duties (e.g., give up or change work tasks that are difficult).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Altered your hours of work to give you more flexibility (e.g., compressed work week; job sharing; altered shifts).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Made changes to your workstation (e.g., closer to lift, toilet, staff/coffee room).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Changed your work environment (e.g., changed door handles, provided accessible parking).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Allowed you to work from home on occasions or for part of the week.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Q1 Have you ever <u>needed</u> this policy/benefit/modification?	Q2 Is it <u>available</u> at your workplace?	Q3 If <u>Yes</u>: Have you <u>used</u> this policy/ benefit/modification?	Q4 If yes, was this <u>helpful</u> in managing your health or work needs?				
		<i>If no, continue to the next question below...</i>		<i>Not at all</i>	<i>A Little</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A great deal</i>
m. Arranged for others to help you with work tasks.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Health and Wellbeing programmes (e.g., exercise facilities or subsidised/ paid gym membership, healthy eating advice, flu jabs).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Employee Assistance Programme (EAP) (i.e., confidential assistance/ support with personal/ family problems affecting work).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Sickness absence management policy for people with long-term health conditions (disability leave).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2:

Please **tick** the appropriate answer:

2. Has your current employer, in your **main** job, refused any work modifications, adjustments, policies or benefits (listed in the table above: i.e., options a to p) that you have **asked** for?

☐ Yes, my employer has refused.

☐ No, my employer has or will provide them.

☐ Not applicable: I've not needed any of these work modifications, adjustments, policies or benefits.

3. **If you answered yes to question 2:** what reason(s) did your employer give for refusing those work modifications, adjustments, policies, or benefits to your work? *(Please tick all that apply)*

☐ Too expensive

☐ Not practical or possible for this type of job

☐ Can't provide to only one person, would have to provide to others (favouritism)

☐ Would inconvenience others.

☐ Impact on team performance

☐ Not available in this workplace

☐ On a waiting list

☐ Employer or supervisor refused (no reason given)

☐ No reply from employer

☐ Other (please specify) _____

Scoring Instructions:

Note: All respondents are asked if they have needed the accommodation/policy/benefit in the past 12 months, regardless of availability. This will then allow assessment of unmet need. The time period is specified as ever needed, rather than “currently need.” Many respondents with episodic/intermittent problems may not “currently need” to use a workplace benefit/accommodation, **but** during times of more intense symptoms or other difficulties, they have needed it.

The timeframe of 12 months could be shortened to six months. However, some accommodations (e.g., modifications to the work environment) are relatively rare and can be overlooked within a shorter time frame.

Part 1: Items can be examined on an individual level, or “Yes” answers summed to identify the total number of workplace accommodations, benefits, and policies:

- Needed (Yes = 1; No = 0),
- Available (Yes = 1; No = 0; with the number of “Don’t Know” items separately identified, and/or recoded to 0 to allow a sum to be created. If the person does not know about availability, it is effectively, at the time of completion, not available for them. This situation could change with investigation about availability in their own workplace and/ or education about employment rights.
- and Used (Yes = 1; No = 0).
- How helpful each item is considered is summarised by item (for those using the item).

Findings can also be used to examine issues of: unmet workplace accommodation needs (i.e., needs > use), accommodation needs met (i.e., needs = use), and accommodation needs exceeded (i.e., needs < use).

All items could be potentially needed by respondents, but the availability of workplace benefits and policies is influenced by, for example: the size of the organisation worked for, as smaller companies may not have these benefits or written policies. This is also often the case for the self-employed, unless they work as sub-contractors to another organisation, in which case the employer’s benefits and policies may also apply to them.

- **Items e through m** are workplace accommodations for employees with long-term conditions or disabilities.
- **Items b, n, and o** are workplace benefits, which may only be available in larger organizations.
- **Items a, c, d, and q** are workplace policies, which are also workplace accommodations that can be requested by employees with long-term conditions or disabilities.

Items could also be examined separately for: workplace accommodations (nine items); workplace policies (four items); and workplace benefits (three items), if required. Totals for the three separate components can be calculated, or workplace accommodations and policies combined (12 items).

Parts Two and Three: frequency of responses is presented.

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Reference:

Hammond A, Tennant A, Ching A, Parker J, Prior Y, Gignac M, Verstappen S, O’Brien R. Psychometric testing of the British-English Perceived Work Support Scale, Work Accommodations, Benefits, Policy and Practices Scale and Work Transitions Index in four rheumatic and musculoskeletal conditions. Musculoskeletal Care Published online first 19.8.23. DOI: 10.1002/msc.1807