



## **Health & Work Outcome Measure Toolkit**

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## Background of the Toolkit

### The purpose of the toolkit

The aim of this toolkit is to provide occupational therapists (OTs) with a list of outcome measures that they can use to assess aspects of employment or work and evidence the effectiveness of their interventions.

The toolkit has been designed to provide OTs with the following information:

- What outcome measures can be used and what aspects of work/employment that they assess.
- The evidence base.
- How and when the outcome measure can be used.
- Information on licensing and how to obtain the outcome measure.
- Experiences of OTs using the outcome measure.

### How was the toolkit created?

A group of volunteer occupational therapists with a passion for work and health developed this toolkit. The volunteers completed an MS form survey about the outcome measures they used within their service.

### Why has the toolkit been created?

Work is a key health outcome, improving wellbeing and reducing social exclusion (Public Health England, 2019). OTs support people to remain in, return to, or engage in work and vocational activities across various settings. Outcome measures help you understand people's needs, guide your clinical decisions, and show the impact of your work.

Our members asked for guidance on outcome measures in Occupational Health and Vocational Rehabilitation. This toolkit was developed in response, providing a curated list of suitable measures. We've listed these alphabetically, there's no preference implied.

### How to use this toolkit

We recommend that occupational therapists use the toolkit in conjunction with:

- Key questions to ask when selecting outcome measures: [a checklist for allied health professionals](#)

We recommend that OTs also:

- Look and compare the outcome measures and select the more useful in terms of the service that is offered.
- Avoid using multiple outcome measures particularly if they assess similar aspects of work, in order to help prevent duplication.
- Think about the impact/usability within the service that they work.
- Check whether there's a cost for using the outcome measure and how your service might cover it.
- Make sure your use of outcome measures aligns with HCPC standards, RCOT's Professional Standards, and your organisation's or Trust's policies.

## Outcome Measures

The following 4 tables include a summary of each outcome measure

<b>Outcome Measure (link to outcome measure)</b>	<b>Australian Therapy Outcome Measures (AusToms)</b> <a href="#">Link to outcome measure</a>	<b>Canadian Occupational Performance Measure (COPM)</b> <a href="#">Link to outcome measure</a>	<b>Community Acquired Brain Injury Rehabilitation Status (CABIRS)</b> (Appendix B)
<b>What is the aim of the Outcome Measure?</b>	To measure outcomes in terms of impairment, activity limitation/participation and distress/wellbeing	To capture client's self-perception of everyday performance in everyday living (self-care, productivity and leisure) over time	Assessment of home situation, support needs, work status, relationships, leisure and social situation
<b>Link to Evidence Base.</b>	<a href="#">AusTOMs occupational therapy publications</a> <a href="#">AusTOMs occupational therapy user manual</a>	On the above link, click on 'the COPM in use' and then click on 'research' to look at the various articles available	Copyright – Andy Tyerman, 23/04/15
<b>Is it standardised?</b>	Yes	Yes	Not Standardised
<b>Is it licensed?</b>	No license required	Yes	Not licenced
<b>Do you need training to use it?</b>	No	Yes - Paid training needed	No
<b>How long does it take to administer</b>	5 minutes	20-30 minutes	5 minutes
<b>Administration</b>	<ul style="list-style-type: none"> <li>Self-reporting measure before, during and after the intervention</li> </ul>	<ul style="list-style-type: none"> <li>Self-reporting measure before, during and after intervention</li> </ul>	<ul style="list-style-type: none"> <li>Able to use different points through OT intervention</li> </ul>

	<ul style="list-style-type: none"> <li>• Can be administered face to face, telephone or virtually</li> </ul>	<ul style="list-style-type: none"> <li>• Can be administered face to face, telephone or virtually</li> </ul>	<ul style="list-style-type: none"> <li>• Can be administered face to face, telephone or virtually</li> <li>• Retest can be administered by different therapist if required.</li> </ul>
<b>Can it be adapted?</b>	No	No	No
<b>Experiences of OT's using the measure</b>		<ul style="list-style-type: none"> <li>• "I have successfully used it as a service measure and to 'prove' the worth of OT"</li> <li>• It is useful to measure change and set goals</li> <li>• Easy and quick to administer and client friendly</li> </ul>	<ul style="list-style-type: none"> <li>• Easy to use</li> <li>• Some questions can be answered with support of a carer/family member if required</li> </ul>

<b>Outcome Measure</b>	<b>Confidence in relation to work:</b> (Appendix A)	<b>EQ-5D-5L</b> <a href="#">Link to outcome measure</a>	<b>Mayo Portland Adaptability Inventory</b> <a href="#">Link to outcome measure</a>
<b>What is the aim of the outcome measure?</b>	To assess confidence in relation to work situation	To measure quality of life across five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression	Designed to assist in the clinical evaluation of people during the post-acute (posthospital) period following acquired brain injury (ABI), and to assist in the evaluation of rehabilitation programs designed to serve these people
<b>Link to Evidence Base</b>	<a href="#">DWP summary: Evaluation of Condition Management Programmes (2009)</a>	<a href="#">EQ-5D-5L instrument overview – EuroQol Group</a>	<a href="#">MPAI overview – Traumatic Brain Injury Model Systems (TBIMS)</a>
<b>Is it standardised?</b>	No	Yes	Yes
<b>Is it licensed?</b>	No licence required	Yes - you need to register to use it	No
<b>Do you need training to use it?</b>	No training required	No	No
<b>How long does it take to administer?</b>	5-10 minutes	5-10 minutes	30-40 minutes
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Self-reporting measure pre- and post-intervention</li> <li>• Can use it face to face, telephone, virtually</li> </ul>	<ul style="list-style-type: none"> <li>• Can be used as self-reporting measure before, during and after the intervention</li> <li>• Can use it face to face, telephone, virtually</li> </ul>	<ul style="list-style-type: none"> <li>• With use of Acute Brain Injury (ABI). To be administered by clinician and can be completed with Next of Kin</li> <li>• Can use it face to face, telephone, virtually</li> </ul>

Can it be adapted?	Yes	No	No
<b>Experiences of OTs using the measure.</b>	<ul style="list-style-type: none"> <li>• Has been used to evaluate DWP condition management programmes and in research projects. Would be useful clinically also</li> <li>• Written with a positive/skewed bias and wording is more appropriate post-intervention</li> <li>• Does not give a scale to measure change and confidence is not defined, so did not find it useful to measure change</li> <li>• Unclear re timescale to measure before and after in terms of how to quantify improved confidence</li> </ul>	<ul style="list-style-type: none"> <li>• Useful as a general measure of quality of life rather than being work specific</li> </ul>	<ul style="list-style-type: none"> <li>• Can be used in research and clinical settings</li> <li>• Includes paid and other employment (such as volunteer roles)</li> <li>• Wording can be difficult for clients/next of kin to understand/interpret</li> </ul>

<b>Outcome Measure</b>	<b>Readiness for Return-to-Work Scale</b> <a href="#">Link to outcome measure</a>	<b>Return to work hierarchy</b> <a href="#">Link to outcome measure</a>	<b>Return to Work Self-efficacy Questionnaire (RTW SE)</b> <a href="#">Link to outcome measure</a>
<b>What is the aim of the outcome measure?</b>	To measure readiness for return to work following sub-acute or chronic MSK injury	To provide a standardised way of recording work status	To measure self-efficacy with regards to return to work and self-confidence with regards to achieving work related goals
<b>Link to Evidence Base</b>	<a href="#">Validation of the Readiness for Return-to-Work Scale – ResearchGate</a>	<p>When a worker returns to work after a work-related injury or disease, vocational rehabilitation is provided with a hierarchy of goals, as follows:</p> <ol style="list-style-type: none"> <li>1) returning to the same employer and same job</li> <li>2) returning to the same employer and different job</li> <li>3) returning to a different employer and the same job</li> <li>4) returning to a different employer and different job (Young <a href="#">2010</a>).</li> </ol> <p>The hierarchy is recognized as a standard in several countries even though it is not a toolkit, it is a widely used way of recording someone’s work status.</p> <p>(International Social Security Association <a href="#">2014</a>; Ministry of Employment and Labor <a href="#">2010</a>; Worksafe Victoria <a href="#">2018</a>; Young <a href="#">2010</a>).</p>	<p><a href="#">Return-to-work self-efficacy and actual return to work – PubMed</a></p> <p>Volker, D., et al., Return-to-work self-efficacy and actual return to work among long-term sick-listed employees. Journal of Occupational Rehabilitation, 2015. 25(2): p. 423-431.</p>

<b>Is it standardised?</b>	Yes	Yes	Yes
<b>Is it licensed?</b>	No	No	No
<b>Do you need training to use it?</b>	No	No	No
<b>How long does it take to administer?</b>	10-20 minutes	5-10 minutes	5-10 minutes
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Self-report before intervention and before discharge</li> <li>• Can use it face to face, telephone, virtually</li> </ul>	<ul style="list-style-type: none"> <li>• Self-report or recorded by clinician – pre- and post-intervention</li> <li>• You can ask the questions via Telephone, virtually or face to face</li> </ul>	<ul style="list-style-type: none"> <li>• Self-report: before intervention and just before returning to work</li> <li>• Can use it face to face, telephone, virtually</li> </ul>
<b>Can it be adapted?</b>	No	Yes	No
<b>Experiences of OTs using the measure.</b>	<ul style="list-style-type: none"> <li>• It is short and easy to administer and has questions relevant</li> <li>• May not be good for people who have reduced insight, so consideration around the validity</li> <li>• “The tool is new to the team, and we require more time to establish the benefit”</li> <li>• Would need to be used with caution with those with reduced insight, this would need to be</li> </ul>	<ul style="list-style-type: none"> <li>• Used clinically and in research studies as a standardised way of recording work status over time</li> <li>• Widely used across services worldwide</li> <li>• Helpful as a clear way to categorise/measure change in work status</li> </ul>	<ul style="list-style-type: none"> <li>• Is used more in long term/mental health but can be used in brain injury due to similarities in mood/cognitive changes similar in mental health.</li> <li>• Quick and easy</li> <li>• Completed by patient - person-centred</li> <li>• Subjective in its nature rather than based on fact</li> </ul>

	<p>considered as part of the clinical reasoning</p> <ul style="list-style-type: none"><li>• Wording is hard for clients to easily read and doesn't consistently score i.e. a higher score is not reflecting a positive or negative change</li><li>• Clients did not like the scale due to the difficult wording</li></ul>		<ul style="list-style-type: none"><li>• Based on confidence which can often be reduced despite actual performance</li><li>• Quite generic statements - could be misinterpreted.</li></ul>
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<b>Outcome Measure</b>	<b>RTW Employment Readiness Checklist</b> <a href="#">Link to Outcome measure</a>	<b>The Work and Social Adjustment Scale (WSAS)</b> <a href="#">Link to outcome measure</a>
<b>What is the aim of the outcome measure?</b>	To assess if someone is ready to return to work following a stroke	A measure of functional impairment (includes ability to work, home management, social and individual leisure activities)
<b>Link to Evidence Base</b>	<a href="#">RTW Employment Readiness Checklist (stroke.org)</a>	<a href="#">The Work and Social Adjustment Scale: a simple measure of impairment in functioning - PubMed (nih.gov)</a>
<b>Is it standardised?</b>	Yes	Yes
<b>Is it licensed?</b>	No	No
<b>Do you need training to use it?</b>	No	No
<b>How long does it take to administer?</b>	10-20 minutes	5 minutes
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Self-reporting measure and can be used pre- and post-intervention</li> <li>• Can use it face to face, telephone, virtually</li> </ul>	<ul style="list-style-type: none"> <li>• Self-reporting measure and can be used pre- and post-intervention</li> <li>• Can use it face to face, telephone, virtually</li> </ul>
<b>Can it be adapted?</b>	No	No

<p><b>Experiences of OTs using the measure</b></p>	<ul style="list-style-type: none"> <li>• Simple, quick and relevant areas to assess work readiness.</li> <li>• From American Stroke Association so only designed for people who have had a stroke, although the areas look relevant for people with other conditions</li> <li>• Possibly needs a level of insight</li> <li>• We have just started using this outcome measure, so have only administered at the beginning of intervention and have not had chance to re-administer, therefore although it appears useful and valid, we are not sure. (provenance of quote)</li> <li>• Very user friendly and good way of measuring behaviours that impact /prepare for work/can be a barrier for work productivity and effective return</li> <li>• Helpful guidance re recommendations and measure of readiness to return to work</li> </ul>	<ul style="list-style-type: none"> <li>• A standardised work-related measure that is quick to complete and used in many different services and research</li> <li>• Quick and simple</li> <li>• Completed with or by the patient - person-centred</li> <li>• Gives a score which is categorised into mild, moderate and severe</li> <li>• Easy to identify change pre and post intervention/treatment</li> <li>• Is not solely work specific</li> <li>• Answers are not necessarily specific to one aspect of impairment - e.g. reason for ability to manage could be physical/cognitive/contextual/environmental/organisational issues for the patient - would need to consider more detail when using it to inform intervention</li> <li>• Would use this measure when working in community stroke/neuro rehab where return to work is part of a mixture of goals. Would not necessarily be the best scale to use for VR/OH specific service</li> <li>• Can be inaccurate for those lacking insight and treatment may raise insight and cause the scores to get worse</li> </ul>
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<b>Outcome Measure</b>	<b>The Work-ability Support Scale (WSS)</b> <a href="#">Link to outcome measure</a>	<b>WHODAS</b> <a href="#">Link to outcome measure</a>	<b>Work Ability Index (WAI)</b> <a href="#">Link to outcome measure</a>
<b>What is the aim of the outcome measure?</b>	The WSS is a measure designed to: a) assess the individual's ability to work and support needs in the context of their normal work environment, following the onset of acquired disability, and b) support decision-making with regard to vocational rehabilitation	This is a generic assessment instrument developed by WHO to provide a standardized method for measuring health and disability across cultures. It was developed from a comprehensive set of International Classification of Functioning, Disability and Health (ICF) items that are sufficiently reliable and sensitive to measure the difference made by a given intervention	To assess work ability in occupational health settings considering the demands of work, worker's health status and resources
<b>Link to Evidence Base</b>	Fadyl, J. K., McPherson, K. M., Schluter, P. J., & Turner-Stokes, L. (2014). Development of a new tool to evaluate work support needs and guide vocational rehabilitation: The Work-ability Support Scale (WSS). <i>Disability and Rehabilitation</i> . doi:10.3109/09638288.2014.914586  Turner-Stokes, L., Fadyl, J., Rose, H., Williams, H., Schluter, P., & McPherson, K. (2013). The Work-ability Support Scale: Evaluation of scoring accuracy and rater reliability. <i>Journal of Occupational Rehabilitation</i> . doi:10.1007/s10926-013-9486-1	<a href="#">WHO Disability Assessment Schedule (WHODAS 2.0) – World Health Organisation</a>	<a href="#">Work Ability Index: Occupational Medicine journal article – Oxford Academic</a>  <a href="#">Measuring work ability: BMC Public Health study (2013)</a>

<b>Is it standardised?</b>	Yes	Yes	Yes
<b>Is it licensed?</b>	No	No	No
<b>Do you need training to use it?</b>	No	No	No
<b>How long does it take to administer?</b>	5-10 minutes	5-10 minutes	5-10 minutes
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Therapist/Clinician administered every four weeks</li> <li>• Ideally to be completed face to face</li> <li>• Can be done virtually if needed</li> </ul>	<ul style="list-style-type: none"> <li>• Self-reporting measure can be used at different stages of the Intervention</li> <li>• Can use it face to face, telephone, virtually</li> <li>• Can use part of the outcome measure if required</li> </ul>	<ul style="list-style-type: none"> <li>• Self-reporting before and after intervention</li> <li>• Can use it face to face, telephone, virtually</li> </ul>
<b>Can it be adapted?</b>	No	No	No
<b>Experiences of OTs using the measure</b>	<ul style="list-style-type: none"> <li>• Goes into lots of detail - similar to the FIM/FAM.</li> <li>• Holistic - considers physical, environmental, thinking/communication, social/behavioural and contextual factors (e.g. personal - confidence, desire to work, expectations. Barriers to work -</li> </ul>	<ul style="list-style-type: none"> <li>• A generic assessment that is used in multiple settings IOH are promoting this as a tool to help with decision making</li> <li>• Broad aspect looking at function and disability- not necessarily work or vocation</li> </ul>	<ul style="list-style-type: none"> <li>• Helpful to get a client's perspective on workability and how they feel they are doing</li> <li>• If the score improves then it gives evidence of improved self-efficacy, and this gives evidence that OT intervention has improved this</li> <li>• Can be confusing to the client if they are not at work</li> </ul>

	<p>legal, financial, competing factors)</p> <ul style="list-style-type: none"><li>• Specific to impairments you may expect post-brain injury</li><li>• Provides evidence of specific support required, systematic in its nature - has a flow chart with detailed descriptors to help with administration</li><li>• It is long and some can find it complicated until used to it</li><li>• Not necessarily based on the patient's perception unless completed together but is aimed as clinician to complete based on their assessments</li></ul>		
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## Case Study Proforma

This can be used to help justify the impact of occupational therapy input. It can be used as part of a potential business case or funding bid. This was created by Mary Grant and is free to use uncopyrighted if needed.

Case study pseudonym (false name)	
Age	
Gender	
Job title	
Health condition	
Date of initial assessment	
Work situation on referral	
Presenting difficulties at initial assessment	
Description of intervention – vocational rehabilitation or occupational health	
Description of return-to-work planning	
Return to work date	
Description of phased return – how hours/ days and duties were increased and any reasonable adjustments that were made	
Description of any employer engagement – indirect / direct	
Description of how phased return was monitored	
Challenges faced during phased return and any modifications made to original plan	
Feedback from patient/ client on the service	
Feedback from employer on the service	
Status on discharge from the service	

You could also include any pre- and post-scores for outcome measures used to demonstrate change. An example table is provided here:

Outcome measure used	Score at initial assessment	Score when discharged

## Satisfaction Survey

The following is an example of a possible satisfaction survey could be the “Satisfaction With Therapy and Therapist Scale--Revised (STTS-R)”. This is a standardised scale that can help gain data from customers to show the importance/quality of the service.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the quality of the therapy I received	1	2	3	4	5
The therapist listened to what I was trying to get across	1	2	3	4	5
My needs were met by the therapy service	1	2	3	4	5
The therapist provided an adequate explanation regarding my therapy	1	2	3	4	5
I would recommend the therapy service to a friend	1	2	3	4	5
The therapist was not negative or critical towards me	1	2	3	4	5
I would return to the therapy service if I needed help	1	2	3	4	5
The therapist was friendly and warm towards me	1	2	3	4	5
I am now able to deal more effectively with my problems	1	2	3	4	5
I felt free to express myself	1	2	3	4	5
I was able to focus on what was of real concern to me	1	2	3	4	5
The therapist seemed to understand what I was thinking and feeling	1	2	3	4	5

How much did the therapist and therapy help with your specific problem?	Made things a lot worse	Made things somewhat worse	Made no difference	Made things somewhat better	Made things a lot better
	1	2	3	4	5

**Other potential questions you could use to gain feedback:**

Please tell us about your experience(s) with the therapist and/or therapy service?

Recent Evidence base of an Occupational Health setting using this scale: *Client Satisfaction with Allied Health Professionals in an Occupational Health Setting* (Chetty, 2024)

## References

Chetty, L. B. (2024). Client Satisfaction with Allied Health Professionals in an Occupational Health Setting. *British Journal of Multidisciplinary and Advanced Studies*,, 1-11.

Public Health England . (2019, Jan ). *Health matters: health and work*. Retrieved from Gov.uk : <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>

Royal College of Occupational Therapists. (2024). *Assessments and Outcome Measures*. Retrieved August 13, 2024, from RCOT : <https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/assessments-and-outcome-measures>

## Author and contributors

This project was completed by a group of volunteers who are part of the RCOT Work specialist section.

The Project lead was Emily Kenworthy supported by Debbie Lindley.

The project team give a special thank you to Mary Grant who has since retired. Without the support of Mary, the Toolkit would have not been created.

Other contributors include:

Catherine Hammond

Catherine Hayden

Jain Holmes

Jennifer Peak

Jo Bresi-Ando

Kate Cartwright

Katherine Parkins

Kathryn Scott

Maria Sapwell

May Lim

Susan Cleasby

Veronica Swainson

## **Appendix A: Confidence questions from Condition Management Programmes**

Ford F, Plowright C (2009) Realistic Evaluation of the Impact and Outcomes of the Condition Management Pilots. London: Department of Health).

### **CONFIDENCE**

- 1) I feel confident that I can work
- 2) I feel more confident that I will be able to find work
- 3) I feel more confident in my ability to manage my condition in a work environment
- 4) I feel confident that, in general, working would NOT make my condition worse

Participants are asked by their case manager to indicate how they feel on completion of the programme by scoring the options out of 5: 1 = much less confident, 2 = less confident, 3 = no change in confidence, 4 = more confident, 5 = much more confident.

## Appendix B: Community Acquired Brain Injury Rehabilitation Status (CABIRS)

The following six tables form Appendix B: CABIRS

<b>Dates completed</b>				
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Home SITUATION	Pre-injury	Assess.	After 6 mons.	Follow-up
Lives alone or with friend(s)				
With partner				
With parents/grandparents/siblings				
Supported housing				
Residential home				
Nursing home				
In-patient rehabilitation unit				
Hospital admission				
In prison				

SUPPORT NEEDS (NB Needs not nec. actual care from Family and/or Paid Carers)	Pre-injury		Assess		After 6 mons		Follow-up	
	<i>Fam</i>	<i>Paid Carer</i>	<i>Fam</i>	<i>Paid Carer</i>	<i>Fam</i>	<i>Paid Carer</i>	<i>Fam</i>	<i>Paid Carer</i>
None								
Very occasional (<1 per month)								
Occasional (i.e. more than monthly)								
Once or twice per week								
Frequent (3-6 times / week)								
Daily								
Two or more times per day								
Constant support required								

WORK STATUS	Pre-injury	Assess	After 6 mons	Follow-up
Retired				
Employed – full-time				
Employed – part-time (+ hrs.)				
Employed – supported				
Employed but signed off sick				
Vocational training				
Further education				
Permitted work				
Unemployed – job seeking				
Unemployed - voluntary work				
Unemployed - adult educ.				
Unemployed – inactive				

COUPLE / FAMILY	Pre-injury	Assess	After 6 mons	Follow-up
Functioning very well				
Functioning well				
No problems reported/evident				
Some reports/signs of strain				
Clearly under significant strain				
Severe strain / close to breakdown				
Relationship breakdown				

LEISURE/SOCIAL (QOLIBRI-C6)	Pre-injury	Assess.	After 6 mons.	Follow-up
Very satisfied				
Quite satisfied				
Moderately satisfied				
Slightly satisfied				
Not at all satisfied				

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