MEASURING THE CHANGING ROLE OF OCCUPATIONAL THERAPY SERVICES: A DIARY TOOL

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BACKGROUND

Occupational therapists are a key component of the social care workforce and it is imperative that more is known about the content of their working roles across different service sectors. Furthermore, the continued development of arrangements to promote integrated health and social care services requires a means of quantifying respective roles which spans both sectors. The diary tool will facilitate this. It has been devised for use by managers, practitioners and researchers. For further information about its origins please see: http://www.nursing.manchester.ac.uk/pssru/research/nihrsscr/projects/occupationaltherapy

CONTENT

This toolkit comprises:

- A list of occupational therapy activities
- A diary schedule
- Guidance for completion of the schedule
- Suggestions for data entry and analysis
- Examples of diary studies

CONDITIONS OF USE

1. The diary tool is freely available.
2. Copies must include the copyright details.
3. The development of the tool by the PSSRU at the University of Manchester must be acknowledged in all reports and publications.
4. The toolkit is provided "as is" and neither the PSSRU nor the University of Manchester can provide any warranty. No official user support is available although suggestions and queries may be emailed to pssru@manchester.ac.uk.

CITATION


In addition, please notify the research team of the application of the diary tool - in research or service development within health and social care agencies – by emailing pssru@manchester.ac.uk. We can then share, via the website, examples of its use.
OCCUPATIONAL THERAPY ACTIVITIES

A. Direct care

1. Pre-assessment information gathering
2. Assessment activity: initial / standard on behalf of a multi-disciplinary team
3. Assessment activity: home environment
4. Assessment activity: manual handling
5. Assessment activity: physical function
6. Assessment activity: vocational and/or social participation
7. Assessment activity: other (e.g. carer, driving)
8. Care planning
9. Providing advice/training/skills development for clients and carers
10. Delivering therapy: supporting basic activities of daily living
11. Delivering therapy: supporting instrumental activities of daily living
12. Delivering therapy: physical therapy
13. Delivering therapy: supporting psychological health
14. Equipment: inspection, fitting, joint visits, demonstration
15. Adaptations: planning, inspection, joint visits
16. Monitoring and review in person or by telephone
17. Client-related travel

B. Indirect care

18. Equipment: specification, ordering, quotations and related paperwork
19. Equipment: liaison with providers and other professionals and agencies
20. Adaptations: specification and planning; securing finance, liaison and related paperwork
21. Referral to other services and practitioners, including authorisation for other services
22. Client and carer related liaison with other practitioners/agencies, not covered above
23. Completing and recording case notes and other office-based paperwork
24. Clinical supervision

C. Team / service development

25. Prioritisation and allocation of new referrals
26. Supervising others: staff/students
27. Service development activities
28. Personal professional development and training
29. Training others
30. Audit, data collection and performance measurement activities
31. Team meetings
32. Travel (i.e. to and from meetings at other offices)

D. Other

33. Travel (not covered above)
34. General administration (not covered above)
35. Cleaning equipment and work environment
36. Lunch
37. Miscellaneous, not covered above (please specify)
Please read the guidance before completing this schedule

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GUIDANCE FOR COMPLETION OF SCHEDULE

1. Please complete this schedule reflecting your working week.

2. The focus should be on ‘what’ you do, rather than ‘how’ you do it. For example, in code 16 it is acknowledged that reviews are conducted face-to-face and by telephone.

3. Prior to the first day, please familiarise yourself with the categories of occupational therapy activities shown on the previous page. These are organised under four headings.
   - Direct care: tasks completed with the service user present.
   - Indirect care: tasks completed on behalf of the service user, but not in their presence.
   - Team/service development: tasks completed for the wider team/service or professional development, not specific to any particular service user.
   - Other: roles not already classified.

   may find it helpful to highlight those which you think you are most likely to use.

4. Select a task code number and insert it into the relevant time slot. For example, if conducting a manual handling assessment, insert code 4 into the corresponding half hour in which you did this.

5. Life does not fit into neat half hour slots, so indicate the task which occupied most of each time period. If this is not possible please indicate the two tasks which most occupied you during this period.

6. For staff away from work during the week of the diary study, complete it for the second week after your return. If you are away for part of the week complete for those days the following week.

7. Complete the schedule each day and if possible do this through the day. To leave it until later increases the likelihood of inaccurate information.
GUIDANCE FOR DATA ENTRY AND ANALYSIS

1. Consideration should also be given as to whether the schedule is completed anonymously and, if so, how this will be reflected in the data collection.

2. Data should be entered into a spreadsheet package, such as Excel, or into more specialised software such as SPSS. Each row will represent a completed schedule, and each column should represent each activity (1-37). There will also be extra columns any extra questions asked at the start of the questionnaire.

3. In each cell, enter the total number of half-hour intervals accounted for on the completed schedule for the appropriate activity. So in the first row and the first column, enter the number of half hour slots spent undertaking ‘pre-assessment information gathering’ by the person completing the first questionnaire.

4. When entry is complete, you may calculate the following totals:
   - the number of half-hour intervals spent on each activity.
   - the number of half-hour intervals spent on activities under ‘direct care’, ‘indirect care’, ‘tem/service development’ and ‘other’
   - the number of half-hour intervals represented in the entire data sheet.

5. Most results are expressed as a proportion of the average working week. For example, to estimate the average proportion of the working week accounted for by ‘direct care’, divide that total by the number of half-hour intervals represented in the entire data sheet.

6. You may sum the half-hour intervals spent on any particular activities that suit your purposes.

7. If you are interested in reporting the average time spent on particular activities (rather than proportion of the average working week), remember to divide results by two to achieve results represented in hours (not half-hours).

8. Further analyses of interest could compare time use amongst practitioners in different service settings. You may need to add additional questions to the beginning of the questionnaire to enable this, for example:
   - details of service setting in which the respondent is based.
   - specification of contracted working hours (per week).
   - setting in which most clients are seen – home (including care homes) or hospital (inpatients / outpatients).

9. Be wary of any estimates based on small numbers of respondents, or where a low proportion of invited practitioners completed a schedule. They may not be representative of the wider service, and should be interpreted carefully.

10. To illustrate how data from the diary schedule can be reported five examples of its use by staff undertaking care management / care coordination roles are included as appendices.
EXAMPLES OF DIARY STUDIES

APPENDIX 1


Abstract

**Summary**

This study examines the early impact on care coordinators’ (care managers’) work activity patterns of implementing the current personalization agenda within English local authorities. The Individual Budget (IB) pilots operated between 2005 and 2007 and provided a basis for personalization that, ultimately, sought to give personal care budgets to every eligible service user in England. Of particular interest was how the pilots impacted upon the roles, responsibilities and activity of care coordinators, who are expected to play a key role in this transformation of social care. A self-administered diary schedule was completed by 249 care coordinators, including teams directly involved in delivering IBs and a comparative sample of teams not involved in the pilots. These data were supplemented by semi-structured interviews with 48 care coordinators and 43 team managers.

**Findings**

The study found that on most measures there were no differences in working patterns between care managers with and without IB holders on their caseload. However, the results do show that – contrary to expectations – more time was spent assessing needs, and that more time generally was required to conduct support planning activities.

**Application**

The findings are necessarily dependent upon the early experiences of the pilot phase of IBs. As personal budgets are rolled out across all eligible service users, it will be interesting to examine whether the time-use of frontline staff, and indeed the wider organization, structure and function of local authority frontline teams, changes further.

For a pre-publication version of this article please see [Discussion Paper M312](#).
APPENDIX 2


Abstract

**Aim**
To explore the implications of providing intensive care management in a typical old age mental health service in North West England.

**Methods**
The time spent by core groups of specialist mental health and social services staff on a range of activities deemed central to the provision of intensive care management was explored by means of a diary exercise. The difference between what is actually being done and what evidence suggests is needed was examined.

**Results**
More than 1500 hours of activity were appraised. Assessment and care management related tasks accounted for more than 40% and 30% of social work and nursing staff’s time, respectively. However, several fundamental features of intensive care management were lacking, including health staff’s adoption of the care manager role, arrangements to facilitate appropriate information sharing and sufficient time for practitioners to provide the necessary careful assessment of needs, liaison with other agencies, and close and regular contact with the elderly person and their care network.

For a pre-publication version of this article please see [Discussion Paper M157](#).
APPENDIX 3


Abstract

Care management has developed in a variety of forms. This diary study explores differences in the approach taken to care management in three distinct social service settings: community-based older people’s teams, hospital social work teams also for older people and community-based teams for adults with mental health problems. Conclusions are drawn both for social care and for health services developing case management for people with long-term conditions.

For a pre-publication version of this article please see Discussion Paper M114-4
APPENDIX 4


Abstract

Since the community care reforms of the early 1990s, care management in the United Kingdom has become the usual means of arranging services for even the most straightforward of social care needs. This paper presents data from a diary study of care managers’ time use from a sample of social services commissioning organizations representing the most common forms of care management practiced in England at the end of the twentieth century. It compares the working practices of care managers in community mental health service settings to those situated in older people’s services. Evidence is provided to suggest that whilst the former follow a more clinical model of care management, those working with older people take an almost exclusively administrative approach to their work. In addition, the multidisciplinary nature of mental health service teams appears to facilitate a more integrated health and social care approach to care management compared to older people’s services. Further enquiry is needed as to the comparative effectiveness of these different modes of working in each service setting.

For a pre-publication version of this article please see Discussion Paper M113-2
APPENDIX 5


Abstract

This paper explores the principal activities of local authority staff undertaking the role of care manager. It is based on a sample of staff in a social services department specializing in older people’s services. Data were obtained by asking staff to complete a diary schedule in which thirty-four job related activities were grouped into five broad categories on the basis of previous research. A 57 per cent response rate was achieved. Analysis of the data revealed several findings of note. First, excluding travel, care managers spent 64 per cent of their working week in direct and indirect user and carer related activities. Second, administrative tasks occupied 32 per cent of their time. Third, care managers spent 27 per cent of their time in assessment activities compared with 7 per cent in monitoring and reviewing activities and 5 per cent in counselling and support. Fourth, care managers spent 4 per cent of their time liaising with health staff. These findings are discussed in the light of previous research and a shift is noted in the nature of the direct contact with the service user. The methodological limitations of the study are explored and the implications of these findings for users and carers and the development of care management arrangements are discussed.

For a pre-publication version of this article please Discussion Paper M034-2