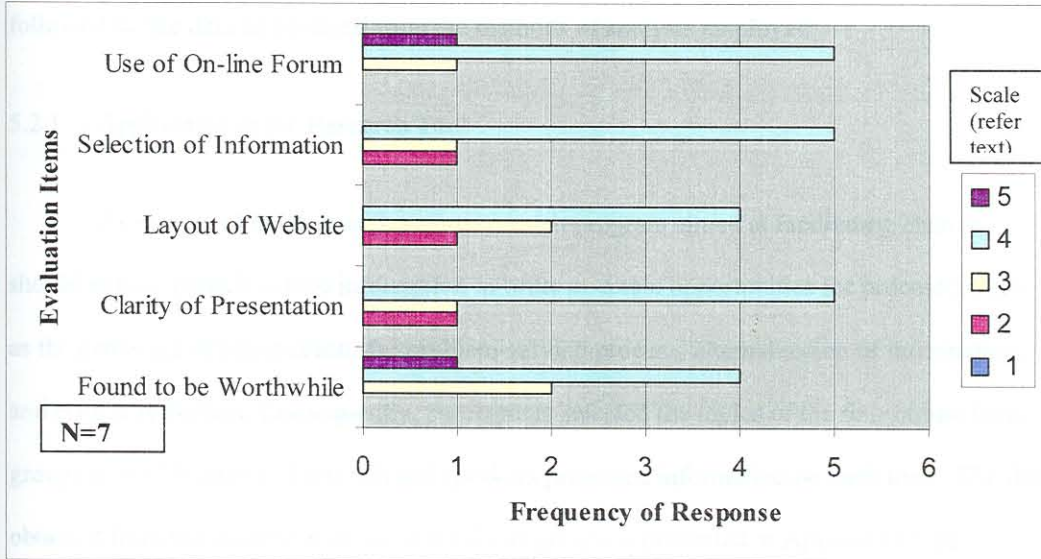


Figure 3 Responses to Short Questionnaire: Focus Group 1



Some of the comments indicated that participants felt that they were getting ideas about alternative methods and approaches to service delivery and that involvement in the study was reinforcing their links with other service providers. Some statements read:

*“Great to see how other areas are tackling the same issue.”*

*“It was good to hear about the innovative things people are doing, and the fact that we generally share the same problems.”*

*“... It’s been very enlightening.”*

These mixed results seem to indicate that participants in general felt unsure about the application of information in their current settings and that further exploration and discussion of issues and prospective models was warranted.

## 5.2 PHASE 2: INTERVENTION PHASE

During this phase, information was obtained from online focus groups 2–5, as well as short questionnaires administered after each focus group discussion as an evaluation of the

focus groups. Data will be presented by firstly discussing the application of the research tool, followed by the data as obtained from the methods of analysis employed.

### 5.2.1 Application of the Research Tool

As discussed in Chapter 3, an intervention program aimed at facilitating change should expose participants to information in order to create opportunities for processes such as the gathering of information, the problem-solving process, internalisation of information, and critical reflection. Consequently, participants selected the topics of the four online focus groups (refer Chapter 4: Table 10) and speakers presented information on each topic. The data obtained from the content analysis of the focus groups is presented in Appendix O. In addition, the findings obtained from the analysis according to pre-set indicators, are presented below.

#### 5.2.1.1 Focus Group Participation

The total number of entries on the website for all four focus groups was 98. Table 31 presents the total number of entries for each focus group and the number of participants.

**Table 31 Total Number of Entries for each Focus Group and Number of Participants**

	Focus Group 2	Focus Group 3	Focus Group 4	Focus Group 5
<b>Number of entries</b>	36	33	13	16
<b>Number of participants</b>	10	10	6	8

The table indicates that focus group 2 had the most entries. Six metropolitan participants and four country participants participated. Focus group 3 followed second and had five metropolitan participants and five country participants. Focus group 5 was third, with three metropolitan participants and three country participants. Focus group 4 had the least number of entries and five metropolitan participants and three country participants. This was mainly due to the National Occupational Therapy Conference, which occurred in the same

week as the fourth focus group. The general decline in participation may be due to the enthusiasm of participants for the project declining as the project progressed. The timeframe of the project, in combination with the participants' strenuous commitments in terms of time, may also have contributed to this decline. To obtain a better picture of the participation of group members, Table 32 presents the number of statements that provided evidence of the pre-set indicator related to active participation in the discussions (refer to Chapter 4 for a description of the methods of data analysis that were employed). As discussed in Chapter 3, active involvement of participants is required in the discussions in order for an effective problem-solving process to occur.

**Table 32 Number of Statements per Group providing Evidence of “Active Participation”.**

	Focus Group 2	Focus Group 3	Focus Group 4	Focus Group 5
Metropolitan group	29	23	13	12
Country group	25	25	5	17
Total for both groups	54	48	18	29

The table illustrates that most evidence of this indicator was elicited from focus group 2, followed by focus groups 3, 5 and 4. These results correspond with the rankings of the focus groups regarding the number of entries in Table 31.

Discussions occurred mostly during standard office hours but, in comparison with focus group 1, a few more entries relating to focus group 2, did occur outside office hours. This may indicate that participants were exploring the independent nature of online discussions in terms of location (at home or work) and hours (during or outside office hours).

### 5.2.2 Presentation of Findings

Pre-set indicators were used to determine the managers' approaches to change and whether learning and changes in perception were occurring. The indicators, presented in

Table 33, illustrate the number of statements that provided evidence of each indicator (refer to Chapter 4 for a description of the methods of data analysis). One entry could include one or more statements. The decline noticed in some of the indicators needs to be viewed in conjunction with the patterns of participation, previously illustrated in Table 31 and Table 32.

Table 33 illustrates that, during the focus group discussions, participants were internalising information by providing evidence of preferences in the information presented, of the application of information, and of the assessment of different views. They were also identifying the positive and negative aspects of the model. Examples of these statements are:

*“I support any program which aims to engage and empower families ... I also support therapists having a somewhat predetermined caseload where possible as this can help therapists’ organisation and stress levels ...”*

*“The focus on adult learning and parent training rather than on being dependent on the therapist for “hands on” therapy is definitely a strength.”*

Participants indicated high levels of motivation to learn, as well as interest in information presented and attention given. An example is:

*“Thanks for your information. I found it very interesting. It sounds like you are taking on some major challenges. I am interested to know more about ...”*

**Table 33 Indicators with corresponding Number of Entries providing Evidence of each of the Indicators per Focus Group**

Indicator	Focus Group 2	Focus Group 3	Focus Group 4	Focus Group 5	Total for this Indicator	Rank in relation to other Indicators from most prevalent (1) to least prevalent (6)
Internalisation of information: Sub-indicators:						
Preferences in information presented	11	9	2	10	32	} 1
Application of information	16	7	7	4	34	
Assessment of different views	10	0	1	0	11	
Identification of positive and negative aspects of model	18	15	7	9	49	
					Total for this indicator: 126	
Motivation to learn, interest in information, and attention given	20	36	9	10	75	2
Critical reflection regarding the information presented	33	10	6	8	57	3
Openness to new ideas	14	5	1	5	25	4
Commitment to change	3	4	0	9	17	5
Synthesis of old and new views	7	0	0	0	7	6
Decision made to negate current views regarding service delivery models	0	0	0	0	0	7

Rating amongst the highest was “critical reflection” and “openness to new ideas”.

These findings indicate that participants were engaging with the new information and indicate their general approach of being open to new ideas. Critical reflection forms the basis of change, according to Mezirow (1981), and Jacobs (1999) calls for managers to continually critically analyse situations. Together with “openness to new ideas”, participants indicate a sound basis for change in this regard. This supports earlier findings during the first online focus group discussion. Evidencing statements are:

*“I like the idea of a pre-determined timetable but also would like to see some flexibility due to the variety of cases we see in the hospital. This is definitely a good way to monitor caseload and allow planning for staff development.”*

*“I like the idea of looking at parent training sessions before commencing therapy...”*

### 5.2.3 Summary of the Findings obtained in Phase 2

In general, these findings indicate an early stage in the process of change where participants are still exploring new information. Evidence suggests that they were engaging with the information (illustrated by their active involvement, their motivation to learn, and the attention given) and that they were involved in an internal process of change (Burkey, 1993; Schurink, 1998), which involves the acquisition and internalisation of information. Findings suggest that participants illustrated high levels of critical reflection and openness to new ideas, which support earlier findings. Participants made fewer references to indicate later stages in the process of change, i.e. indicating a commitment to change, indicating a synthesis of old and new views and a decision to negate current views regarding service delivery models.

### 5.2.4 Evaluation of Focus Groups: Short Questionnaires

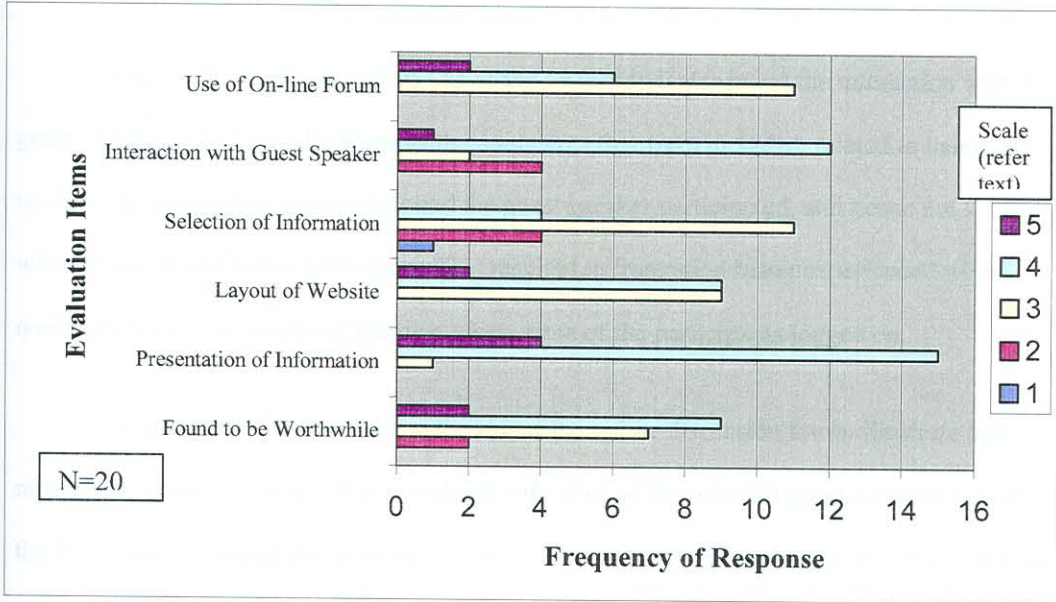
Figure 4 Responses to Short Questionnaire; Focus Groups 3-5

Short questionnaires were administered after each focus group discussion (refer Appendix J for the short questionnaires utilised). The aim of these questionnaires was to determine the clarity and relevance of the information presented. Even with reminders to return questionnaires, the response rates for the return of the short questionnaires were generally low, with a range of eight returned after the second focus group discussion, five after the third focus group discussion, three after the fourth focus group discussion, and four after the fifth focus group discussion. In total, 20 questionnaires were returned for all four focus groups combined. Given participants' tight time frames, they may not have seen this aspect of the project as a priority.

Figure 4 illustrates the responses of participants, presented as a total across all focus groups. Participants were asked to rate each of the items on a scale from 1 to 5. The first item relates to the degree to which they found the focus groups to be worthwhile, with the ratings ranging from "Not Worthwhile at All" to "Very worthwhile". "Use of Online Medium" was rated from 1, indicating "Very negative", to 5, indicating "Very positive". "Selection of Information" was rated from "Not appropriate at all" to "Very appropriate". "Layout of website" was rated from "Not clear at all" to "Very clear". "Presentation of Information" was rated from "Not clear" to "Very clear" (refer Appendix N for the raw data for this questionnaire).

Most respondents (9 of the 20 respondents for all the focus groups) found participation worthwhile across all focus groups. The focus group that participants found to be most worthwhile was focus group 2 – The Maroondah Approach (4 of 9 responses). Across the four focus groups, participants found the information to be clearly presented (15 of the 20 respondents).

**Figure 4 Responses to Short Questionnaire: Focus Groups 2-5**



Participants indicated that they found the layout of information to be average (9 out of the 20 respondents) but clearly presented (9 of the 20 respondents). Most participants found the selection of material appropriate (11 of the 20 responses). Focus group 3 (Health Promotion and the Community-based Approach) and focus group 5 (Occupational Therapy in the School System) elicited most scores for the category of “Very Appropriate”. Focus group 2 (The Maroondah Approach) was found to be appropriate by most participants.

In order to obtain an overall view of whether participants found the information applicable to their current settings, a relevant question was included in the questionnaire. All respondents to the focus group 5 (Occupational Therapy in the School System) responded that they could apply the model with some modifications. Rating second for application was focus group 3 (Health Promotion and the Community-based Approach), with four of the five respondents indicating that the model was applicable to their settings. Focus group 2 (The Maroondah Approach) had varied results with all participants foreseeing difficulty in applying the model. Focus group 4 (The Hanen Approach) had two of the three respondents



indicating that they would not be able to apply the model currently, but possibly in the future.

The majority of respondents (12 of the 19 respondents) found the interaction with the guest speaker to be “Good”. Some of the comments that were included, related to being unaware of when other participants and the guest speaker participated, and hence not knowing when to log on and participate again. This resulted in frustration being experienced when questions were unanswered at the time when some of the participants logged on.

Responses to the question on the use of the online discussion forum illustrate that most participants (11 of the 19 respondents – the total of the returned questionnaires for all the focus groups) found the experience to be “Average” with six finding it “Positive” and two “Very positive”. No responses were indicated for “Negative” and “Very negative”.

In summary, the short questionnaires indicated that, in general, the material was well presented and appropriate. A few individual differences did occur in participants’ perceptions of the appropriateness of some of the material, which indicates the different contexts, previous exposure to other service delivery models and priorities of the various services. Some negative experiences relating to the online discussion medium were highlighted.

### 5.3 PHASE 3: EVALUATION PHASE

During this phase, the post-intervention questionnaire (consisting of Section B of the pre-intervention questionnaire, refer Appendix C) was re-administered after the conclusion of the focus group discussions. Follow-up interviews were conducted two months after the focus group discussions ended. The aim of this phase was to analyse perceptions regarding short- and long-term changes in practice. The post-intervention questionnaire focused on identifying changes in perceptions, while the interviews focused on changes in practice. Fourteen managers participated in this phase. The results and findings that emerged from this phase are presented as follows: Firstly, the application of the research tools, followed by a discussion on

the consolidated results obtained from these tools, which include:

- A comparison of participants' perceptions relating to the strategies employed to deliver services before and after the change-orientated program.
- A description of services' approaches to change in service delivery.
- A description of recent changes made to service delivery models and / or service delivery models considered for change.
- Participants' perceptions regarding best practice principles.

### 5.3.1 Application of Research Tools

#### 5.3.1.1 *The Post-intervention Questionnaire*

The post-intervention questionnaire was analysed by means of descriptive statistics and compared with the results obtained in the pre-intervention questionnaire. When examining the results obtained in the questionnaire, the small number of participants, and the fact that a change in one response would result in a 7% variation, needs to be taken into consideration. For this reason, both the actual response numbers and the percentages are provided. Data analysis was limited to descriptive methods since the small number of participants made more sophisticated analyses inappropriate.

The results of the post-intervention questionnaire also need to be viewed within the context of changes that have occurred and are occurring in practice, independently of the change-orientated program (i.e. the Intervention Phase) itself. Furthermore, in order to obtain a holistic view of the changes in perceptions that are occurring, the results need to be viewed together with the qualitative data obtained from the interviews.

#### 5.3.1.2 *Follow-up Interviews*

Fourteen follow-up interviews were conducted. Analysis of the interviews consisted

of two strategies of analysis according to pre-set indicators (refer Chapter 4, Table 11). The strategies of data analysis that were utilised, focused on identifying longer-term changes in practice and approaches to change. During the interviews, participants were also asked to verbalise their perceptions regarding the coverage of the project and their involvement in the project.

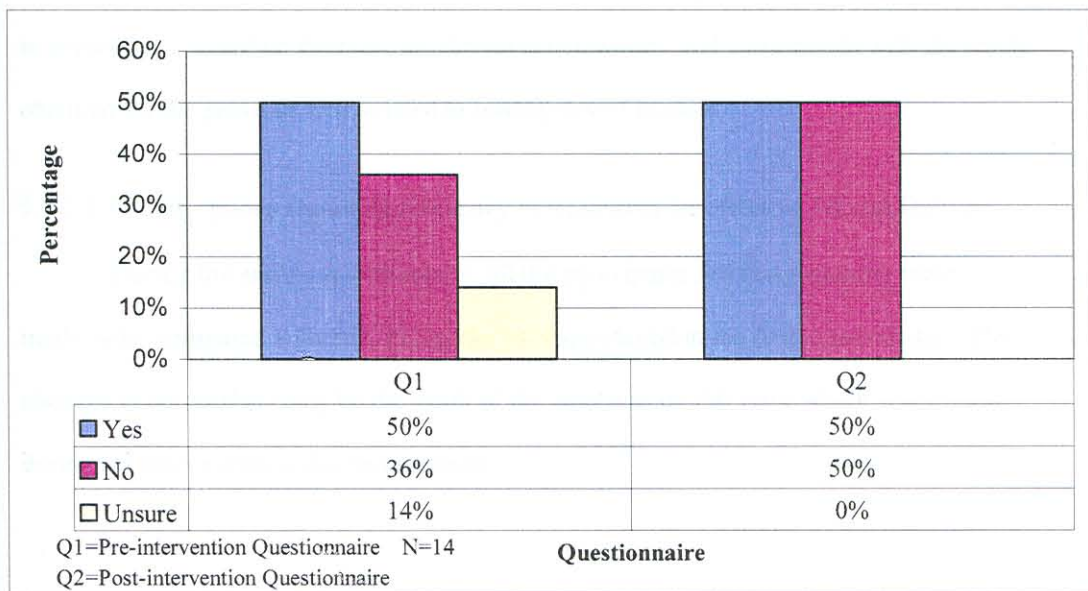
### 5.3.2 Presentation of Consolidated Results and Findings

#### 5.3.2.1 Participants' Perceptions of Strategies employed to deliver Services

##### 5.3.2.1.1 Perceptions regarding Adequacy of Current Service Delivery Models employed

The responses of the second questionnaire indicate that two more participants felt that current service delivery models were inadequate (refer Figure 5). A change can be seen in the perceptions of those who felt unsure of whether service delivery models were adequate during the first questionnaire (with two participants fewer indicating that they are unsure).

**Figure 5 Adequacy of current Service Delivery Models employed**



The half-half split in perceptions is noteworthy and suggests that services are divided

in their perceptions. This division may reflect the different needs in the variety of service delivery contexts. It may also indicate the impact of changes that have already occurred in practice.

#### 5.3.2.1.2 Perceptions of the Need for Change in terms of current Service Delivery

Changes in perceptions indicated by the second questionnaire, show that one participant was less unsure about the need for change and another felt that change was not required (refer Table 34). This result seems to contradict the previous result regarding adequacy in current service delivery, but may indicate ambiguity relating to the term “change”. Some participants have indicated that they do not see a need for change, but indicated qualitatively that they were considering changes to the way they are delivering services. The term “change” may indicate to some a major change in direction, while others may have seen it as including the introduction of certain strategies within their current service delivery models. Results may also have been influenced by changes that had already been implemented in practice since the administration of the first questionnaire. The half-half split in perceptions regarding the need for change is noteworthy and corresponds with the results obtained for the previous item related to inadequacy of models.

#### 5.3.2.1.3 Perceptions regarding Adequacy of Resources for effective Service Delivery

During the second questionnaire, all the participants felt that resources were inadequate, compared with 86% (12 of the 14 respondents) in the first questionnaire. The changes in perceptions may be the result of the emphasis on this issue which was evident during the discussions in the focus groups.

**Table 34 Perceptions of the Need for Change in terms of current Service Delivery**

Question	Q 1	Q2	Q1	Q2	Q1	Q2
	Yes	Yes	No	No	Unsure	Unsure
Perceived need for change in service delivery model	7 (50%)	7 (50%)	6 (43%)	7 (50%)	1 (7%)	0 (0%)
N=14						

Q1 = Pre-intervention Questionnaire

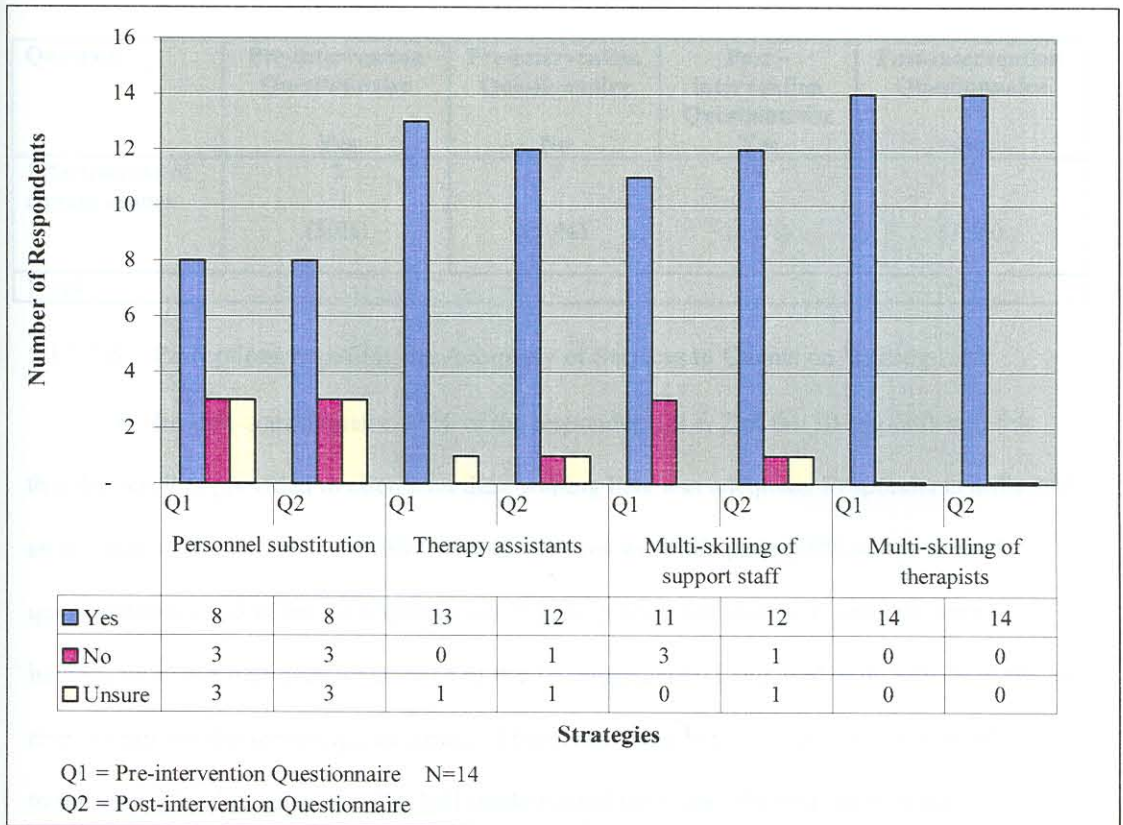
Q2 = Post-intervention Questionnaire

#### 5.3.2.1.4 Consideration of the Use of Staffing Strategies

Figure 6 indicates the responses to this question.

Participants' perceptions were relatively similar in terms of their responses in the pre-intervention questionnaire and the post-intervention questionnaire. A variation was noted in the perceptions regarding the use of multi-skilling of support staff – the number of participants who would have considered using it during the post-intervention questionnaire, had increased by one participant; a decrease had occurred in the number who would not have considered using it (two participants fewer); and there had been an increase of one participant who felt unsure about this strategy. In addition, one participant fewer indicated in the post-intervention questionnaire that they would consider the use of therapy assistants. These results may be attributed to the discussions of focus group 3 (NHS: Occupational Therapy Services for Children) and 5 (Occupational Therapy in the School System), which included references to this topic. The changes that had already been made in practice since the administration of the first questionnaire, may also have influenced these results.

**Figure 6 Considerations related to the use of Staffing Strategies**



5.3.2.1.5 Effectiveness of current Venues and Preference of Use of Venues

Regarding the question of whether participants felt that their current venues were effective for service delivery, an increase was observed in the number of participants who felt that they were effective and a decrease was observed in those who felt that they were ineffective (refer Table 35). Two services indicated qualitatively that they had undergone changes with regard to their venues since the first questionnaire had been administered. These practical changes resulted in fewer perceptions regarding the inadequacy of venues.

**Table 35 Perceptions regarding the Effectiveness of current Venues**

Question	Pre-intervention Questionnaire	Pre-intervention Questionnaire	Post – intervention Questionnaire	Post-intervention Questionnaire
	Yes	No	Yes	No
Effectiveness of current venues	7 (50%)	7 (50%)	9 (64%)	5 (36%)
N=14				

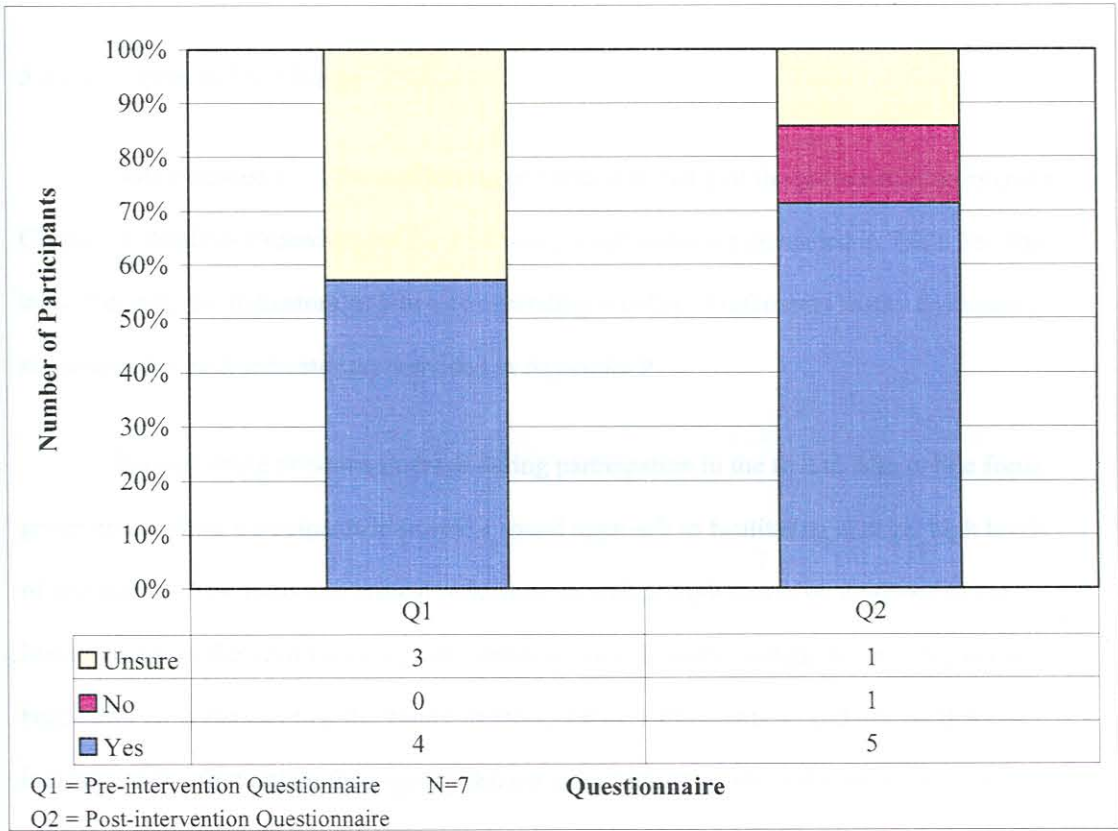
#### 5.3.2.1.6 Perceptions regarding the Adequacy of Services to Clients on Waiting Lists

In the first questionnaire, 20% of the respondents (i.e. 2 of the 10 respondents) felt that the services provided to clients on their waiting lists was adequate. Respondents indicated an increase in the number who felt that such services were adequate (36% on the second questionnaire, i.e. 5 of the 14 respondents). Eighty percent felt that such services were inadequate in the first questionnaire (8 of the 10 respondents) compared with 64% (9 of the 14 respondents) in the second questionnaire. These variations in perceptions can be contributed to the strategies that some services had implemented since the administration of the first questionnaire. Three respondents indicated in the comment section that they had implemented strategies and had reduced their waiting lists.

#### 5.3.2.1.7 Difficulty in facilitating Change

Fifty percent of the participants (7 participants) responded to this sub-question (refer Figure 7 for responses). One more participant perceived that he / she would have difficulty in facilitating change. Noteworthy is that fewer participants felt unsure regarding their perceptions. One more indicated that he / she did not perceive difficulty in facilitating change. Again, this result may indicate some changes that had already occurred in practice.

**Figure 7 Difficulty in facilitating Change**



In summary, the post-intervention questionnaire in general indicated a decrease in the number of participants who felt unsure about certain questions in the pre-intervention questionnaire. It appeared that some participants had benefited from the program by formulating more distinct opinions. This may have been due to the fact that participants had been considering the factors involved in the process of change more frequently than before, as a result of the discussions. Other changes of significance were an increase in the number of respondents who felt that resources were inadequate and an increase in those who perceived current service delivery models to be inadequate. Other changes not directly related to the change-orientated program, had occurred in practice since the administration of the pre-intervention questionnaire. These changes impacted on the results obtained and included: perceptions relating to adequacy of venues, adequacy of services to clients on waiting lists,



and the need for change.

The Pre-set Indicators	Number of References providing Evidence	Ranking of Indicators in order of most Prevalent to
<p>5.3.2.2 <i>Approach to Change</i></p> <p>Data obtained from the application of Method B, Set 1 of the pre-set indicators (refer Chapter 4: Analysis Procedures of the Follow-up Interviews) are presented in Table 36. The table indicates the indicators and the corresponding number of references made. Evidencing statements for each indicator are provided in Appendix P.</p>	15	3
<p>Strengthening previous findings during participation in the first to fifth online focus group discussions, participants indicated a sound approach to facilitating change: high levels of openness to new ideas and critical reflection, as well as high scores on evidence of the identification of the need for change in current service delivery models. Noteworthy is the high score on understanding the nature of the problem. Participants scored low on this indicator in the first online focus group discussion, which suggests that participants had benefited from the focus groups by discussing issues and developing an increased understanding of the nature of the service delivery problems. This is an important step in the problem-solving process, which in turn, forms part of the process of change (Marzalek-Gaucher &amp; Coffey, 1991). Also noteworthy is the high score on a commitment to change. Vestal (1995) includes this step in the problem-solving process, which indicates a strong indication of commitment to pursuing a process of change.</p>	29	3
<p>Of interest is that “evidence of a synthesis of old and new views” scored higher than “evidence of a decision to negate current views and moving onto a different model”. These steps form part of the final stages of the process of change, as discussed by Gravett and Peterson (2000), and indicate different ways in which services adapt to changes. This finding suggests that participants were more open to synthesising old and new views than abandoning old approaches completely.</p>	7	10

**Table 36 Approach to Change and longer-term Indicators of Change**

The Pre-set Indicators	Number of References providing Evidence	Ranking of Indicators in order of most Prevalent to least Prevalent
Evidence of openness to new ideas / alternative strategies and models.	35	1
Evidence of critical reflection regarding models.	33	2
Evidence of identification of the need for change in current service delivery models.	29	3
Evidence of understanding the nature of the problem: insight into the deficiencies of current models of practice.	21	4
Evidence of commitment to change. This indicates a more permanent statement than in "Evidence of identification of need for change". It indicates a definite decision made or preliminary plans made to implement changes.	19	5
Evidence of insight into the need for strategic planning, including the need to analyse external and internal environments of services.	16	6
Evidence of internalisation of information:  Indicate preferences in terms of information.  Indicate the application of information in own and / or other settings.  Indicate the assessment of different views./ evidence of having thought about the information.	2 8 5 Total: 15	7
Actions taken / effort regarding implementation of changes in terms of: Workforce development / changes.	15	7
Actions taken / effort regarding implementation of changes in terms of: Organisational and / or procedural development / changes.	13	8
Actions taken / effort regarding implementation of changes in terms of: Resource allocation or applied for funding to implement changes: financial / equipment / work space.	8	9
Evidence of a synthesis of old and new views, that is the use of certain new concepts of a different model combined with current practice.	7	10
Actions taken / effort regarding implementation of changes in terms of: Development of partnerships and networks.	4	11
Evidence of a decision made to negate current views regarding current service delivery models and moving onto a different model.	1	12

Table 37 Recent Changes in Service Delivery Models and / or Service Delivery Models considered for Change

In general, these findings suggest that one of the major results of the change-orientated program was the opportunities it created for critical reflection on practice. Secondly, it illustrated the progress of participants from the earlier stages in the process of change to the later phases, indicating identification with the need for change, commitment to change, and changes implemented in practice.

### 5.3.2.3 Recent Changes made to Service Delivery Models and / or considered for Change

Findings obtained from using the pre-set indicators (refer Table 36), suggest that services are implementing changes related to workforce development and organisational / procedural developments. Less evidence was obtained relating to resource allocation that corresponds with previous findings indicating resources as a difficulty in implementing change in services. Scoring lowest were references made to the development of partnerships and networks in implementing change. This finding strengthens the previous findings suggesting a limitation in services related to the building of external relationships.

Table 37 illustrates the data obtained from Method B, Set 2 of the pre-set indicators (refer Chapter 4: Analysis Procedures of the Follow-up Interviews). It indicates recent changes made to service delivery models or consideration given to changes to these models (in order of most prevalent to least prevalent). The number of statements provides a weight to the evidence of each service delivery model and refers to the number of services that have indicated these models.

**Table 37 Recent Changes in Service Delivery Models and / or Service Delivery Models considered for Change**

<b>Service Delivery Model</b>	<b>Number of Statements</b>
Early intervention, prevention and client education	10
Health promotion	9
Client- / family-centred service delivery	7
The use of support staff, multi-skilling, and personnel substitution	7
Trans-disciplinary teamwork	6
Interagency collaboration	5
Case management	4
Direct, groups	4
Collaborative consultation	4
The community-based approach	4
Intervention in functional environments	4
Multi-disciplinary	3
Inter-disciplinary	3
Home- / community-based service delivery	2
Direct, one- to- one service delivery	2
Centre-based service delivery	1
N = 14	

The table illustrates that most services are considering or have implemented changes to incorporate principles of the early intervention, prevention, and client-education models. In the pre-intervention questionnaire, 10 of the 14 services indicated that they were utilising the prevention model (refer Table 16). It is unclear whether services that indicated these models in the pre-intervention questionnaire also indicated changes to these models in the follow-up interviews, or whether the result includes services that implemented new directions towards this model. Again, it seems that the term “change” was interpreted differently by participants, with some respondents using examples of major changes, and others discussing minor

modifications to current ways of service delivery. In addition, the different categories utilised in the pre-intervention questionnaire and the interviews, make direct correlation difficult. The result seems to indicate that services are strengthening and refining their services in the application of this model and it confirms previous results regarding the use of this model. Similarly, services are also making changes to the application of the health-promotion model (9 of the 14 services utilised the model in the pre-intervention questionnaire – refer Table 16) and the family-centred model (11 of the 14 services indicated its use in the pre-intervention questionnaire – refer Table 18). The format of the questions also has to be considered – no prompts were given to participants during the follow-up interviews, while the participants had a selection of options to choose from during the pre-intervention questionnaire. Half of the services indicated that they were considering or implementing changes regarding the use of support staff, multi-skilling, and personnel substitution. This correlates with the high number of services indicating that they would consider these staffing strategies (refer Figure 6).

References were also made, to a lesser extent, to: interagency collaboration, case management, groups, consultation, and community-based approaches and intervention in functional environments. Three or fewer references were made to multi-disciplinary and interdisciplinary models, home- versus community-based models, the direct one-to-one model, and centre-based service delivery. Of interest is that four services initially indicated that they were utilising the case management approach (refer Table 20) and that four were considering or implementing changes to the case management approach after the change-orientated program. Again, it is unknown whether the four that were initially using the model were refining their models, or whether it was four new services that were making changes towards this model. The result may suggest a shift towards the increased use of the model. This also applies to the community-based approach (with six services using it before the change-orientated program) and the trans-disciplinary model (with six services were using it before

the change-orientated program). Perceptions of best practice, some relevant statements made by participants are included in Appendix S.

The use of direct, one-to-one models and groups remain fairly stable (featuring amongst the most prominent service delivery models used before the change-orientated program – refer Table 20) and few changes seem to have been made to, or are planned for, these models. The finding suggests that while one-to-one models are still considered due to the effectiveness of individualised programs, as supported by Shonkoff and Meisels (2000), other models are now considered for use in combination with this model. This utilisation of a combination of models is recommended by Dunn (2000) and the AOTA (1989) and is supported in the results of Springfield, Rodger and Maas (1993) during their survey of paediatric occupational therapists in Queensland. These researchers found that the majority of their respondents were utilising more than one model. In addition to these findings, general statements were made regarding the delivery of Occupational Therapy services in South Australia. These have been compiled and are presented in Appendix R.

#### 5.3.2.4 *Perceptions regarding Best Practice Principles*

Participants were asked what their perceptions were regarding best practice principles in the field of early intervention. When considering these findings, it is important to recognise that this is an early attempt at developing a framework for early intervention practices in South Australia. No guidelines were given to participants in terms of selecting these principles. Participants spoke passionately about what they believed these principles were. It is worth noting that grey areas and overlap exist within the terminology. This section of the study warrants further, more in-depth investigation to obtain a comprehensive framework for practice.

The data in Table 38 indicates the rating of the most frequent references to certain service delivery models. Appendix Q provides the relevant statements in support of each

model. In addition to the above perceptions of best practice, some relevant statements made by participants are included in Appendix S.

### 5.3.3 Summary of Contributed Results and Findings

**Table 38 Perceptions regarding Best Practice Principles**

Service Delivery Model	Number of References	Rating according to Prevalence
Early intervention, prevention and client education	7	1
Client- / family-centred services	5	2
Use of support staff, multi-skilling, and personnel substitution	4	3
One-to-one, direct service delivery	3	4
Health promotion	3	4
Intervention in functional environments	3	4
The community-based approach	3	4
Groups	2	5
Collaborative consultation	2	5
Centre-based	1	6
Trans-disciplinary	1	6
Interagency collaboration	1	6
Case management	0	7
Multi-disciplinary	0	7
Inter-disciplinary	0	7
Tele-Rehab / Health	0	7

Noteworthy is that the ratings pertaining to early intervention, prevention, and client education, correspond with recent changes made to service delivery (refer Table 37). Also worth noting are the other models that the participants mentioned, given that participants had no guidelines or prompts. The weight attached to the number of references is difficult to interpret, given that participants had no guidelines. Further investigation of these principles is

warranted.

### 5.3.3 Summary of Consolidated Results and Findings

Findings indicate that, after participation in the change-orientated program, participants are less unsure about certain problematic aspects of service delivery than before.

More participants feel that current service delivery models and resources are inadequate.

More indicated that they perceive difficulties in facilitating change. These results may indicate that participants have benefited from the change-orientated program by forming more distinct opinions. Furthermore, during the focus group discussions, participants indicated an increased understanding of the nature of the problems and showed more distinct commitments to change.

In conjunction with the findings obtained in the Pre-intervention and Intervention Phases, the characteristics of services that relate to services' general approach to change, were compiled. Table 39 provides these characteristics. The table illustrates that services have characteristics that provide a sound basis for facilitating change. Also indicated are some areas that may inhibit the processes of change. These areas are worth considering as recommendations for practice, and are discussed in Chapter 6.

This section also indicates that most services are strengthening and refining their early intervention, prevention and client-education models, as well as their health promotion and family-centred models. Services are considering staffing strategies. Findings suggest shifts in perceptions regarding the applications of the case management, community-based and trans-disciplinary models. The use of groups and one-to-one service delivery remain prominent.



**Table 39 Characteristics of services that relate to the General Approach to Change**

<b>Characteristics that facilitate the Process of Change</b>	<b>Characteristics that facilitate the Process of Change moderately</b>	<b>Characteristics that do not facilitate the Process of Change</b>
Services utilise strategic / business plans and managers view strategic planning as important (refer this chapter: Pre-intervention Phase, Current Management Practice Used).	Managers' moderate identification with the management style of predicting problems (refer Table 25).	Limited time spent on external relations (refer Table 27).
Services have missions and goals (refer this chapter: Pre-intervention Phase, Current Management Practice Used).	Managers' moderate identification with the management task of focusing on external and internal trends and changes (refer Table 25).	Limited time spent on monitoring the environment (refer Table 27).
Services engage in regular assessment of their services (refer this chapter: Pre-intervention Phase, Current Management Practice Used).	Managers' comfort levels in the management task of negotiating (refer Table 26).	Managers' comfort levels in financial planning (refer Table 26).
Managers' participatory management styles (refer Table 25).	Managers' comfort levels in delegating work (refer Table 26).	Managers' limited management training undertaken (refer this chapter: Pre-intervention Phase, Management Training).
Managers' comfort levels in being innovative (refer Table 26).	Managers' comfort levels with regard to conflict management (refer Table 26).	Difficulty in implementing change due to limited resources to facilitate change (refer this chapter: Pre-intervention Phase, Perceptions regarding Need for Change and perceived Difficulty in facilitating Change).
Managers' comfort levels in facilitating change (refer Table 26).	Managers' comfort levels in involvement in higher management (refer Table 26).	Difficulty in implementing change due to ability of upper management to see need for change (refer this chapter: Pre-intervention Phase, Perceptions regarding Need for Change and perceived Difficulty in facilitating Change).
Managers displaying openness to new ideas (refer Table 28, Table 36).		
Managers engaging in critical reflection (refer Table 28, Table 33, Table 36).		
Managers identifying and understanding problems related to service delivery (refer Table 28 and Table 36).		
Managers identifying the need for change in current service delivery models (refer Table 28, Table 36).		
Managers illustrating motivation to learn and internalisation of information (refer Table 33).		
Managers illustrating a commitment to change (refer Table 36).		

In overview, this study illustrates the perceptions of participants regarding the processes of change that are currently occurring in the participating services – both as result of the impetus of the change-orientated program, and independently of this program. The process of change in services are illustrated from the early phases of problem identification to the later phases indicating participants' commitment to change and the implementation of changes in practice. Lastly, findings related to best practice principles are identified as a first attempt at exploring these principles.

#### 5.3.4 Participants' Evaluation of the Project

As part of the interviews, participants were asked to verbalise their perceptions regarding the coverage of the project, as well as their involvement in the project.

##### 5.3.4.1 Coverage of Project

Participants were asked whether there were any significant issues or strategies regarding service delivery in paediatrics that had not been covered by this project and which they would like to talk about or emphasise. All the participants indicated that they supported the project in terms of its coverage of the phenomenon, for example:

- “From what I saw earlier on in the discussions, I think you have been able to pick up on a broad range of the issues across the state...”

Participants indicated the value of the information which had been provided in the online focus group discussions:

- “...have kept all the information...will be a good reference when we are thinking about changes in the future.”

Some participants included additional statements that are worth noting when

considering this study's results:

Category	Example of Statement
-	One emphasised that, for some organisations, it is difficult to isolate occupational therapy from the other disciplines when one is investigating early intervention service delivery. This participant emphasised the holistic nature of service delivery.
-	Another stated the value of debating early intervention literature and whether occupational therapists should prioritise intervention to younger children in favour of children of school-going age. This participant indicated that occupational therapists have different views on this particular issue.
-	The limited time available to managers, in terms of participating in projects such as this one, was mentioned by another participant.

#### 5.3.4.2 Participants' Involvement in the Project

Participants were asked to talk about their feelings regarding their involvement in the online discussion groups.

Three main aspects emerged from the data (refer Table 40):

- benefits of the online discussion medium;
- disadvantages of the online discussion medium;
- identification with the material presented.

Participants also identified disadvantages of using this medium. The disadvantages included technical difficulties and the sharing of computers, time limitations of managers, as well as the limitations of online discussion versus face-to-face discussion (with regard to the limited in-depth discussions). The frustration experienced due to the time lapse between messages was recognised by participants in the interviews as well as in the short questionnaire administered after the focus group discussions. No relevant literature

**Table 40 Participants' Experiences in the Use of the Online Discussion Groups**

Category	Example of Statement
Benefits of the online discussion medium	<p>"I think it is a great idea ... it is efficient in terms of not having to travel somewhere."</p> <p>"I thought it was easier to get people to give their input because it is very difficult to get paediatric occupational therapists to commit their time."</p>
Disadvantages of online discussion medium	"... time was really limited ..."
Identification with material presented	"But I can see a couple of points in there that can be taken on board ..."

Table 40 illustrates the statements made regarding the benefits of using the online discussion forum. All participants commented on the usefulness of the online discussions. Benefits of the online discussions identified by the participants were: to share information and stimulate reflection (supported in the literature by McConnell, 1994); the convenience and practicality in relation to travel and time commitments (supported by McConnell, Lewis & Kaas, 1998; Ryan, Carlton & Ali, 1999); as well as the value of facilitating relationships between services (supported by Ryan, Carlton & Ali, 1999). These benefits added to the initial rationale for utilising online discussion groups (refer Chapter 2, Online Computer Conferencing). The participants in regional areas especially seemed to value the communication with other occupational therapists. Further comments included the value of being able to re-visit contributions online and being able to take one's time in responding to it. Several mentioned that it was a new and very worthwhile experience for them.

Participants also identified disadvantages of using this medium. The disadvantages included technical difficulties and the sharing of computers, time limitations of managers, as well as the limitations of online discussion versus face-to-face discussion (with regard to the limited in-depth discussions). The frustration experienced due to the time lapse between messages was mentioned by participants in the interviews as well as in the short questionnaires administered after the focus group discussions. No relevant literature

references were found to compare these disadvantages with. It is therefore anticipated that this study's findings regarding the use of online focus groups has furthered research knowledge in this regard.

Chapter 5 provided a detailed layout of the results and findings of the study. The chapter presented a discussion of the following main comparative results:

In addition, five of the interviews contained statements from participants related to identification with information presented and that they are considering some of the strategies mentioned. This finding needs to be viewed within the different contexts of services and the comment made in a short questionnaire regarding the difficulty of applying the information to all the different contexts of the services.

#### 5.4 SUMMARY OF CHAPTER

This chapter presents the results and findings of the Pre-intervention, Intervention, and Evaluation Phases of the project. A consolidation and summary of the results and findings are provided. Chapter 6 focuses on a critical discussion and evaluation of this project with recommendations and concluding remarks.