

Additional Statements related to Occupational Therapy Services obtained from Interviews:

Appendix R Additional Statements related to Occupational Therapy Services in general

- The back of a unified approach used by all OT services
- The delivery of joint projects related to intervention provided by (2) is in collaboration with the educational system. It is felt that (2) is sell be able to make bigger statement in facilitating their myolvement with the educational system is they do it to a unclud manner.
- The value of having mandards of practice and a unified approach for OTs working
 in schools were mentioned. Another service indicated the lack of standards of
 practice for predictor service delivery in general. The introduction of existing in
 standards as a proposal to the OT Association was mentioned.
- The value of a communication network for OTs was suggested to incilitize a more unified approach in terms of service delivery across the state. The OT Association was suggested as a possible initiator of such a network.
- The value of a more farmalised megraping nervous for OTA was present paid.
- The varie of having a team specific strategic plan which links as want to obtain battom's averall direction. One persons emphasized the need the Office and the make in plant and not only specification on classical service defines.
- The collection and use of statistical evidence of the impact of figure of persons when lobbying for more figure is essential.
- The importance of possistent lobbying for resources
- The used to must community instruments of the need for QT serial is.
- The need for guidelines in terms of boundaries for multi-skilling of sales of expensional support staff. A service indicated a concern in regards to this and that guidelines would provide boundaries for OT's in terms of efficience one as discount without comparations. The professional's identities.
- The different viewpoints of OTs on Early Interviention as provety to service
 delivery compared to services to relamb specialization, we, mentioned
- One service mentioned that it was a saluable experience to develop atming lines are
 working relationships with the manager of special education services as the cres
 The manager of special education is the person who has the power or allower
 finds.
- One service had the example of a social planning alliance which had necessary that involves different sectors included a health and otherwise.
- One service exentioned that by surving a new project is a trial prevedes uopportunity to learn through it, without putting additional pressures on with to
 act leving enterones in the initial phases of a new project.
- The funded training available and supervision of new poodsaine OTs and the suggestion of more guided post-graduate productive-specific adsolutional courses for OTs.



Additional Statements related to Occupational Therapy Services obtained from Interviews:

In addition to the information obtained, specifically related to service delivery, statements were also made by participants which relate to general strategies for the Occupational Therapy profession as a whole. These include:

- The lack of a unified approach used by all OT services.
- The delivery of joint projects related to intervention provided by OTs in collaboration with the educational system. It is felt that OTs will be able to make a bigger statement in facilitating their involvement with the educational system if they do it in a unified manner.
- The value of having standards of practice and a unified approach for OTs working
 in schools were mentioned. Another service indicated the lack of standards of
 practice for paediatric service delivery in general. The introduction of minimum
 standards as a proposal to the OT Association was mentioned.
- The value of a communication network for OTs was suggested to facilitate a more unified approach in terms of service delivery across the state. The OT Association was mentioned as a possible initiator of such a network.
- The value of a more formalised mentoring network for OTs was mentioned.
- The value of having a team specific strategic plan which links in with the
 organisation's overall direction. One service emphasised the need for OTs to make
 time to plan and not only spend time on clinical service delivery.
- The collection and use of statistical evidence of the impact of financial cuts on services when lobbying for more financial resources.
- The importance of persistent lobbying for resources.
- The need to raise community awareness of the need for OT services.
- The need for guidelines in terms of boundaries for multi-skilling of other therapists and support staff. A service indicated a concern in regards to this and that guidelines would provide boundaries for OTs in terms of effective use of this strategy without compromising the profession's identity.
- The different viewpoints of OTs on Early Intervention as priority in service delivery compared to services to school aged children, was mentioned.
- One service mentioned that it was a valuable experience to develop strong links and working relationships with the manager of special education services in the area. The manager of special education is the person who has the power to allocate funds.
- One service had the example of a social planning alliance which had been developed that involves different sectors including health and education.
- One service mentioned that by saying a new project is a trial provides the
 opportunity to learn through it, without putting additional pressures on staff for
 achieving outcomes in the initial phases of a new project.
- The limited training available and supervision of new paediatric OTs and the suggestion of more guided post-graduate paediatric-specific educational courses for OTs.



Appendix S Additional Statements related to Best Practice Principles

- be externed to all communities.

 The invariance of using a combination of condels and not saily constitute to
- The importance of using a combination of models and not only concentrate on all for one direct employ delivers.
- The value of evidence based intervention.
- Intercention which is board on outcomes incomes.
- The use and quotenter of necessish in order for possible to be grounded.
- Rest veraction or about being an advacate for families
- Bast practice depends on the type of condition.
- The province of regular, consistent practice to children.
- The need by nallocitive process.
- That an Occapational Performance readel provides legitimacy to GT produce
- I and instruction to school aged children should not be devalued
- Best practice is about providing a halistic, integrated nervice



Additional Statements related to Best Practice Principles

- That best practice is relevant to individual communities and that no one model can be relevant to all communities.
- The importance of using a combination of models and not only concentrate on one to one, direct service delivery.
- The value of evidence based intervention.
- Intervention which is based on outcomes measures.
- The use and quotation of research in order for practice to be grounded.
- Best practice is about being an advocate for families.
- Best practice depends on the type of caseload.
- The provision of regular, consistent practice to children.
- The need for reflective practice.
- That an Occupational Performance model provides legitimacy to OT practice.
- That intervention to school aged children should not be devalued.
- Best practice is about providing a holistic, integrated service.



	For Office Us
ur organisation: o beste und to improved	R#
Please tick the appropriate box: (one choice only)	
Discountings, which can be	1.1
Con statement or describe its mission	1.2
\square_3	1.3
	1.4
al Therapy services provided by your	
Please tick the appropriate box/es: (multiple choices available)	
	2.1
	2.2
	2.3
\square_4	2.4
□ ₅	2.5
\square_6	2.6
	2.7
	4.8
intensive practice. Aim is total or near total re	ecovery
hohavioura oa tio ahaa lassa	
st skill or behaviour. Focus is on adjustment to see a skill or behaviour. Focus is on adjustment to see a skill or behaviour. All of the skill of t	store or
	Please tick the appropriate box: (one choice only) 1 2 3 4 Please tick the appropriate box/es: (multiple choices available) 1 2 3 4 5 6 7 Intensive practice. Aim is total or near total respectively. Aims are on achieving independence, to respect to the content of



Secti	on A: (continues)		For Office Use
Focuse	Promotion: Aims at enabling clients to increase s on client education and the influences of political pural and biological factors on health.	control over their own health and to improve it. al, economic, social, cultural, environmental,	
Preven educati	tative: Focus is on the prevention of diseases an on, early detection and intervention.	d health related problems by means of patient	
Social schools	Integration: Focus is on the facilitation of social in the leaves settings and employment.	inclusion of the client in settings, which can inclu	ude
QA3	Please provide your organisation's missoverall goal:	sion statement or describe its mission/	3
	davalopmental Approach		5.3
	Garries and Appropriate		3.4
	we-perceptual Approach		
QA4	Please indicate your department's main	Please tick the appropriate box/es:	5.7
		(multiple choices available)	5.8
Physic	al impairment	□ .	4.1
Cognit	ive / intellectual impairment		4.2
Psychi	atric impairment	Пз	4.3
Develo	pment delays and scholastic difficulties		4.4
Neurol	ogical impairment	□s	4.5
Medica	al / Surgical		4.6
Medico	p-Legal		4.7
Other,	please specify		4.8
	harvest research a sea on the procharical pri	nciples of kindles, kinemplica and the guesse	y in
	Fred a 20 to Malana a dinglishada through	it muscle strengthering, improved range of mo	ion
		on besides and organizer responses. Afters	eri ta
News		Ca vi cinada sonir da proporto Codesti.	



Section A: (continues)		For Office Use
QA5 Please indicate which Occupational Th currently used by your department:	nerapy approaches / models are	el calient
PLEASE SEE DEFINITIONS BELOW	Please tick the appropriate box/es: (multiple choices available)	Sel co
Biomechanical Approach	as underentale behave un resouved	5.1
Sensory Integration	ms and incomes, as well as more offects on	5.2
Neuro-developmental Approach	erea a la 3 colema de parcon me monto vinconant a a a parancea, hiscorea en alter	5.3
Family centered approach	which accels to maximise real true function th	5.4
Cognitive-perceptual Approach	or expression for including to grange. To configure who live with a deablish on a larger	5.5
Behaviour modification		5.6
Groupwork The acutocod to be seen on concepts	of 6 km in the community or miles therapy and	5.7
Canadian Occupational Performance Model	Types 8	5.8
Cognitive Disability Model		5.9
Rehabilitative Approach	opportunity and the second state of the second	5.10
Activity Therapy	in and a second of the parametrity are empha	5.11
Assistive Technology	erved your department's service:	5.12
Client Centered Approach	p 13, to the operaprists have a	5.13
Community Based Approach	14	5.14
Others, please specify	□ ₁₅	5.15
How Mc		
Biomechanical approach: Based on the mechanical pr motion. Focuses on the restoration of dysfunction throug improvement of coordination and increased endurance.	rinciples of kinetics, kinematics and the geomet gh muscle strengthening, improved range of mo	ry of tion,
Sensory Integration: Focus is on how the brain process given to sensory development and organisation. Include		ion is
Neuro-developmental approach: Based on the principle facilitation and sensory integration. It has a strong developmental Brunnstrom and Rood.		



Section A: (continues)

For Office Use

Family centered approach: Clients are viewed within the context of their environment and the context of their families. Emphasis is on the relationships between family members and the influence of these on a client. Family members and other professionals are involved in assessment and intervention.

Cognitive-perceptual approach: Concerned with perceptual deficits. Can be either diagnostic, remedial or compensatory.

Behaviour modification: Desirable behaviour is taught or undesirable behaviour removed.

Group work: Concerns the dynamics of group interactions and processes, as well as their effects on the behaviour and reactions of group members.

Canadian Occupational Performance Model: Emphasises a holistic view of a person; the worth of individuals; role expectations; developmental age; environment and experiences. It focuses on client education and is client centered.

Cognitive Disability Model: A compensatory approach, which seeks to maximise residual function through task adaptation and environmental adaptation rather than expecting the individual to change.

Rehabilitative Approach: A compensatory approach for patients who live with a disability on a temporary or permanent basis. It focuses on the use of a person's remaining strengths to achieve the highest level of independence. This approach uses adapted techniques and equipment.

Activity Therapy: This approach is based on concepts of therapeutic community or milieu therapy and group dynamics.

Assistive Technology: Focus is on the use of different types of technology to promote functional independence. It includes augmentative communication, switches and powered mobility.

Client Centered Approach: This approach encourages the clients to direct their own therapy as far as possible; to accept personal responsibility and to be actively involved in making decisions.

Community Based Approach: Active involvement of community or key stakeholders of a project or programme; responsibility for and implementation of the programme lies with both the therapist and the community. Acceptance and sustainability of intervention and education of the community are emphasised.

QA6 Please indicate the geographical area ser	ved by your department's service:	
	Please tick the appropriate box/es: (multiple choices available)	
Metropolitan (population greater than 100 000)	nal Therapists at each level of	6.1
Non Metropolitan:		
Urban centres (population greater than 1000)		6.2
Rural areas (population of 200 to 999 people)	□ ₃ = -3	6.3
Rural areas including remote areas (low population density and geographically isolated)		6.4



Section A: (continues)		For Office Use
QA7 Please indicate the approximate range in department's service:	kilometres covered by your	
	riease иск те арргоргіате рох: (опе choice only)	
Between 5 and 15 kilometers		7.1
Between 15 – 30 kilometres		7.2
Between 30 – 50 kilometres		7.3
Between 50 - 100kilometres	4	7.4
More than 100 kilometres the average client – the	apis sio in your departments	7.5
QA8 Please indicate the number of personnel	currently part of your department:	
Occupational Therapists	·· <u>·</u> ·····1	8.1
Occupational Therapy Assistants	2	8.2
Administrative Personnel	3	8.3
	ervices of your organization, have you	8.4
Other, please specify	anagenal duties?	8.5
	Yes / No	12.1
QA9 Please indicate the number of Occupation seniority:	onal Therapists at each level of	12.3
OT Manager (Chief Occupational Therapist/ Senior Therapist / Therapist in charge)	1	9.1
Intermediate level therapists	2	9.2
Base level / entry level therapists (less than two years' experience)	3	9.3



Section A: (continues)		For Office Use
QA10 Please indicate the nu positions:	mber of Occupational Therapists in the following	
Full time, permanent	·······1	10.1
	Days -	13.2
Full time, temporary(contract or	and the second s	10.2
Part time, permanent	3	10.3
art arro, pormanone	Days a	10.3
Part time, temporary(contract or		10.4
		13.3
Contract / hourly paid	5	10.5
	Please tick the appropriate bo choice only)	x: (one
	choice only)	x: (one
	choice only)	
Less than 12 clients per 1 therap Between 12 and 25 clients per th	choice only) Dist \square_1 merapist \square_2	11.1
Less than 12 clients per 1 therap Between 12 and 25 clients per th More than 25 clients per therapis	choice only) Dist \square_1 merapist \square_2 St \square_3	11.1 11.2 11.3
Less than 12 clients per 1 therap Between 12 and 25 clients per th More than 25 clients per therapis QA12 As Manager of Occupa had any training to ass	choice only) pist Inerapist In	11.1 11.2 11.3
Less than 12 clients per 1 therap Between 12 and 25 clients per th More than 25 clients per therapis QA12 As Manager of Occupa had any training to ass	choice only) oist lease tack the appropriate both choice only)	11.1 11.2 11.3
Less than 12 clients per 1 therap Between 12 and 25 clients per th More than 25 clients per therapis QA12 As Manager of Occupa had any training to ass	choice only) Dist Inerapist In	11.1 11.2 11.3
Less than 12 clients per 1 therap Between 12 and 25 clients per th More than 25 clients per therapis QA12 As Manager of Occupa had any training to ass	choice only) Dist Inerapist In	11.1 11.2 11.3
Less than 12 clients per 1 therap Between 12 and 25 clients per th More than 25 clients per therapis QA12 As Manager of Occupa had any training to ass	choice only) Dist Inerapist In	11.1 11.2 11.3 7e you
Less than 12 clients per 1 therap Between 12 and 25 clients per th More than 25 clients per therapis QA12 As Manager of Occupa had any training to ass	choice only) Dist Inerapist In	11.1 11.2 11.3 /e you



Section A: (continues)		For Office Us
QA13 If yes, please provide the 5 most recent tra	lining sessions:	
Type/topic of training:	Length of training in days:	
	Days ₁	
		13.1
	Days ₂	15.1
	Days 2	13.2
	Days ₃	13.3
Muru-akilling of support sents		15.5
	Days ₄	13.4
M.sh alcilling of thematats		IN A
	Days ₅	13.5
QA14 Please indicate the main venues of service	e delivery of your department:	0.000
		an et
ndicate the approximate percentage of services p e.g. Organisation's home base 70%, Clients' home	rovided at each location, s 30% and	
please make sure that the total percentage equals	100%.	
Organisation's home base	% ₁	14.1
Organisation's satellite facilities	% 2 Market	14.2
Clients' homes	%% 3	14.3
Community facilities eg. Library, Swimming Pool	Yes / No. % 4	14.4
community facilities eg. Library, Swiffining Poor	G, G.	14.4
Educational facility as is appropriate to client group	% 5	14.5
Residential facility as is appropriate to client group	% ₆	14.6
Other places are sit.	Yes No. % 7	
Other, please specify		14.7
	100%	
		17.2
DA18 - What is the average welling time for an ex-	September 1	



Section	on A: (continues)				For Office Use
QA15	Please indicate whether your department following strategies:	nt currently (employs a	ny of the	
PLEAS	E SEE DEFINITIONS BELOW	Yes N	o Unsure		
Therap	y assistants			\square_3	15.1
Person	nel substitution			\square_3	15.2
Multi-sl	killing of support staff			\square_3	15.3
Multi-sl	killing of therapists			\square_4	15.4
specialis	y assistants: The traditional use of therapy assised skills of the Occupational Therapist, e.g. to a nice with administrative duties.				
Therapi	nel substitution: The use of other service proviets. Examples are where cetain tasks, usually pergated to assistants; classroom assistants, supp	erformed by an	Occupation	al Therapist,	onal
in two o	cilling of support staff: The cross-training of sur r more disciplines. An example would be the use cupational Therapists.				
Multi-sl	killing of therapists: Cross training of a therapises' goals in mind during intervention, but mainta	st to gain know iins own profes	ledge of oth sion's boun	er disciplines. Ther daries.	apists keep other
QA16	Does your department currently have a services?	waiting list 1	for Occupa	ational Therapy	
		Yes /	No		
0	If yes, go to QA17	en the 🗖 prize		2	16.1
U	If no , go to QA18	of transcere pri	resipher. The	mapianus a Ø	16.2
QA17	Does your department provide a service waiting list, e.g. home programmes?	e to these cli	ents while	they are on the	(b)
		Yes /	No		
				□2:	17.1
	are contact with elients.	pprosecret we	n se samen or	inge til Civili j. 1001	17.2
QA18	What is the average waiting time for an				ated
Please	indicate number of days:		day	ender". Other profes	18
QA19	What is the average waiting time for int	ervention/tre	eatment?	at other disciplines	result.
Please	indicate number of days:		day	s	19



Secti	ion A: (continues)		For Office Use
QA20	Please indicate which of the follo	owing Service Delivery Models your	el el
PLEAS	SE SEE DEFINITIONS ON NEXT PA		im s
	Consultation	nd incorporation of these state into one's own plantics. In these the services provided to a chant, ensures effective	20.1
mission premior	Monitoring	ses an continuit a services, on make at sennors about	20.2
QA21	Direct, 1:1	according to Directegic and/or business	20.3
	Direct, group	Yes No Unsure	20.4
	Multi-disciplinary	□ □, □,	20.5
	Interdisciplinary		20.6
	Transdisciplinary and employed	a strategic ar past in the past, eg a SWOT	20.7
	Case management	Yes No Unsure	20.8
	Other, please specify:		20.9
	Analysias As part of the organisms of a st	iralogic planning, a 54707 analysis is done.	123
	schuler en erganisation's attornatio, van	aknessele, opportunities and throats.	
Therap	Itation: A collaborative interactive processist is not directly involved in the impleme by responsible for the outcomes of intervent	ss between therapist and client / other service provide entation of treatment principles. Therapist is still ention	r.
	ring: This implies the monitoring of an in	ntervention programme, as administered by other serv	ice
Direct with clie		nd approaches with one client. Therapist as regular co	ntact
Direct, has reg	group: The use of specialised technique	es and approaches with a small group of clients. There	apist
accordi Interver	ng to each disciplinary perspective and p	s an initial assessment of the client. Results are interpr problems are remediated by individual professionals. disciplines. Disciplines mostly "co-exist". Other profes	
profess	sciplinary: Assessment can occur indep ionals occur and a case manager may be decision making and some interaction be	pendently or in a team. Formal communication between assigned. Intervention can reflect other disciplines' etween professionals occur.	n input.

(Definitions continues on next page)



Section	on A: (continues)	For Office Use
Jeout	A (Solidinos)	
ntervent mpleme lesigne	sciplinary: Collaboration between team members occur during assessment, planning and ion. After the initial assessment, a comprehensive individual assessment plan is drawn up are need by 1/2 appointed professionals. The appointed program facilitator implements the program by all team members. Consultation and direct assistance is provided by other team members of disciplinary borders, professions and incorporation of these skills into one's own practice.	am rs.
efficient	anagement: A case manager coordinates the services provided to a client, ensures effective service delivery. Client centered; focuses on continuity of services; on makings services accountability and independence.	
QA21	Does your department function according to a strategic and/or business plan?	25.1
	How much time per week do you spend on the following MANAGEMENT	0.1.1
	Yes No Unsure	21.1
	Planning 70%, Organising 30% and picture multiple to the total as percentage of units 100% to indicate a full week.	21.2
		21.3
QA22	Has your department employed a strategic analysis in the past, eg a SWOT analysis?	26.1
	Yes No Unsure	22.1
		22.2
SWOT a	analysis: As part of an organisation's strategic planning, a SWOT analysis is done,	22.3
which in	cludes an organisation's strengths, weaknesses, opportunities and threats.	20.5
QA23	Does your department operate according to a mission and goals?	20.3
	External Relations	26.6
	Yes No Unsure	23.1
	\square_1 \square_2 \square_3	23.2
		23.3

Yes / No

If yes, go to QA25

If no, go to QA26

0

0

24.1

24.2



Secti	on A: (continues)		For Office Use
QA25	If yes, please indicate whether your depart persons' input in assessment and develop	ment of services:	
	Instante the percentage of time spent for a 70%, Research 30% and please make some	Yes West percentage equals	
Clients/	clients		25.1
Perso	nnel and to govern administration:		25.2
Referr	ring agencies(e.g. schools and other services)		25.3
QA26	How much time per week do you spend or tasks?	the following MANAGEMENT	27.0
	Indicate the approximate percentage of tin Planning 70%, Organising 30% and please percentage equals 100% to indicate a full	make sure that the total	27.4
PLEAS	SE SEE DEFINITIONS BELOW		
	Planning	% 1	26.1
	Organising	% 2	26.2
	Leading	d% 3	26.3
	Controlling	% 4	26.4
	Human resource management	% 5	26.5
	External Relations	% 6	26.6
	Monitoring the environment	% ₇	26.7

Planning: Setting performance objectives and identifying the actions needed to accomplish them. Includes policy formation, planning objectives, setting priorities and planning strategies.

Organising: Dividing the work that needs to be done, coordinating the results to achieve a desired purpose, management of resources.

Leading: Directing the work efforts of other people to successfully accomplish their assigned tasks.

Controlling: Monitoring performance, comparing actual results to objectives and taking corrective action as necessary.

Human resource management: Personnel related tasks concerning the relationship between the organisation and its staff, includes recruitment, training, career development and promotions.

External Relations: Includes networking, public relations, contact with referring agencies and suppliers. Monitoring the environment: Includes environment scanning and assessment.



secti	on A: (continues)		For Office Us
QA27		livision: GEMENT style? Cash the sumb-	
	70%, Research 30% and please management 100% to indicate a full week.	pent for each activity, e.g. Administration ake sure that the total percentage equals	
Γasks	related to general administration:		27.1
Гаsks	related to clinical work:	% 2	27.2
Гasks	related to research:	celeme that how 3	27.3
Others	s, please specify:	% ₄	27.4
	lote aspervision of personnel	100%	
			14
	no mora (retricin) la Persontilla		ents
	on anticonal observation and remode about fellow		-
			_
rie du			
QA28	Please describe your departments	s service delivery model:	28
QA28	Please describe your departments	s service delivery model:	28
QA28	Please describe your departments	s service delivery model:	28
QA28	Please describe your departments	s service delivery model:	28
QA28	Please describe your departments	s service delivery model:	28
QA28	Please describe your departments	s service delivery model:	
QA28		s service delivery model:	28
QIST Plant DEFIN Plants			
OEFIA Plants Organi			2.1
Conte			2.1
Conte			2.1



	ion B: (continues)	For Office Us
QB1	How would you describe your own MANAGEMENT style? Circle the numl on the scale to describe the degree to which you identify with each of the following: 1 - Strong identification with statement.	ber
Leadin	Moderate identification with statement 3- Do not identify with statement at all.	ika
	ting problems and developing strategies to prevent the 12	3 1.1
Proble	Propositive reservations the Proposition Proposition of the Concerning the recovering between a	ng l
Tender occurre	ency to mostly react on and address problems that have 122-ed.	1.2
	ncy of manager to make most decisions on management lose supervision of personnel.	3 1.3
Tender	ency to involve personnel in decision making processes; 12es more freedom to personnel	
Focus o	on external changes and trends that influence services of	3 1.5
me dep	partment; has a network of external contacts	
	on internal trends and changes in the department	3 1.6
Focus		
Focus of QB2 Please	on internal trends and changes in the department 12	ks
QB2 Please DEFINI	on internal trends and changes in the department How important do you consider each of the following MANAGEMENT tasks use the scale to indicate their rank of importance: IITIONS ON NEXT PAGE Not important at all Very important of important at all Very important at all	ks
QB2 Please DEFINI	on internal trends and changes in the department How important do you consider each of the following MANAGEMENT tasks use the scale to indicate their rank of importance: IITIONS ON NEXT PAGE Not important at all Very important at all Not important at all Not important at all	ks
QB2 Please DEFINI	On internal trends and changes in the department How important do you consider each of the following MANAGEMENT task to use the scale to indicate their rank of importance: IITIONS ON NEXT PAGE Not important at all Very important at all Not important at all X	rtant 2.1
QB2 Please DEFINI Plannin Organis Leading	On internal trends and changes in the department How important do you consider each of the following MANAGEMENT tasks use the scale to indicate their rank of importance: IITIONS ON NEXT PAGE Not important at all Very important at all Not important at all X	2.1 2.2
QB2 Please DEFINI Plannin Organis Leading Control	On internal trends and changes in the department How important do you consider each of the following MANAGEMENT tasks use the scale to indicate their rank of importance: IITIONS ON NEXT PAGE Not important at all Very important at all Not important at all X	2.1 2.2 2.3
QB2 Please DEFINI Plannin Organis Leading Control	How important do you consider each of the following MANAGEMENT tasks use the scale to indicate their rank of importance: INTIONS ON NEXT PAGE Not important at all Very important at all Very important at all X Sing X X X X X X X X X X X X X	2.1 2.2 2.3 2.4



Section B: (continues)	Light In the second				For Office Use
Planning: Setting performance objectives and identifying the Includes policy formation, planning objectives, setting priorities				them.	
Organising: Dividing the work that needs to be done, coordinating the results to achieve a desired purpose, management of resources.					
Leading: Directing the work efforts of other people to successfully accomplish their assigned tasks.					
Controlling: Monitoring performance, comparing actual resu action as necessary.	Its to objecti	ives and tal	king corre	ective	
Human resource management: Personnel related tasks coorganisation and its staff, includes recruitment, training, care					
External Relations: Includes networking, public relations, co suppliers. Monitoring the environment: Includes environment				ıd	81
QB3 How important do you consider each of the involvement in the assessment and develo (does not need to be a reflection of current	pment of	services i			5.3
Please use the scale to indicate their rank of import	ance:				5.4
	2- Prob 3- Prob	itely unin ably unim ably impo itely impo	portant ortant		
Please tick the appropriate box:	1 2	3 4	1		
Clients				\square_4	3.1
Personnel				\square_4	3.2
Referring agencies (e.g. schools and other services)			3		3.3
QB4 Do you see a need for further training for y	ourself in	managen	ent?	a for a	
Financial planning: To plan service delivery according	Yes I	No Unsu	re		
Stretagic plans had To analyze feature impacting services	\Box				4.1
profilmres, prior in proprietin attallegies and alternatives.					4.2
Facilitizing change: To initiate change of any level wit					4.3
Delegating to a To identify approviate tasks to detail					1.2
Being Interest et: Tolog out new inhalives					
Involvettiers in his her levels of menagement of you in higher reanagement levels in discussions, decision in					



Section B: (continues)				For Office Use
QB5 Please indicate on the scale your level of c following managerial tasks:	omfort in c	lealing w	ith each of t	he
PLEASE SEE DEFINITIONS BELOW				
Please use the scale to indicate their rank of import	ance:			6.1
1- Not comfortable 2- Somewhat comfortable 3- Comfortable 4- Unsure				
Please tick the appropriate box:	1 2	3	4	
Conflict management			\square_3 \square_4	5.1
Negotiating				5.2
Financial planning				5.3
Strategic planning	\square_1		\square_3 \square_4	5.4
Facilitating change			\square_3 \square_4	5.5
Delegating work				5.6
Being innovative				5.7
Involvement in higher levels of management of your organisation				5.8
Conflict management: The ability to manage conflict in management and employee levels.	n relationsh	ps at upp	oer managem	ent,
Negotiating: To bring about a decision by discussion at ability to foresee difficulties in obtaining the ideal decision desirable outcome.	nd settleme on and to be	nt of term able to r	ns. Includes the	ne I
Financial planning: To plan service delivery according	to allocated	d budget.		
Strategic planning: To analyse factors impacting serving problems, plan appropriate strategies and alternatives.	ce delivery,	to be ab	le to anticipate	3
Facilitating change: To initiate change at any level with	nin the depa	artment.		8.1
Delegating work: To identify appropriate tasks to deleg	ate and to	entrust ta	sks to employ	/ees.
Being innovative: Trying out new initiatives.			100	100
Involvement in higher levels of management of your in higher management levels in discussions, decision m		i on: To p	participate	11.0



Secti	on B: (continues)				For Office Use
QB6	Do you feel that the current venue/s used by and adequate for Occupational Therapy serv			e effective	
		Yes	No Unsure		6.1
O	If yes, go to QB8				6.2
O	If no , go to QB7				6.3
QB7	If No: Indicate your preference regarding cha your department:	100	the use of ver	ues for	
Please	tick the appropriate box:	More	The Same I	_ess	
Organi	isation's home base				7.1
Organi	isation's satellite facilities				7.2
Clients	s' homes				7.3
	nunity facilities, facilities eg. Library				7.4
Educa classro	tional facility as is appropriate to client, e.g.				7.5
Reside care fa	ential facility as is appropriate to client, e.g. Aged acility				7.6
Other,	please specify		\square_2		7.7
Piters	A CALLEGO				102
QB8	Please indicate whether you would consider	r the us	se of any of the	e following	
PLEAS	SE SEE DEFINITIONS BELOW				
Please	tick the appropriate box:	Yes	No Unsure		
Persor	nnel substitution			\square_3	8.1
Thera	py assistants	\square_1			8.3
Multi-s	skilling of support staff	\square_1			8.4
Multi-s	skilling of therapists	\square_1	\square_2	\square_4	8.5
(Definit	tions continues on next page)				



Section B: (continues)

For Office Use

Personnel substitution: The use of other service providers to do the work usually done by providers with with specific qualification, credentials or title. Examples are nurse practitioners; occupational therapy assistants; classroom assistants who are trained to perform certain specialised intervention techniques with clients.

Therapy assistants: The traditional use of therapy assistants to perform tasks that do not require the specialised skills of the Occupational Therapist, e.g. to assist in group work; for craft related instruction and assistance with administrative duties.

Multi-skilling of support staff: The cross-training of support staff to perform procedures and functions in two or more disciplines. An example would be the use of a therapy assistant by both Physiotherapists and Occupational Therapists.

Multi-skilling of therapists: Cross training of a therapist to gain knowledge of other disciplines. Therapists keep other disciplines' goals in mind during intervention, but maintains own profession's boundaries.

QB9	Do you think that services to clients on y adequate?	our departm	nent's wai	ting list i	s
	adequater	Yes /	No		12,7
					9.1
					12.0
Please	explain:				9.2
QB10	Do you think that the current resources	available for	your dep	artment's	s
	assuring delivery is adopted and officially				
	service delivery is adequate and effectiv		No		Kar
	ring: This implies the accelerates of an intervention provides.	e? Yes /	No	ered by ed	10.1
	service delivery is adequate and effective	e? Yes /	No		10.1
	ring: This implies the constants of an intervention problem. It is the use of specialised beautiques and approxi-	e? Yes /	No		10.1
	ring: This implies the emission of an intervention provides. It is The use of specialised incontiques and approximate clients.	e? Yes /	No		aguer
	ring: This implies the emission of an intervention provides. It is The use of specialised incontiques and approximate clients.	e? Yes /	No	_ 2	aguer
Please	ring: This implies the emission of an intervention provides. It is The use of specialised incontiques and approximate clients.	e? Yes / □1	s employ	ed by yo	10.2
	explain: Do you think that the current Service De	e? Yes / □1	and Tries	ed by yo	10.2
Please	Do you think that the current Service De department are effective and adequate? If yes, go to QB13	e? Yes / □ 1	s employ	ed by yo	10.2 ur 11.1
Please	Do you think that the current Service De department are effective and adequate?	e? Yes / □ 1	s employ	ed by yo	10.2



Section	on E	3: (continues)				For Office Use
QB12 PLEASI		No: Please indicate which me	odel/s you would pre Yes	efer to use m		
	•	Consultation				12.1
	•	Monitoring				12.2
		Direct, 1:1	inge in the Cor 🗖			12.3
	•	Direct, group				12.4
		Multi-disciplinary			\square_3	12.5
		Interdisciplinary				12.6
		Transdisciplinary				12.7
	•	Case management				12.8
	• 70	Other, please specify:				12.9
Monitori	ing:	rtill primarily responsible for the ou This implies the monitoring of an		, as administer	ed by other	
service p						
Direct 1: contact v		e use of specialised techniques a clients.	and approaches with one	client. Therap	ist has regular	
		o: The use of specialised techniques regular contact with clients.	ues and approaches with	n a small group	of clients.	
interprete	ed ac	inary: Each professional provide ccording to each disciplinary pers . Other professionals are availabl	pective and problems ar			
professio	onals	nary: After independent assessmon occur and a case manager mayb apy model. Group decision making	e assigned. Intervention	generally occ	urs within an	
drawn up provided	by o	inary: After the initial assessmer in implemented by 1/2 appointed pother team members. Crossing of the one's own practice, occur.	rofessionals. Consultation	on and direct a	ssistance is	
Case ma ensures	anag effec	ement: A case manager coordinative and efficient service delivery ces accessible and promotes accessible accessible and promotes accessible accessible and promotes accessible ac	. Client centered; focuse	s on continuity	of services; on	193



Section	on B: (continues)	For Office Use
QB13	Please state any problematic issues that you perceive in your department's current service delivery:	13
QB14	Do you perceive a need for change in the Service Delivery Models of your department?	
Carrie	Yes No Unsure	10.2
o	If yes, go to QB15 \square_1 \square_2 \square_3	14.1
U	If no, END	14.2
0818	If you to CS14, on it head of support or training would you acquire to	11.2
	Tax Ditalia organizar	14.3
QB15	If yes to QB14: How would you describe the ideal service delivery model for your department?	15
QB16	If yes to QB14, Do you foresee difficulty in facilitating change in your department?	
	Yes No Unsure	16.1
	The chear	16.1
	\square_1 \square_2 \square_3	16.2
		16.3
QB17	If yes to QB14, please indicate in which areas you foresee difficulties:	
Ability fo	or upper management to see the need for change	17.1
		17.1
Ability fo	or personnel to see the need for change \square_2	17.2
Ability to	o develop action to meet need	17.3
Ability to	o mobilise resources for action	17.4
Unsure		17.5



Section	on B: (continues)	For Office Use
QB18	If yes to QB14, Apart from the options provided above, please indicate the enablers and barriers that you perceive regarding facilitating change in your department:	18.1
Enable	ers: ₁	
Dami		
Barrier	s: 2	18.2
QB19	If yes to QB14, what kind of support or training would you require to facilitate change?	19