The use of outcome measures and factors affecting use in adult social care occupational therapy services in the UK

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Abstract

Purpose – This study aims to explore which outcome measures are used by occupational therapy staff in adult social care settings in the UK, and the factors affecting use of outcome measures.

Design/methodology/approach – A quantitative descriptive research design was used, using a cross-sectional study to explore occupational therapy staff views on the use of outcome measures. A 38-question survey was developed on Microsoft Forms. Recruitment occurred online over a three-week period in 2021 via the social media platform "Twitter". Results were analysed using Excel using descriptive statistics and qualitative results used thematic analysis.

Findings – Participants ($n = 20$) used a range of outcome measures (13) in adult social care settings in the previous 12 months. Standardised measures were used by half the sample in the previous 12 months. The Therapy Outcome Measure and Barthel Index were in most use. The breadth of adult social care practice and practical factors such as caseload and lack of a meaningful tool were found to be barriers to outcome measure use. Facilitators included service improvement, accountability, use of audit and professional occupational therapy leadership.

Research limitations/implications – The overall use of outcome measures can be considered low in this setting, with manager support seen to be key to the use of outcome measures. Further research is needed to investigate nationwide use.

Practical implications – Training, time and manager support are key to use of standardised tests and outcome measures in the adult social care settings. The use of occupational performance measures should be considered to demonstrate unique professional impact.

Originality/value – This contemporary study reveals use of outcome measures within occupational therapy adult social care services in the UK, which is an under researched and under published area.

Keywords Adult social care, Occupational therapy, Outcomes, Outcome measures, Leadership

Paper type Research paper

Introduction

Active use of outcome measures is expected by students, practitioners, managers and educators [Royal College of Occupational Therapists (RCOT), 2021a, Health and Care Professions Council (HCPC), 2013]. Occupational therapists in adult social care need to identify measures to record their professional outcomes for a range of political and financial drivers to demonstrate cost effectiveness for public sector services funded by the taxpayer (Dickinson and O'Flynn, 2016). Clinical governance of services is seen as a cornerstone of today's health and social care economy, to monitor safety (Francis, 2013) and to ensure outcomes offer value for money for stakeholders, including commissioners, and users of services.

Background/rationale

Within the UK, adult social care is the support provided to disabled people and older adults to stay well and safe (Kings Fund, 2021) and can involve reablement, aids and adaptations and care support for carers, people in their own home, at day services or in care homes. In England, Wales and Scotland, local authorities are responsible for adult social care delivery, whereas Northern Ireland has an integrated system for both health and social care (Heenan and Birrell, 2009). Occupational therapists in adult social care are key professionals (RCOT, 2016), delivering statutory duties under the Care Act (DHSC, 2014) towards independence, enhancing well-being and protection from abuse. Occupational therapy intervention is broad in this setting (RCOT, 2019a), across local authority housing departments, delivering minor and

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major adaptation recommendations (Housing Grants, Construction and Regeneration Act 1996), re-housing, plus reablement services. The scope of this study was major adaptations, housing services, reablement, plus traditional social services work such as moving and handling and assessment for specialist equipment.

Outcome measures are standardised tools, used to establish functional change and involve the documentation of at least two scores to record changes in occupational performance over time. A wide range of outcome measures exist to measure function, pain, quality of life, perceptual skills or memory (Laver-Fawcett and Cox, 2021); however, not all measures will be relevant in adult social care. Also available are standardised tests, which have a set and unchanging procedure, to ensure assessments are as reliable and valid as possible (Laver-Fawcett and Cox, 2021). Occupational therapists should identify what outcomes are important to stakeholders: service users, carers and therapists to determine quality.

Limited contemporary research studies were discovered concerning current use of outcome measures in adult social care in the UK, suggesting there is an evidence gap in this area of occupational therapy practice.

Literature review

Standardised tests and outcome measures used in practice

A choice from a wide range of measures are available to therapists to suit their client group (Laver-Fawcett and Cox, 2021). Stapleton and McBrearty (2009) found a range of 40 standardised tests in use in acute and community settings in the Republic of Ireland. The mean use of outcome measures per participant (n = 109) was four. This contrasts with findings from Forsyth and Hamilton (2008) who found use of just three standardised measures by participants (n = 41) in Scottish and English social services settings. The most common standardised test in use by acute and community participants in Stapleton and McBrearty's (2008) study was the Folstein Mini Mental State Examination (Folstein *et al.*, 1975). Both the Rivermead Behavioural Memory Test (Wilson *et al.*, 1985) and the Chessington Neurological Assessment Battery (Tyerman *et al.*, 1986) were also reported as commonly and frequently used by social services staff in England and Scotland (Forsyth and Hamilton, 2008).

Factors affecting use

Use of outcome measures was noted to be a time pressure in social services settings in England and Scotland (Forsyth and Hamilton, 2008), and across in-patient health and community practice (Bowman, 2006; Stapleton and McBrearty, 2009). Similarly, the extra time needed for outcome measures was viewed as a time burden and necessitated more paperwork by UK community teams (Davis and Rodd, 2014; Caldwell *et al.*, 2015). However, following implementation of the Canadian Occupational Performance Measure (COPM) (Law *et al.*, 2005) by a UK equipment and adaptations service, the COPM was not seen as time consuming (Davis and Rodd, 2014) and could be integrated into existing paperwork. High referral rates, waiting lists and caseload demands in social services were noted to impact on services and use of measures (Forsyth and Hamilton, 2008; Stapleton and McBrearty, 2009).

In Bowman's (2006) Australian study, participants described anxiety in the need to measure their occupation-based intervention, as acute and community therapists viewed goals and outcomes broadly and had difficulty narrowing focus to measure complexity. Stapleton and McBrearty (2009) also found many outcome measures were not specific enough to measure the broad nature of occupational therapy in community and health settings in the Republic of Ireland. Furthermore, a range of measures may be needed across community settings, for example the COPM, as used by Caldwell *et al.* (2015).

Bowman (2006) found lack of knowledge was a barrier to outcome measure use in Australian hospital and community settings. Additionally, a multi-disciplinary frailty team in England (Coker *et al.*, 2019) found barriers to use of the Clinical Frailty Scale (Rockwood *et al.*, 2005), which included lack of knowledge, lack of consistency in scoring and a dislike of "pigeon holing" clients. Therapists need to balance time constraints to build knowledge and use outcome measures demonstrate the effectiveness of occupational therapy. Most respondents surveyed by Stapleton and McBrearty (2009) suggested standardised measures are time-consuming for busy settings with long waiting lists and large caseloads for practitioners to manage. Davis and Rodd's (2014) practice implementation of the COPM used a working group to support implementation. Providing positive COPM results to their team correlated with a "flood" of results to enter the database.

Forsyth and Hamilton (2008) found 24% of respondents in social services used evidence-based assessments in their work, compared to Stapleton and McBrearty (2009) who found 94% used standardised assessments in acute health and community practice. The emerging evidence reveals low use of standardised assessments or outcome measures in social services compared to acute health/community studies. Forsyth and Hamilton (2008) also recommended in their findings that social services should put in place evaluation processes to enhance and confirm efficacy.

Objectives

Limited contemporary research was found concerning current use of outcome measures in adult social care in the UK, suggesting it is an under-researched topic. The reasons for this are unclear in current climate of empowering career development in occupational therapy in adult social care (Bennett, 2023). Therefore, this study had two objectives, firstly, to explore the current range of outcome measures in use by occupational therapy staff in adult social care in the UK, and secondly, to explore factors affecting their use within the UK. All outcome measures cited in this study are referenced in Appendix.

Method

Study design

A broadly quantitative descriptive research design was chosen to provide defined data to meet the objectives of this study (Watson and Coombes, 2009). This study used a cross-sectional small-scale study using an online survey with occupational therapy staff across the UK.

Setting and participants

Purposive sampling was used to reach occupational therapy staff in UK adult social care settings, including reablement/housing/specialist equipment/major adaptation services. Exclusion criteria comprised health professionals working in acute physical/mental health/learning disability/education/care homes/paediatric settings. A Skills for Care workforce intelligence report (2020) estimated the number of OTs working in adult social care in England to be 3,500 which illustrates workforce size. The UK Health Research Authority ethics approval process was paused for master's degree studies during the Covid-19 pandemic, so direct recruitment to the study from adult social care departments was not possible. Therefore, the sample was recruited via use of the social media platform "Twitter". Twitter is a novel method to recruit participants, allowing researchers to reach large audiences beyond their own followers (Arigo *et al.*, 2018).

Occupational therapy staff who use Twitter for professional reasons may have a public or anonymous profile. If an occupational therapy practitioner wished to comment on the study tweet, or retweet with a message about the study, their profile and comment would be publicly acknowledged, and anonymity could not be guaranteed. Twitter users who responded to the study tweet are accountable to their workplace policy, and the HCPC (2017) standards of practice and the RCOT (2019b) social media guidance. Furthermore, in the new standards for occupational therapy practice, conduct and ethics (RCOT, 2021a) occupational therapy practitioners are accountable for their practice on social media. Anonymity and confidentiality for participants was explained in the Participant Information Sheet at the start of the survey.

The survey was released by the researcher (SD) from her professional Twitter account via a "tweet", containing the study link with supporting information attached. The Twitter function of "re-tweet" caused a snowball effect to occur to potentially widen the sample. As use of Twitter for recruitment is a non-probability method, to increase study feasibility the researcher also approached all 13 RCOT regional groups to request their agreement to retweet the study tweet to increase its visibility. Eight out of the 13 groups agreed to this. Sample size was unknown and difficult to predict for the online population. Sample size between 30 and 250 are frequent in social research (Denscombe, 2014) using a non-probability approach.

Data collection

An online survey was selected to meet the objectives of the research as it is a quick and easy data gathering method (Walliman, 2018). The survey was anonymised to protect participants and to promote honesty in responses. Microsoft Forms was used for the survey as it is compliant with General Data Protection Regulations (GDPR) (Data Protection Act, 2018) requirements. The survey link was embedded into the study tweet. The survey consisted of 38 open and closed questions, which aimed to elicit a range of responses providing nominal, discrete, categorical and qualitative data. Participants were questioned on region, role, years qualified and length of experience in adult social care. Topics included methods to measure outcomes, including key performance indicators (KPIs), and factors that facilitate and limit outcome measure use. The range of outcome measure and tools included in the survey were adapted from those in Stapleton and McBrearty's (2009) Republic of Ireland study as no subsequent studies were found.

Participant information and consent were embedded into the start of the Microsoft Forms survey. Participation was confidential, anonymous and voluntary. As an online survey was used, the ethical approval did not require separate written consent to be given by participants. Participants were permitted to continue with the survey if they clicked "yes" to "Have you read the Participant Information Sheet, the consent information and you consent to continue the study?" Ethical approval for the survey was given by the University of Derby (CREC ref: ETH2021-2581).

To reduce bias, as the researcher tweeted the study to her followers, existing rapport could cause participants to feel obligated to respond to the survey, causing risks of coercion. Therefore, to reduce this risk, the researcher did not actively use Twitter during the data gathering stage. Participants were asked on the survey to supply a six-digit number to enable the researcher to identify them if they wished to withdraw their data. A pilot survey was used among the post-registration student occupational therapy population at the research institution, but this achieved a nil response. To meet the study timeframe, the study tweet was released once a week by SD over a three-week period. Three weeks was seen as a realistic timeframe (Biggam, 2015) to allow a snowball effect to occur from the tweet. A direct message was sent on Twitter to the eight RCOT regional groups to ask them to re-tweet the study tweet.

Data analysis

Descriptive statistics to analyse nominal and ordinal data were used to provide a rigorous explanation of results regarding use of outcome measures. Quantitative analysis was supported by use of Excel version 2019. Free text data complemented the numerical data with descriptive richness and was analysed by the first author using Braun and Clarke's (2006) six-steps thematic analysis, which looks for themes and patterns in the data. The free text data produced would potentially support external validity and transferability of findings if the sample size was low.

Results

Study size

Of 25 original responses, 20 participants were eligible for inclusion in results; two respondents did not consent plus three were not practising in adult social care. Activity data were also collected from Twitter relating to the tweet engagement. Notably, at the end of the three-week data-collection period the three study tweets had 6,524 impressions (times people saw the tweets) and 299 total engagements (times people interacted with the tweets). Three RCOT regional groups retweeted the study tweet a total of five times during the data gathering period. As well as quantitative data, six themes were identified from the free text data including professional issues, outcome measure practice, selecting the appropriate measure, practical issues, improving services and training.

Roles, setting and experience

The 20 participants consisted of 19 qualified occupational therapists and one unqualified staff member. Most participants (65%) were from England, Wales 30% and Scotland 5%. No response was received from Northern Ireland. The most common client group was older adults (Table 1).

Most participants were practitioners (70%), managers/principal occupational therapists (30%) and most were qualified for between 6 and 20 years (Table 2).

The specialisms in which participants worked are detailed in Figure 1.

Other areas of work included: "service improvement quality and practice", "minor adaptations", "Maximising independence service", "Supporting hospital discharges" and "Prison social care".

Current outcome measurement practice

Outcomes in adult social care settings were found to be measured in a variety of ways. Informal approaches such as client feedback were in widespread use (75%), additionally local "homegrown" measures were used by 50%. Key performance indicators, which measure performance rather than outcomes, were used by over half of participants. On average, the participants used two of these methods each. A minority (15%) reported other methods for measuring interventions, including use of spreadsheets and the Adult Social Care Outcomes Framework (Dept of Health, 2013). Use of a profession-specific measure was rare. Most (70%) indicated they do not measure the effect of their interventions using a standardised measure of occupational performance. One participant used an outcome measure designed by an occupational therapist within their service.

Data from outcome measures was actively used to develop services by over 50%, with 75% finding outcome measure use is relevant to their practice. Support for outcome measures was split as 35% disagreed/strongly disagreed there is support from senior managers.

Table 1 Client group

Main client group	Frequency	%
Adults 18–64	5	25
Older adults age 65+	15	75
Children age 0–17	0	0

Source: Authors' own work

Table 2 Length of service in adult social care

Length of service (years)	Frequency	%
0–5	8	40
6–10	6	30
11–20	3	15
21–30	3	15
31+ years	0	0

Source: Authors' own work

Why measurement is necessary

Just under half (45%) confirmed outcome measure data was being used to improve services, with 50% indicating data was not being used or they did not know. A range of reasons were given for outcome measure data use; to improve services (45%), to obtain funding (30%), plus to demonstrate quality (45%) and for commissioning (55%). Participants indicated both client reported and therapist reported outcomes (65%) should be used in adult social care. No participants stated just therapist reported outcome measures should be used.

Participants indicated in open text that outcome measures are needed to improve and develop services and to support the need for more staff within services. The importance of evidencing need, for savings and admission avoidance, was highlighted:

> We want to be able to measure the effect of therapy…, engagement in therapy and satisfaction with therapy across the integrated system. We want to improve services based on outcomes (Principal occupational therapist service improvement).

Participants also described that outcomes should be reported to demonstrate professional achievement and for an evidence base, linked to professional reasoning and to evaluate impact of occupational therapy interventions:

> To improve the service for the person, to provide evidence base/best practice, to show impact/value of occupational therapy and raise the professional profile, to help the work more effectively, to support equipment and adaptation reasoning… (Occupational therapist adult social care).

Use of outcome measures was seen as important to demonstrate effective services for clients, for client centred practice, for achievable and realistic therapy goals and for the client to see their progress:

"*To ensure the highest standards of patient care, that the patient themselves feels like there has been an improvement, not just the service" (*Occupational therapist Reablement).

Named measures in use

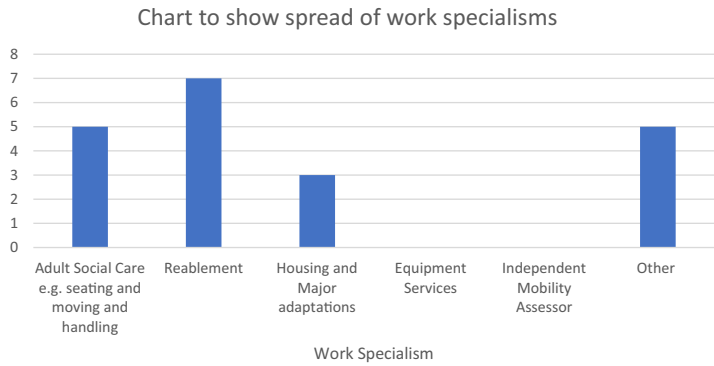
A range of 13 standardised tests and measures were noted as in use from the previous 12 months by 60% of participants (Figure 2).

Within the survey, participants could select all outcome measures used, including use of assessments within models [e.g. the Model of Human Occupation (MOHO) Kielhofner, 2008]. Half of participants specified at least one type of test or measure in use. A range of one to seven measures were in use by participants in half of the sample as one housing occupational therapist selected seven measures. The Therapy Outcome Measure (TOM) (Enderby and John, 2015) and Barthel Index (Mahoney and Barthel, 1965) outcome measures were most popular.

Factors facilitating outcome measure use in adult social care

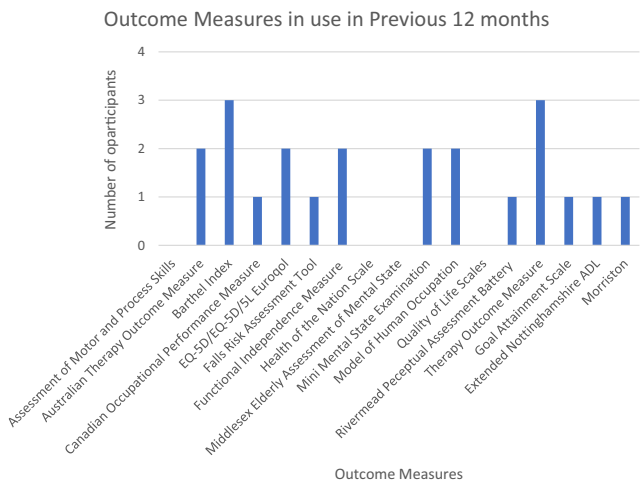
To improve services and to demonstrate accountability were seen as the most common factors that facilitate outcome measure use (Figure 3). Audit, benchmarking and continuing professional development (CPD) were also seen as facilitators by 45%. One participant indicated "self-driven" as facilitating use.

Figure 1 Work specialism



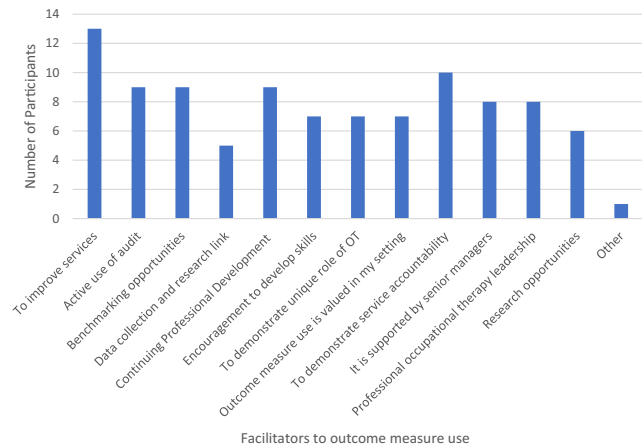
Source: Authors' own work

Figure 2 Outcome measures in use from previous 12 months



Source: Authors' own work

Figure 3 Factors facilitating use of outcome measures in adult social care



Source: Authors' own work

Thematic analysis related to facilitators was restricted due to the limited data available; however, time availability and costs were noted in the free text responses.

Factors limiting use outcome measures in adult social care

A wide range of factors limiting outcome measure use was noted (Figure 4). Demands of caseload and lack of a meaningful tool available in adult social care were highlighted by most participants. Difficulty measuring occupational performance and choosing a measure were also factors limiting use. Lack of confidence and difficulty in specifying client goals were seen as limiting factors by a minority.

Other limiting factors from the qualitative data related to analysis of data from outcome measures, managers preference, time factors and sensitivity of own measure and use of paper documents. A perceived lack of relevant outcome measures for safe hospital discharge was noted. Plus, managers without professional qualifications, who may be managing occupational therapy teams, was also noted as limiting use of outcome measures. Participants indicated the need for an effective and sensitive tool and breadth of role within adult social care caused obstacles with using outcome measures:

> "*One that fits in with role as we cover so many different aspects*," Occupational therapist Reablement.

The need for management direction was also cited: "*Lack of managers leading the way*" Occupational therapist Housing.

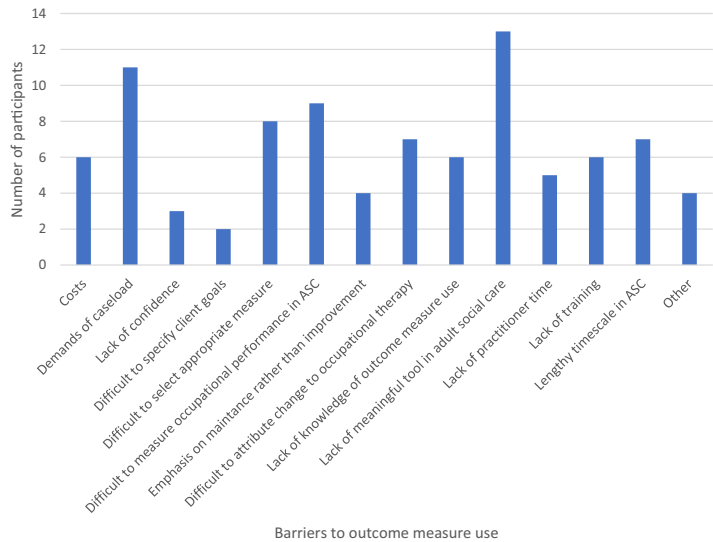
Occupational therapy in adult social care was also seen as misunderstood and under-valued in the adult social care setting:

> *Lack of understanding/value of occupational therapy by SMT (Senior management team). Focus is very much on social work with occupational therapy as an add on* (Occupational therapist adult social care).

Availability of therapist's time, their enthusiasm and motivation limited use of outcome measures were also evident in the qualitative data. A lack of occupational therapists questioning or driving the system to influence change from the bottom up with length of service and lack of CPD to drive change was also noted:

> Occupational therapy staff culture set in none improving, loss of CPD drive as been there considerable time. Lack of CPD opportunity if not a senior occupational therapist (Occupational therapist adult social care).

Figure 4 Factors limiting use of outcome measures in adult social care



Source: Authors' own work

Occupational therapists were also noted as being in generic roles such as arranging care packages, so outcome measure use was seen as difficult.

Discussion

The study objectives were firstly to explore the current range of outcome measures in use by occupational therapy staff in adult social care in the UK, and secondly, to explore factors affecting their use. Participants were mainly qualified occupational therapists (rather than managers), mainly from England, with 6–20 years of work experience in adult social care. In summary, results show wider use of informal methods of measuring outcomes among services, than use of standardised measures and tests. Use of a wide range of 13 measures by half the sample was reported, but use of occupational performance measures was rare. Participants clearly understood the importance of measuring outcomes and reported a wide range of facilitators for use, such as service improvement and accountability, and limitations to use, including demands of caseload and lack of a meaningful tool.

Overall use of outcome measures

Use of an outcome measure by only half the sample in this study over the previous 12 months could be considered low. Half of all participants used at least one outcome measure or standardised test in the previous 12 months, which compares to 94% (n = 103) in Stapleton and McBrearty's (2009) acute/community study, set in the Republic of Ireland. The mean number of outcome measures in common use in their study was four per participant. This highlights the practice change needed as professional standards expect all occupational therapists to use outcome measures (RCOT, 2021a; HCPC, 2013). Potential reasons for these barriers included costs and training, also raised by Duncan and Murray (2012) and Coker *et al.* (2019).

The data collection phase (July 2021) occurred during the Covid-19 pandemic, but this was not cited by participants as a factor in reducing or supporting use of outcome measures. However, their use may have decreased during the acute response phases to the pandemic, as practice priorities by NHS and social care staff shifted from gathering data to supporting hospital colleagues in intensive care work (Reese *et al.*, 2021), or moving medically well in-patients back into their community settings at pace. Increased use of outcome measures may now be evident as the pandemic no longer constitutes a global health emergency (World Health Organisation, 2023), but this topic would need further study.

Range of outcome measures in use

Contrasts are noted with Stapleton and McBrearty (2009), who identified a wider range (40) of standardised assessments/outcome measures in acute health/community settings. Thirteen outcome measures were identified as in use in the previous 12 months by participants in this study, markedly different to Forsyth and Hamilton's (2008) study, whose larger social services sample identified a narrower range (3), potentially suggesting growth over the past decade. The RCOT outcome measure guidelines (2015), progress towards integration or increased emphasis on quality may have facilitated this increase. Integration between health and social care sectors may also prompt use of appropriate measures (Kelly *et al.*, 2020). However, integration of services is at different stages across the UK as different budgets, legal and cultural frameworks exist (Glasby, 2017), which may impact on use of measures.

The TOM (Enderby and John, 2015) was identified as a popular measure in the broad social care setting. The TOM measures four domains of impairment, activity, participation and well-being. The activity domain strongly relates to the central tenet of occupational therapy knowledge (RCOT, 2021a). The well-being domain aligns to the principle of well-being to which occupational therapists have a statutory duty

under the Care Act (DHSC, 2014). This may partly account for its popularity in this study but would require further investigation. Well-being of carers can also be scored using the TOM, this may also account for its regard in social care, which seeks to address the needs of carers under the Care Act. The Barthel Index (Mahoney and Barthel, 1965) was cited as used in this study, and also found to be in use in social services (Boniface *et al.*, 2013). This consists of ten items to measure a person's baseline performance in activities of daily living (ADL). From the range of measures available, both the TOM and Barthel are found to be compatible for use in adult social care if manager support for training and costs are made available.

Professional and service delivery aspects

Use of KPI's, client feedback, locally produced measures and spreadsheets to improve service provision were found to be popular ways to measure outcomes and performance. Similar results by Bowman (2006) and Davis and Rodd (2014) found occupational therapists use informal methods to determine service performance or client's functional improvement. However, use of local measures has been labelled as reinventing the wheel (Laver-Fawcett and Cox, 2021) when standardised measures are available.

Difficulty with choosing measures and measuring the breadth of occupational therapy in adult social care, which covers the broad scope of society and wider determinants of health was found. Outcome measures using the social model of disability (Oliver, 1990), in the wide remit of this setting may be applicable, compared to measures concerned with the medical model of health, which has a narrower focus on disease and illness (Farre and Rapley, 2017). There is a perceived lack of a meaningful tool in this broad setting, and measurement of the breadth of work was found to be difficult, which suggests scope for development of outcome measures across adult social care specialisms.

Recommendations for major adaptations are a key area of focus for occupational therapists within housing in adult social care settings. Participants noted the difficulty with measuring outcomes before and after major adaptations, potentially due to lengthy timescales and referring into council adaptations or home improvement agencies. This supports Heaton and Bamford's (2001) findings, which highlighted the problem of when to measure and incompatibility of measures between hospital and home.

The importance of client reported outcomes alongside the therapists was also found. Enabling the client voice in the adult social care setting is key for service improvement and client centred care is a professional value. Partnering with people's lived experience can help shape service direction (Kings Fund, 2023) and needs to be prioritised when advancing the use of outcome measures within social care.

Although outcome measure use was seen as needed to improve services, participants reported a lack of senior manager support due to "*Lack of managers leading the way*". Professional status of social care managers has been raised in this study as a barrier to using outcome measures. Principal occupational therapist roles (Local Government Association, 2022) are increasing in local authorities. A core role of principal occupational therapists is to "Quantify and evidence the profession's impact and effectiveness" (RCOT, 2021b, p. 8), which facilitates use of outcome measures within services. Where principal leadership roles are in development, occupational therapists can alternatively access advice through their professional body. To enable practice change, professional leadership was found in this study to be a support for outcome measure use.

The use of an occupational therapy specific tool can support the professional evidence base (Unsworth, 2017); however, some measures used in this study are standardised tests or outcome measures that do not specifically measure occupational performance. This study indicated low use of occupation specific outcome measures, as most participants reported non-use of a standardised measure of occupational performance in their setting, for example, the COPM was selected by one respondent in the previous 12 months. Occupational performance was seen as difficult to measure in this statutory led and broad setting where participants noted their generic roles impacted on outcome measure use. Lack of use of occupation specific measures limits the profession in demonstrating its unique contribution and its occupation-based outcomes.

Practitioners specified the breadth of role in adult social care limited use of measures, plus lack of a meaningful tool was seen as the main barrier. These findings are important for the profession and social care settings; for some, occupational therapy is too broad to measure, and the outcome measures available are not client-centred or specific enough to measure its breadth. Training was also found to be a facilitator of outcome measure use, which supports Cook *et al.*'s (2007) findings that outcome measure uptake increased after training, indicating the importance of prioritising professional development and learning. This, alongside professional leadership, is seen as important in increasing the use of occupation-based outcome measures with adult social care.

To enable practice change, professional leadership was found in this study to be a support for outcome measure use.

Strengths

This study is the first in recent years to scope use of outcome measures across occupational therapy adult social care settings. Further strengths of this original study include most participants were qualified as occupational therapists for over 11 years and had between 6 and 20 years' experience in adult social care which adds value to this study. The contemporary findings of outcome measure use are of worth to occupational therapists working in adult social care to promote practice in this area.

Limitations

The main limitation of this study is the small sample size, and therefore, the results should be interpreted with caution. It is not possible to establish how many UK occupational therapists in adult social care use Twitter to determine a response rate; therefore, a representative sample was difficult to achieve via Twitter, as recruitment depended on active use of Twitter accounts. Occupational therapy staff who do not use Twitter were excluded from participating, indicating sample bias; however, use of Twitter did facilitate simple recruitment.

Three regional groups retweeted the study out of the original eight who agreed to this. The use of only one social media method also limited the study reach to potential participants. External validity of these results is low due to the small sample size.

Conclusion

This small-scale study has yielded an overview of how outcomes are measured in occupational therapy adult social care settings. Outcomes are clearly measured informally in this sector and not usually through a standardised outcome measure. Measures of occupational performance are rarely used in this broad setting, but the TOM and Barthel Index are found to be popular and relevant. Suitability and use of existing outcome measures to evaluate occupational performance should be considered by leaders in this sector. Client-reported outcomes are also recommended alongside therapist reported measures. Strategic leaders should facilitate time, training and investment towards enabling therapists to use outcome measures to demonstrate occupation-based values and add the professional occupational therapy voice in social care. These findings merit deeper exploration of the structural factors within the UK social care environment to enable use of meaningful outcome measures.

References

Arigo, D., Pagoto, S., Carter-Harris, L., Lillie, S.E. and Nebeker, N. (2018), "Using social media for health research: methodological and ethical considerations for recruitment and intervention delivery", *Digital Health*, Vol. 4, pp. 1-15.

Bennett, C. (2023), "How do we develop our career in social care in England?", OTNews March 2023.

Biggam, J. (2015), *Succeeding with Your Masters Dissertation*, Maidenhead McGraw-Hill.

Boniface, G., Mason, M., Macintyre, J., Synan, C. and Riley, J. (2013), "The effectiveness of local authority social services' occupational therapy for older people in great Britian: a critical literature review", *British Journal of Occupational Therapy*, Vol. 76 No. 12, pp. 538-547.

Bowman, J. (2006), "Challenges to measuring outcomes in occupational therapy: a qualitative focus group study", *British Journal of Occupational Therapy*, Vol. 69 No. 10, doi: 10.1177/030802260606901005.

Braun, V. and Clarke, V. (2006), "Using thematic analysis in psychology ", *Qualitative Research in Psychology 2206*, Vol. 3 No. 2, pp. 77-101, doi: 10.1191/1478088706qp063oa.

Caldwell, C., Twelvetree, T. and Cox, D. (2015), "An evaluation of therapy outcome measures (TOM) in community rehabilitation", *International Journal of Therapy and Rehabilitation*, Vol. 22 No. 7, pp. 310-319, doi: 10.12968/ijtr.2015.22.7.310.

Coker, J.F., Martin, M.E., Simpson, R.M. and Lafortune, L. (2019), "Frailty: an in-depth qualitative study exploring the views of community care staff", *BMC Geriatrics*, Vol. 19 No. 1, p. 47, doi: 10.1186/s12877-019-1069-3.

Cook, C., McCluskey, A. and Bowman, J. (2007), "Occupational therapists report increased use of outcome measures after participation in an education programme", *British Journal of Occupational Therapy*, Vol. 70 No. 11, pp. 487-492, doi: 10.1177/030802260707001107.

Data Protection Act (2018), "[Online] London the stationary office ", available at: www.legislation.gov.uk/ukpga/1998/29/contents (accessed 26 June 2023).

Davis, R. and Rodd, R. (2014), "Proving the effectiveness of community occupational therapy in the equipment and adaptation setting using the Canadian occupational performance measure", *British Journal of Occupational Therapy*, Vol. 77 No. 2, pp. 91-95, doi: 10.4276/030802214x13916969447236.

Denscombe, M. (2014), *The Good Research Guide*, 5th Ed., Berkshire Open University Press.

Department of Health and Social Care (2014), "Care act", available at: www.legislation.gov.uk/ukpga/2014/23/contents/enacted (accessed 26 June 2023).

Dickinson, H. and O'Flynn, J. (2016), *Evaluating Outcomes in Health and Social Care*, 2nd ed., Bristol Policy Press.

DOH (2013), "The adult social care outcomes framework 2014/15", Dept of Health, London.

Duncan, E.A.S. and Murray, J. (2012), "The barriers and facilitators to routine outcome measurement by allied health professionals in practice: a systematic review", *BMC Health Services Research*, Vol. 12 No. 1, p. 96.

Enderby, P. and John, A. (2015), *Therapy Outcome Measure for Rehabilitation Professionals*, Guildford J&R Press.

Farre, A. and Rapley, T. (2017), "The new old (and old new) medical model: four decades navigating the biomedical and psychosocial understandings of health and illness ", *Healthcare*, Vol. 5 No. 4, p. 88, doi: 10.3390/healthcare5040088.

Folstein, M.F., Folstein, S.E. and McHugh, P.R. (1975), "Mini-Mental state: a practical method of grading the cognitive state of patients for the clinician", *Journal of Psychiatric Research*, Vol. 12 No. 3, pp. 189-98, doi: 10.1002/(sici)1099-1166(199805)13:5%3C285::aid-gps753%3E3.0.co;2-v.

Forsyth, K. and Hamilton, E. (2008), "Social services occupational therapists' views of practice and integration with health: a survey", *British Journal of Occupational Therapy*, Vol. 71 No. 2, pp. 64-71, doi: 10.1177/030802260807100205.

Francis, R. (2013), "Report of the mid Staffordshire NHS foundation trust public inquiry. The stationary office", available at: www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry (accessed 20 January 2023).

Glasby, J. (2017), "The holy grail of health and social care integration", *BMJ*, Vol. 356, pp. j801, doi: 10.1136/bmj.j801.

Health and Care Professions Council (HCPC) (2013), "Standards of proficiency occupational therapists", available at: www.hcpc-uk.org/standards/standards-of-proficiency/occupational-therapists/ (accessed 26 June 2023).

Health and Care Professions Council (HCPC) (2017), "Using social media London HCPC", available at: www.hcpc-uk.org/standards/meeting-our-standards/communication-and-using-social-media/guidance-on-use-of-social-media/ (accessed 20 January 2023).

Heaton, J. and Bamford, C. (2001), "Assessing the outcomes of equipment and adaptations: issues and approaches ", *British Journal of Occupational Therapy*, Vol. 64 No. 7, pp. 346-356, doi: 10.1177/030802260106400705.

Heenan, D. and Birrell, D. (2009), "Organisational integration in health and social care: some reflections on the Northern Ireland experience", *Journal of Integrated Care*, Vol. 17 No. 5, pp. 3-12, doi: 10.1108/14769018200900032.

Kelly, L., Harlock, J., Peters, M., Fitzpatrick, R. and Crocker, H. (2020), "Measures for the integration of health and social care services for long term health conditions: a systematic review of reviews BMC ", *BMC Health Services Research*, Vol. 20 No. 1, p. 358, doi: 10.1186/s12913-020-05206-5.

Kielhofner, G. (2008), *Model of Human Occupation: theory and Application*, Lippincott Williams & Wilkins., Baltimore, MD.

Kings Fund (2021), "Key facts and figures about adult social care", available at: www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care (accessed 26 June 2023).

Kings Fund (2023), "Our work on the role of patients and public in health and care and service design", available at: www.kingsfund.org.uk/topics/patient-involvement (accessed 26 June 2023).

Laver-Fawcett, A.J. and Cox, D.L. (2021), *Principles of Assessment for Allied Health Professionals*, 2nd Edition. Chichester Wiley.

Law, M., Baptiste, S., Carswell, A., McColl, M.A., Polatajko, H. and Pollock, N. (2005), *Canadian Occupational Performance Measure*, 4th ed., CAOT Publications., Toronto ON.

Local Government Association (2022), "The LGA standards for employers of occupational therapists in England 2022", available at: www.local.gov.uk/our-support/workforce-and-hr-support/social-workers/lga-standards-employers-occupational-therapists (accessed 26 June 2023).

Mahoney, F.L. and Barthel, D. (1965), "Functional evaluation: the Barthel index", *Maryland State Medical Journal*, Vol. 14, pp. 56-61.

Oliver, M. (1990), *The Politics of Disablement*, London MacMillan Education.

Reese, S.M., Johnson, J.J., Edwards, J., Oliveti, M. and Buszkiewic, S. (2021), "Innovative partnership between nurses and therapists to care for patients with COVID-19", *Critical Care Nurse*, Vol. 42 No. 1, doi: 10.4037/ccn2021152.

Rockwood, K., Song, X., MacKnight, C., Bergman, H., Higan, D.B., McDowell, I. and Minitshi, A. (2005), "A global measure of fitness and frailty in elderly people ", *Canadian Medical Association Journal*, Vol. 173 No. 5, pp. 489-95, doi: 10.1503/cmaj.050051.

Royal College of Occupational Therapists (RCOT) (2016), "Care act 2014 guidance for occupational therapists wellbeing. RCOT London", available at: www.rcot.co.uk/practice-resources/rcot-publications/downloads/care-act-2014-wellbeing (accessed 26 June 2023).

Royal College of Occupational Therapists (RCOT) (2019a), "Relieving the pressure on social care-the value of occupational therapy RCOT London", available at: www.rcot.co.uk/files/occupational-therapy-improving-lives-and-saving-money-public-purse (accessed 26 June 2023).

Royal College of Occupational Therapists (RCOT) (2019b), "Promoting occupational therapy using social media ", available at: www.rcot.co.uk/promoting-occupational-therapy/using-social-media (accessed 26 June 2023).

Royal College of Occupational Therapists (RCOT) (2021a), "Professional standards for occupational therapy practice, conduct and ethics", London RCOT, available at: www.rcot.co.uk/practice-resources/rcot-publications/downloads/rcot-standards-and-ethics (accessed 26 June 2022).

Royal College of Occupational Therapists (RCOT) (2021b), "Principal occupational therapists in adult social care services in England: roles and responsibilities", London RCOT, available at: www.rcot.co.uk/principal-occupational-therapists-adult-social-care-services-england (accessed 26 June 2023).

Skills for Care Workforce Intelligence report (2020), "The size and structure of the adult social care sector and workforce in England", Leeds. Skills for Care.

Stapleton, T. and McBrearty, C. (2009), "Use of standardised assessments and outcome measures among a sample of Irish occupational therapists working with adults with physical disabilities ", *British Journal of Occupational Therapists*, Vol. 72 No. 2, pp. 55-64, doi: 10.1177/030802260907200203.

Tyerman, R., Tyerman, A., Howard, P. and Hadfield, A. (1986), "Chessington OT neurological assessment battery Ashby de la Zouch Leics: Nottingham rehab".

Unsworth, C.A. (2017), "Review papers: getting the best occupational therapy evidence into practice", *Editorial. British Journal of Occupational Therapy*, Vol. 80 No. 3, pp. 143-144, doi: 10.1177/0308022616688702.

Walliman, N. (2018), *Research Methods the Basics*, 2nd Ed., Routledge., London.

Watson, M. and Coombes, L. (2009), *In Neale J (Ed) (2009) Research Methods in Health and Social Care*, Palgrave MacMillan., Basingstoke.

Wilson, B., Cockburn, J. and Baddeley, A. (1985), *The Rivermead Behavioural Memory Test (RBMT) Bury St Edmunds*, Thames Valley Test Company.

World Health Organisation (2023), "End to covid-19 as a global health emergency", available at: www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic (accessed 26 June 2023).

Appendix. List of standardised measures cited in study (*listed in survey question)

*AMPS** Assessment of Motor and Process Skills. Fisher AG (1997) Multi-faceted measurement of daily task performance; conceptualizing a test of instrument ADL and validating the additional personal ADL tasks. Physical Medicine and Rehabilitation State of the Art Review 11 (2) 289–303.

*AusTOMs** Australian Therapy Outcome Measure. Unsworth CA, Duncombe D (2004) AusTOMs for Occupational Therapy Melbourne Australia.

*Barthel Index** Mahoney FL, Barthel D (1965) Functional evaluation: the Barthel Index. *Maryland State Medical Journal* 14, 56–61.

Clinical Frailty Scale. Rockwood K, Song X, MacKnight C, Bergman H, Higan DB, McDowell I, Minitshi A (2005) A global measure of fitness and frailty in elderly people173: 489–95.

*COPM** Canadian Occupational Performance Measure. Law M, Baptiste S, Carswell A, McColl MA, Polatajko H, Pollock N (2005) Canadian Occupational Performance Measure 4th ed. Toronto ON: CAOT Publications.

COTNAB Chessington Occupational Therapy Neurological Assessment Battery. Tyerman R, Tyerman A, Howard P, Hadfield A (1986) Chessington OT Neurological Assessment Battery Ashby de la Zouch Leics: Nottingham Rehab.

*EQ-5D/EQ-5D-5L** Euro-Qol instrument for measuring quality of life. EuroQol European Quality of Life Instruments Available at: www.euroqol.org/publications/key-euroqol-references/eq-5d-5l

*FIM** Functional Independence Measure. Uniform Data System for Medical Rehabilitation (UDSMR) (1999) Functional Independence Measure (FIM) New York UB Foundation Activities INC.

*FRAT** Falls Risk Assessment Tool (NICE National Institute for Clinical Excellence Guideline 161) NICE (2019). Falls Risk Assessment Tools Available at: www.cks.nice.org.uk/topics/falls-risk-assessment/ Accessed 25/05/2022.

GAS Goal Attainment Scaling. Kiresuk TJ, Smith A, Cardillo J (2014) *Goal attainment scaling: Applications, Theory and Measurement*. New Jersey Lawrence Erlbaum Associates Inc.

*HONOS** Health of the Nation Outcome Scales. Royal College of Psychiatrists (2018) Health of the Nation Outcome Scales Available at: www.rcpsych.ac.uk/events/in-house-training/health-of-nation-outcome-scales accessed 25/02/2023.

*MEAMS** Middlesex Elderly Assessment of Mental State. Golding E (1989) Middlesex Elderly Assessment of Mental State (MEAMS) Bury St. Edmunds Thames Valley Test Company.

*MMSE** Mini Mental State Examination. Folstein MF, Folstein SE, McHugh PR (1975) Mini-Mental State: a practical method of grading the cognitive state of patients for the clinician. Journal of Psychiatric Research 12 189–98.

*MOHO** Model of Human Occupation. Kielhofner G (2008) *Model of human occupation: theory and application*. Baltimore, MD, Lippincott Williams & Wilkins.

MOTOM Morriston Occupational Therapy Outcome Measure. James S, Corr S (2004) The Morriston occupational therapy outcome measure (MOTOM): Measuring what matters *British Journal of Occupational Therapy* 67 (5) 210–216.

NEADL Nottinghamshire Extended Activities of Daily Living. Nouri FM, Lincoln NB (2007) *The Nottinghamshire Extended Activities of Daily Living*. University of Nottingham.

*QALYs** Quality of Life Scales. Fanshel S, Bush JW (1970) A status index and its application to health service outcomes. Operational Research 18 1021–66.

RBMT Wilson B, Cockburn J, Baddeley A (1985) The Rivermead Behavioural Memory Test (RBMT) Bury St Edmunds: Thames Valley Test Company.

*RPAB** Rivermead Perceptual Assessment Battery. Whiting S, Lincoln NB, Bhavnani G, Cockburn J (1985) The *Rivermead Perceptual Assessment Battery* Windsor NFER: NELSON.

*TOM** Therapy Outcome Measure Enderby P, John A (2019) Therapy Outcome Measure for Rehabilitation Professionals Guildford J&R Press.

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