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Staff experiences working in community based services for people with learning disabilities who show behaviour described as challenging: the role of management support

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The data that support the findings of this study are available from the corresponding author upon reasonable request.

Accessible summary

- We looked at staff working with people with a learning disability and challenging behaviour. We tried to find out if managers' help their staff to work better. .

- We looked at how often staff saw their manager and if their manager tried to help t staff to work better or spent more time doing office work.

- We found out that when managers helped staff to work better, staff feel better about their work. Even when staff did not see their manager very often other staff were helping them to do their work better.

- Organisations need to decide who will   help staff to work better, this will also help staff to feel better about their work. .

Abstract

Introduction: Research has shown a positive relationship between practice leadership (frontline management focused upon supporting staff to work better) and better staff experiences of working with people with learning disabilities who may show challenging behaviours. However, little is known regarding the impact of frequency and accessibility of frontline managerial support upon staff experiences, or upon the provision of practice leadership. Current policy and practice in England may lead to frontline managers being responsible for more fragmented services, thus influencing the accessibility of managerial support and practice leadership for staff. The current study investigated the impact on staff experiences of: frequency of contact with service manager and of practice leadership.

Methods: A single point in time survey of 144 staff measured: characteristics of service users, frequency of contact with manager, practice leadership and staff experiences e.g. burnout, teamwork and job satisfaction.

Results: Practice leadership was positively associated with more frequent contact with the manager. Better staff experiences were associated with more frequent contact with the manager and practice leadership and negatively with challenging behaviours.

Conclusion: The associations between practice leadership, manager contact and better staff experiences suggests further research and organisational action is needed to provide management support for staff.

Keywords: practice leadership, management, challenging behaviour, intellectual disabilities, staff experiences, staff support

Introduction

Around 10-15% of people with intellectual disabilities exhibit challenging behaviours, including self-injury, physical aggression and property destruction (Emerson, 2001). Direct support staff (staff) are essential to the provision of good quality support for people with intellectual disabilities exhibiting challenging behaviours (Department of Health, 2007; Mansell et al., 2008; Reid et al., 2005). However, working with people with intellectual disabilities who exhibit challenging behaviour is associated with negative experiences for staff which may adversely influence their willingness and ability to provide good quality support. Such negative experiences include, for example, difficult emotional responses and 'burnout' (Heyveart et al., 2015; Rose et al., 2004). Such experiences may

contribute to stress, burnout and high levels of turnover, and be exacerbated by poor training and management support (Hatton et al., 1999; Rose et al., 2004). In addition, a range of negative emotional and cognitive variables have been shown to mediate the relationship between burnout and challenging behaviours e.g. anger and fear (Mitchell & Hastings, 2001; Mills & Rose, 2011) and 'fear of assault' (Rose et al., 2013). Support from immediate co-workers and *especially* the first line manager is important in ameliorating such negative experiences (Rose et al., 2004; Hatton et al., 1999). Also important in reducing negative experiences for staff is a particular style of frontline management, practice leadership (Deveau & McGill, 2014 & 2016a).

Practice leadership (PL) has been defined (and measured) as the development and maintenance of good staff support for service users through managers:

- Spending time observing staff work; providing feedback, modelling good practice and problem solving;
- Providing staff with regular one-to-one supervision and team meetings focussed upon improving service user engagement in meaningful activities and relationships (Beadle-Brown et al., 2014).

In England, registered managers (RM; also referred to as e.g. service managers or home managers) responsible for the day-to-day care of people in staffed residential services are registered by the Care Quality Commission. RM are responsible for deploying, developing and monitoring the support provided by staff and supporting staffs' health and well-being. The work of RM covers a wide range of managerial roles, only some of which include providing practice leadership to support staff to improve their practice (Beadle-Brown et al., 2006; Hewitt et al., 2004; Clement & Bigby, 2012). One

focus for supporting staff to improve their practice is called 'active support' which focuses on staff increasing service user engagement and choice in everyday meaningful activities in ordinary homes and communities (Beadle-Brown et al., 2014). In England there has been a recent trend towards the RM having responsibility for an increased number of residential sites. This reflects both funding pressures, leading to an attempt to reduce the number of higher paid managerial roles (e.g. Bradshaw et al., 2018) and initiatives towards greater individual planning for services (e.g. Voluntary Organisations Disability Group, 2018). This trend may be problematic for the time available for RM to directly supervise and support staff and to provide practice leadership.

The presence of, and contact with managers directly supervising and supporting staff to develop and improve their working practices is broadly recommended by a variety of practitioners and authorities (e.g. Reid & Parsons, 2002; Clement & Bigby, 2010; Department of Health, 2007). One recent study suggests that the physical presence of the manager/supervisor (in a residential setting) is related to implementation of good staff support (Bould et al., 2016). In addition, qualitative research exploring the role of managers providing practice leadership for staff working with people who show behaviour described as challenging shows RM focusses upon personal observation and interaction between staff and RM (Deveau & McGill 2016b). Whilst increasing evidence and commentary supports the importance of frontline managers being present where the work is carried out and providing PL, little is known about how frequent this should be day-to-day or how this frequency relates to practice leadership (Stancliffe et al., 2008; Clement & Bigby, 2010).

Therefore, this study aimed to investigate the self-reported experiences of staff working with people who may show behaviour described as challenging, and contact with RM and receipt of PL. The research questions were:

1. Are better staff experiences of working with people with intellectual disabilities and challenging behaviours positively associated with contact with RM and of PL?

2. Is frequency of contact with RM related to practice leadership?

Method

A single point in time survey was conducted with a purposive sample of staff working with people with intellectual disabilities, who have exhibited behaviours described as challenging, living in group homes in the community.

Participants and organisations

420 questionnaires were distributed and 144 returned, the total response rate of 34.3%, varied from 62.0% to 15.0% across seven different organisations. The organisations operated as either charities (three) or private (four) and varied in size from providing for around 2,000 service users to around 100 service users. All the organisations provided support for people with learning disabilities in a range of community based services, including domestic style homes (for one or two people) to large group home residences for up to twenty two people. Twenty eight percent (n=40) of participants were male, the majority female, average age was 36 years and 78.3% (n=112) of White British ethnicity. Eighty percent of participants worked fulltime as support workers or senior support workers, the remainder as team leaders or assistant/deputy managers. Participants had worked in intellectual disability services for an average of 5.7. years and their current service for 3.5 years.

Procedure

Ethical approval for this study was provided by the Tizard Centre, University of Kent. Senior managers of seven organisations providing residential services for people with learning disabilities based in England were asked to select staff from group homes for people who may present challenging behaviours. To ensure a range of RM roles, managers were asked to include staff who worked in single person services and in group homes. Managers selected which services to include and distributed questionnaire packs which contained: the questionnaire, participant information sheet, consent form and a stamped, addressed envelope for return to the first author. Participation was anonymous but organisations were offered feedback on 'their' aggregate results.

Measures

Participant characteristics

Staff demographics: age, gender, employment role, ethnic background, length of time working with people with learning disabilities and time working in the current service.

Service users: presence of challenging behaviour

The presence of challenging behaviour in the setting were collected by respondents recording number of service users supported in the work setting and the number that showed challenging behaviours.

The perceived severity of challenging behaviour was collected using a brief rating scale (CB; McGill et al., 2006) has ten items, scored from 0 = behaviour absent 1 = causes a Minimal problem to 5=

causes a Serious problem.   Participants were asked to relate this item to the 'most challenging

person you support'. Responses were aggregated into a challenging behaviour (severity) total score.

RM contact and practice leadership

Contact with registered manager: was devised for this study using a single item, 'how often do you

see the CQC registered service manager 'on the floor'? Responses were collected on a six point scale

from 'several times a day' to 'rarely to never' with higher scores indicating more contact with RM.

The Practice Leadership measure Beadle-Brown et al. (2014) contained 16 items, some scored on a

five point scale e.g. "Does your line manager give you constructive feedback in supervision on how

you support service users?" from 'always' to 'never'. Other items were scored 1 or 0 e.g. " In a

typical team meeting which of the following do you discuss: paperwork records and admin,

supporting service users to participate in activity, health care and safety of service users, housework

and smooth running of the home". The maximum total PL score is 66 with higher scores indicating

better PL. The internal consistency and test-retest reliability of the PL measure have been reported

as acceptable (Mansell et al., 2008; Beadle-Brown et al., 2014).

Staff work experiences

Likelihood of leaving current employment: within the next twelve months, a single item, scored on a

five point scale with higher scores indicating less likelihood of leaving.

Copenhagen Burnout Inventory (Kristensen, et al., 2005): seven items e.g. "Is your work emotionally

exhausting" scored on a five point scale with higher scores indicating greater stress. The

Copenhagen Burnout Inventory is reported to have acceptable internal consistency and criterion

validity e.g. Milfont et al. (2008).

Recognition and Incentives, four items from the Staff Experiences and Satisfaction Questionnaire (SESQ; Beadle-Brown et al., 2014) e.g. "My manager only gives me feedback when I have done something wrong" scored on a five point scale with higher scores indicating better recognition and incentives for work. The Cronbach's alpha of 0.756 shows acceptable internal consistency.

Overall job satisfaction: a single item, scored on a five point scale higher scores indicating higher satisfaction.

The Teamwork measure: six items from the SESQ was scored on a five point scale with higher scores indicating better teamwork. The teamwork measure has been reported as having acceptable test-retest reliability and internal consistency (Mansell et al., 2008).

Difficult behaviour Self-efficacy (DBSE; Hastings & Brown, 2002) has five items scored on a seven point sale with higher scores indicating greater staff self-efficacy in managing challenging behaviours. The DBSE is reported to have acceptable validity and reliability (Cuesta- Vargus et al., 2013). The DBSE showed no significant correlations with RM contact, PL or challenging behaviour and omitted from subsequent analysis.

Trust in manager: four items from the Freeman Management scale (Freeman, M. unpublished thesis, cited in Carpenter, et al., 2000) scored on a four point scale with higher scores indicating greater trust. Internal consistency for the full Freeman Management scale is reported as acceptable (Mansell et al., 2008; Beadle-Brown et al., 2014). Internal consistency for the four item Trust in Manager for this sample was good with Cronbach's alpha .821.

Data analysis

Data was entered onto computer programme SPSS version 22. The data was analysed and reported at the individual participant level. Mostly descriptive data is reported, correlation analysis of ordinal data used rank order correlation. In view of the number of calculations performed a significance value of $p < 0.01$ was set.

Results

The participants worked in community based services and supported mean 5.5 (sd4.3) mode 3.0 service users, with an average of 1.0 (sd0.3) reported to show challenging behaviours. Twenty percent of participants (n=29) worked in services with 1 or 2 service users and fourteen percent (n=20) worked in services with more than 10 service users. Table 1 shows that increased perceived severity of the most challenging service user was positively related to poorer staff experiences. That is, working with more severe challenging behaviours was associated with: greater burnout, lower job satisfaction and more likely to leave their job in the next twelve months. However, challenging behaviour severity was not significantly associated with trust in manager, teamwork or recognition and incentives. The perceived severity of challenging behaviours was not significantly related to contact with RM or with PL.

Table 1. Staff experiences and severity of challenging behaviour

Staff experience measure: Total score (range) mean/SD	CB severity total scores: Rho., P value
Trust in manager: (4-16) 13.7/2.2	-.087. ns
Team work: (5-25) 17.9/4.6	-.114 ns
Recognition & incentives: (4-20) 15.1/3.0	-.127 ns
Overall job satisfaction: (1-5) 3.9/1.0	-.366 p<0.001
Likelihood to leave: (1-5) 3.8/1.2	-.227 p<0.01
Burnout: (7-35) 17.5/6.1	.357 p<0.001

Note: n varied between 140 and 144

Note: mean challenging behaviour severity total score (score range 0-50) for the most challenging service user was 25.3 (sd. 9.4)

Research question 1. Are better experiences for staff working with people with learning disabilities and challenging behaviours positively associated with contact with RM, and/or with PL?

Table 2 shows that both, more contact with RM and receiving greater PL are associated with a range of better experiences for staff; with the exception of RM contact with teamwork. The other measures of staff experiences demonstrated a similar direction of beneficial relationships, for both greater RM contact and PL. Effect sizes were mostly small with moderate effect sizes (correlation >0.5) for PL and trust in manager and recognition & incentives. Generally, correlations were larger with PL than with RM contact.

Table 2. Correlations between staff work experiences, manager contact and PL

Staff experience measure: Total score (range) mean/SD	Manager contact: Rho. P value	PL total scores: Rho. P value
Trust in manager: (4-16) 13.7/2.2	.252 p<0.01	.617 p<0.001
Team work: (5-25) 17.9/4.6	.039 ns	.224 p<0.01
Recognition & incentives: (4-20) 15.1/3.0	.318 p<0.001	.501 p<0.001
Overall job satisfaction: (1-5) 3.9/1.0	.423 p<0.001	.445 p<0.001
Likelihood to leave: (1-5) 3.8/1.2	.259 p<0.01	.355 p<0.001
Burnout: (7-35) 17.5/6.1	-.388 p<0.001	-.375 p<0.001

Note: N varied between 141 & 144

Research question 2. Is frequency of contact with RM related to practice leadership?

Frequency of RM contact was positively correlated with PL (Rho .420 p<. 0.01) showing that more frequent RM contact was associated with greater PL. Overall, the PL total score for all participants (mean 50.0 (SD. 9.2) showed reasonable levels of PL, i.e. scoring 75.7% of the total score. Table 3, shows that whilst RM contact showed wide variability, from several times a day to rarely/never, this wide range was not observed for PL. Thus, staff who rarely/never saw the RM reported levels of PL equating to 72.0% of the total PL score, whilst staff who saw the RM several times a day reported an average PL score equated to 83.5%.

Table 3. Contact with RM and PL

Contact with RM	Frequency (N)	PL total score, mean(sd)
Several times a day	21	55.1 (7.5)
A couple of times a day	6	56.7 (4.3)
Daily	21	55.2 (6.0)
2-3 times a week	44	46.2 (9.7)
Once a week	2	52.5 (10.6)
Rarely/never	24	47.5 (7.7)
Total	118	50. (9.2)

Discussion

In summary the findings above show that staff experience of: burnout, job satisfaction and likelihood to leave were worse with increased severity of challenging behavioural, teamwork, trust in manager and recognition & incentives were not so related. Staff experiences were better with both greater RM contact, and PL. Somewhat stronger beneficial staff experiences were shown with PL. Regarding the relationship of contact with RM and PL. Staff reported widely varying levels of contact with RM from 'several times a day' to rarely/never. Whilst, more frequent contact with RM was positively associated with greater PL, reasonable levels of PL was experienced at all levels of RM contact, even by those staff reporting RM contact 'rarely to never'.

The central aim of this study was to investigate the relationship between staff's contact with RM and PL. This research focus arose from emerging research (e.g. Bradshaw et al., 2018) and discussions between the first author and senior managers in organisations providing support regarding the difficulties experienced in ensuring RM supervision and support for staff in homes where RM have limited presence. For example, an increase in number of

discrete services a RM is responsible for may impact upon their supervision and support staff.

RM roles are complex, often experienced as ambiguous and include significant administrative demands (e.g. Orellana et al.,; Beadle-Brown et al., 2006; Bradshaw et al., 2018; Deveau & McGill, 2016; Clements & Bigby 2012). Depending upon organisational expectations of RM, which may prioritise administrative work (Mansell & Elliott, 2001) this ambiguity and administrative load is likely to clash with providing PL. This study showed that RM contact varied widely. Whilst PL was experienced at good levels even when contact with RM was very limited. For comparison, Beadle- Brown et al. (2014) found a mean PL in a general sample from one organisation, equating to 42% of the PL total score and commented that PL was generally low in their sample.   This study's sample of 'selected' services showed good levels of PL over all levels of RM contact (75.7% of the total PL score) and (70.6%) at the lowest level of RM contact.

This suggests that other workers who are present in services' staff teams are providing practice leadership. Staff team members including e.g. team leaders, senior support workers and assistant/deputy managers are usually included as 'staff' in correlational studies (as in this study). This risks missing the important managerial roles they provide, including practice leadership, in the absence of the RM. The subject of who, and how to provide the complex of managerial roles - including PL – is an essential part of the 'context' of translating policy and expert advice into day-to-day practice (Shogren et al.,). This requires further research. The PL measure used in this study refers to the participants' 'line manager' rather than

specifically the RM. This likely included the respondents' experiences of working with a variety of workers who provide direct support and managerial roles within the staff teams. Further research should focus on the impact of suggested changing service provision upon frontline managerial roles and staff support e.g. is the increase in smaller dispersed community based services (while generally desirable) having a negative impact upon the provision of PL.

Administrative management and practice leadership may be complementary (Beadle-Brown et al., 2014) reported finding that only PL (and level of service user ability and age) influenced good staff support in regression analysis. However, PL was fully mediated by good general management. PL was only effective in the presence of good general management. General administrative management and PL are typically carried out in different places, administration being carried out in offices while PL requires the manager's presence 'on the floor' interacting with staff and service users (Bould et al., 2018; Reid & Parsons, 2002; Deveau & McGill, 2016b; Clement & Bigby 2010).

The complexity of roles, responsibilities and expectations, with different worker designations/job descriptions lends itself to qualitative research methods. For example, the importance of immediacy and shared experiences in providing staff support in challenging situations and learning/direction for practice have been explored using qualitative research (e.g. Bradshaw et al., 2013; Ravoux et al., 2012). As has the experiences of RM providing practice leadership (Deveau & McGill, 2016b).

Ravoux et al. (2012) developed a model from semi-structured interviews with staff supporting people who may use preventive and restrictive interventions to manage challenging behaviours. The model described a "… core and complex process of staff making the right choice of strategy ((to manage challenges) (p198)). 'Situational leadership' of behaviours resulted from "complex and tacit negotiations within the team" (p196) where greater experience or rapport with the service user may lead to change in leadership which was responsive to the situation. Bradshaw et al. (2013) using similar methods describe a similar model of development for skills and learning by staff. Spending time with, and knowing the service user and experiential learning within the team are key to developing a feeling of skilled competency. Similarly, one prominent theme from Deveau & McGill (2016b) was the drive experienced and extensive actions by RM to monitor and shape the emerging relationships and practice of staff working with service users who may challenge. The practice leadership described in Ravoux et al (2012) and Bradshaw et al. (2013) is one where leadership is 'distributed' within the team. Distributed leadership may account for this studies finding of widely variable RM contact and good overall PL.

The repeated association of practice leadership style of management with better staff experiences when they work with people who may challenge suggests that senior organisational managers and expert practitioners should attend to the level of practice leadership staff receive. The PL observational measure (Beadle-Brown et al., 2015) and staff self-report measure used in this study may help assess the level of PL experienced by staff. High turnover of staff clearly presents a problem for providing staff with PL to develop and

maintain high levels of skill in managing the challenging behaviours that may be shown by people with learning disabilities. Previous research results have been inconsistent regarding the relationship between PL and measures of staff turnover (Deveau & McGill, 2016a). This study showed both greater RM contact and PL were associated with less likelihood to leave, this relationship was a little stronger with PL.

This study suffers the general limitations of correlation research in determining the direction or presence of causality between the selected variables. In addition, confounding variables that vary between 1-2 person and larger settings, not measured in this study, may account for the associations demonstrated. For example, boredom and lack of companionships with other staff may differ, but may also be influenced by PL. The lack of control by the researcher over the procedure for selecting services and staff to participate may have introduced various biases e.g. self-selection of managers committed or willing to participate in research. This is suggested by the high levels of PL score i.e. 75.6% of the total PL in comparison with the 42% found in a more general sample (Beadle-Brown et al., 2014). This suggests the results above may reflect a particular sample of RM employing a PL style of management. Although, the influence of RM who support participation in research is a likely bias in most such survey research. Another potential bias common to survey research with staff is responding in a 'socially desirable' way or staff completing surveys who are better disposed to their manager and hence more likely to give favourable responses, than a general sample might.

In conclusion, a PL style of management has repeatedly been shown to be associated with improved work experiences for staff working with people with learning disabilities and

behaviours that challenge. The relationship between PL and contact with the RM is less

certain and suggests that a variety of workers may provide PL. This requires evaluation and

development within organisations and further research.

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