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# Practice leadership at the frontline in supporting people with intellectual disabilities and challenging behaviour: A qualitative study of Registered Managers of community based, staffed group homes.

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Key words: Leadership, management, challenging behaviour, intellectual disabilities

The research was conducted during self funded study by the first author, supervised by the second author

## Abstract

**Background** The frontline management role in services for people with intellectual disabilities remains rather under-researched. The aim of this study was to examine the experience's of Registered Managers in services for adults with intellectual disability who exhibit challenging behaviour.

**Method** Interviews, primarily focussed upon staff practice, were conducted with 19 managers of staffed group homes in SE England. Transcripts were analysed using interpretive phenomenological analysis.

**Results** Five groups of themes emerged: monitoring staff performance; supporting new ways of working; shaping staff performance; influence of external and employing agencies; importance of participants' personal values and experiences.

**Conclusion** The themes identified contribute to a conceptual framework for thinking about frontline management/practice leadership. The limitations, and potential implications, of the findings are discussed.

## **Introduction & background**

Challenging behaviour is a significant social problem for families, communities, staff and the people involved. The issues and likely solutions are, at a policy level, broadly agreed (Department of Health, 2007). The nature of the relationships and interactions between frontline staff and service users who may exhibit behaviours that are described as challenging are a crucial focus for research and practice (Mansell et al., 2008; Felce et al., 2002; Reid et al., 2005). Delivering frontline staff practice based upon positive behaviour support (PBS) is accepted as an effective approach to ameliorating challenging behaviour and supporting a reasonable quality of life (Royal College of Psychiatrists et al., 2007; Department of Health, 2007). Frontline staff delivering PBS need to contribute to and implement interventions based upon functional analysis (FA) of provoking and maintaining factors for challenging behaviour (LaVigna & Willis, 2012; Beavers et al., 2013). Staff delivering PBS also need to support a good quality of life to enable people with complex needs to engage in meaningful relationships and activities e.g. implementing 'Active Support' (AS) which may also ameliorate challenging behaviour (Beadle-Brown et al., 2012). Providing FA based interventions is not straightforward as they may conflict with staff perceptions of, and emotional responses to, challenging behaviour (Feldman et al., 2004; Hastings & Remington, 1994). They also usually require sustained implementation over time which is often difficult for services to deliver (Department of Health, 2007).

Interventions to improve staff practice, in relation to PBS and AS, have focussed upon staff training and provision of professional support. Evidence suggests that the more integrated staff training in challenging behaviour and AS becomes with daily staff practice the more effective it is (Ager & O'May, 2001; Mc Clean et al., 2005; Jones et al., 2001). The achievement and

sustaining of good practice also requires, however, good quality management and leadership (Hewitt et al., 2004; Clement & Bigby, 2007 & 2012; Reid & Parsons, 2002; Beadle Brown et al., 2012).

The organisational literature draws a distinction between management and leadership (e.g., Allen et al., 2009; see discussion). Management denotes the implementation and monitoring of routine procedures and processes while leadership primarily concerns the exercise of social influence within a work setting to develop goals and the means of achieving these.

In England, managers responsible for the day-to-day care of people in staffed group homes are registered by the regulatory agency, the Care Quality Commission. Registered managers (RM) are responsible for deploying, developing and monitoring the support provided by frontline staff. The current study focuses upon the experiences of RM and frontline staff practice. The RM role includes significant administrative paperwork, the practical focus of management, which may work against RM being able to attend to practice leadership e.g., implementing AS (Lowe & Jones, 2006). Qualitative research focussed upon 'job analysis' and exploring and describing the 'competencies' necessary for house supervisors (similar to RM) has been conducted in the USA and Australia (Hewitt et al., 2004; Clement & Bigby 2007 & 2012). Fourteen broad competency areas that supervisors 'must' be prepared to perform cover a wide breadth of tasks, including interactions between supervisors and direct staff to improve staff practice (Hewitt et al., 2004; Clement & Bigby, 2007). RMs are expected, therefore, to be both managers and leaders and, in particular to lead the practice of their staff.

Research in the UK has examined practice leadership (PL) from a frontline staff perspective using a structured questionnaire (e.g., Beadle- Brown et al., 2009). In

the context of implementing AS, PL was defined as the development and maintenance of good staff support for service users through managers: spending time observing staff work, providing feedback and modelling good practice; providing staff with regular one-to-one supervision; and team meetings focussed upon improving service user engagement and staff -service user relationships. Using this definition, greater PL was associated with better implementation of AS (Beadle-Brown et al., 2009) and better staff experiences when working with people who challenge (Deveau & McGill, 2014). However, Beadle-Brown et al., (2012) comment that little is known about what PL 'looks like' in services successfully implementing AS and this need for further conceptualisation of PL has also been echoed by Clement & Bigby (2007) and Deveau & McGill (2014). The current study, therefore, in exploring the experiences of RM, was particularly concerned to provide a fuller picture of how RM seek to influence the behaviour of their staff (i.e. act as practice leaders) in ways consistent with evidence-based policy and practice.

## **Method**

### Design

Qualitative research in ID focussed upon the subjective experience of frontline staff has received increased attention. For example, in understanding staff perspectives and immediate responses when managing challenging behaviours (Ravoux et al., 2012) and the role of practical experience in the acquisition and use of knowledge by frontline workers (Bradshaw & Goldbart, 2013). Qualitative methods may also be appropriate in leadership research where the phenomena being explored are multi-layered, dynamic and socially constructed (Conger, 1998). The current study uses a qualitative approach to examine RM subjective experiences with particular reference to how they monitor and influence frontline staff practice.

Managers were interviewed using open-ended and semi-structured questions with subsequent analysis by Interpretive Phenomenological Analysis (IPA).

## Participants and settings

The participants were drawn from the 21 services, based in SE England, included in a previous study. Detailed characteristics of service users and staff are available in Deveau & McGill (2014). Nineteen RM subsequently agreed to participate in the current study. Table 1 shows RM characteristics. Two participants described themselves as working part-time, the remainder full time. The average shift worked was 5-8 hours for 8 managers and 8-11 hours for the remainder. Seven participants indicated they had taken no days absence in the previous year, 8 had taken under 10 days and 3 over 10 days.

Table 1 Participant characteristics

Characteristic		Frequency
Age (n= 18)	26-30 years	2
	31-40 years	8
	41-50 years	7
	50+ years	1
Gender (n= 18)	Male	7
	Female	11
Length of current employment (n= 19)	6 months to one year	2
	1-4 years	8
	5-10 years	4
	Over 10 years	5
Qualifications (n= 19)	NVQ 3 &4	10
	RMA	14
	Registered Nurse	4
	Relevant degree	4
	Other professional qualification	4

Note. One participant failed to complete the age and gender items

The 19 services, ordinary residential houses in a mixture of rural and suburban areas supported 123 service users (M= 6.5 per service, range: 3–11). The mean age of service users was 34 years (SD = 7.0) and 74.8% were male. Sixty-two percent were diagnosed with autism spectrum disorder, with 8 services having all service users so diagnosed. Information



on challenging behaviour shown by the service users was collected from the RM: 78% exhibited self-injury, 92% physical aggression and 84% disruptive behaviour and property destruction. Of these behaviours the percentage rated as serious or extreme was 29%, 46% and 37% respectively.

## Interview

A topic guide for interviews was developed by the first author based upon many years of managing and developing services, conducting previous PL research and a knowledge of the related research literature. The guide was refined during discussions with an experienced researcher/ supervisor and piloted with one experienced service manager educated to degree level in Intellectual Disability. In addition to the topic guide the earlier interviews were used to inform and build upon topics for subsequent interviews with other participants. Most topics were explored using open-ended questions which were broad in scope e.g., “what influenced the way you work now as a manager?” As the overall aim was to gather interview responses on managers’ personal experiences of work, some areas of influence (for example, training that managers had undertaken) were not approached as a discrete topic but allowed to emerge from broader topics. Some topics employed semi-structured questions, had a narrower scope and were derived from previous research:

- The ‘practice leadership’ measure (Beadle- Brown et al., 2009) focuses upon formal management activity. However, much manager behaviour occurs outside of these activities. Thus one topic examined less formal aspects of the manager’s work e.g. the use of informal observations of staff practice.
- Involvement of direct staff in devising and implementing behaviour support plans may be important (McClellan et al., 2005). One topic was intended to illuminate how managers devised care plans (CP) and behaviour support plans (BSP) e.g. the extent to which they involved staff in these processes and the use of external consultants.

- Approaches to staff training in the technologies of behavioural support through verbal and physical rehearsal using discussion/questioning and role play, followed by modelling and supervised practice are thought to be important (LaVigna et al., 1994; Parsons et al., 1996). One topic was designed to illuminate the participant's use of and attitudes to modelling and role play.

## Procedure

Following completion of University and Local Government research ethics and governance procedures, managers were contacted and asked to participate in an interview of 'about half an hour' to follow the provision of feedback from a previous study of staff in their services. The previous study had employed a quantitative approach to the gathering of data on staff experiences and perceptions of (amongst other things) the ways in which they were managed and led. The interview was, therefore, presented in this context - 'to gain your views' on aspects of the previous study. Managers were interviewed in their services after obtaining consent. The interview and feedback was limited to about an hour, with the interviews taking 25-30 minutes. Interviews were conducted in a 'conversational' manner. Topics were not presented in a set order or with set wording and interesting lines of enquiry were followed up with other questions. If participants appeared to be presenting issues or general value statements without concrete examples of their own practice they were asked for these e.g. 'can you think of any recent examples of that'? Most participants used examples to illustrate their views or working methods without prompting.

## Analysis

The interviews were recorded and transcribed by an audio typist to provide 133 pages of interview transcript. Subsequently, the interviewer (first author) checked the accuracy of transcription and removed/changed any identifying information. Analysis involved,

immersion in the data, deconstructing and reconstructing to make sense of settings and peoples' experience, as described in Smith (2004).

The transcripts were analysed as follows:

- Transcripts were read and re-read, sections of text delineated as discrete data items were given a participant and item code. Potential themes were noted in page margins.
- When themes emerged from page margin notes- these were recorded on 'memo sheets'. A separate memo sheet was prepared with a preliminary title for the theme. For example, following a first reading of the service 12 transcript, 6 memo sheets included 'overt/formal versus informal/covert manager work with staff'.
- The transcripts were subsequently analysed using the NVivo computer programme. The first iteration of coding produced 34 themes. The final iteration contained 14 themes in 5 groups.

### Reliability and validity

IPA involves 'giving a voice' to participants through description of individual perspectives and in this sense emphasises validity over reliability issues (Smith, 2004; Larkin et al., 2006; Brocki & Wearden, 2006; Clement & Bigby, 2007). However, participant validation and reflective analysis (Collican, 1999; Brocki & Wearden, 2006) allied to supervision and mentoring from a more experienced researcher were employed in the current study.

Participant validation of the thematic analysis was assessed by sending each participant a 5 page summary of the results. The accompanying letter and response form, with return envelope, asked whether they felt this summary reflected accurately their interview and invited comments. Three responses were received and agreed that the summary did reflect the interview. Two participants commented that the results were 'interesting'. One added "Your

summary of results also provides me with ideas on how to further develop my working practice”.

## Results

The final thematic model (Figure 1) contained 14 themes organised into 5 groups. The results are presented as discrete categorical themes. The themes are used to extend an existing model of leadership/management and suggest how this model might apply to frontline management and PL in intellectual disability. Quotations and other supporting evidence are presented below with service and item codes.

Figure 1 Thematic structure

<b>Group 1.</b>	<b>Group 2.</b>	<b>Group 3.</b>	<b>Group 4.</b>	<b>Group 5.</b>
<b>Managers knowing what’s going on/ monitoring</b>	<b>Developing new practice and ways of working with service users</b>	<b>Manager’s approach to developing and shaping staff performance</b>	<b>Influence of employing and external organisations</b>	<b>Manager’s personal feelings and values</b>
The importance of personal observation and knowledge for managers	Degree of staff inclusion/ involvement in developing new practice	The importance of personal observation and contact to inform shaping performance	Positive/negative influences of external organisations on managers	Managers promoting their value base within the team
Covert/informal versus formal/structured approaches to monitoring	Recognising and using individual staff abilities & observations	Long-term, patient development of staff, but happy to ‘let them go’ if performance will not improve	Positive/negative influences of employing organisations on managers	Managers working within the constraints and strengths of their own personalities and experiences
Keeping on top of staff performance which can go ‘downhill’ very quickly	Using in-house and external professionals			The prime importance of development of self, staff and service users
	Implementation of new practice requires more formal management processes			

Group 1: Managers knowing what's going on / monitoring

Theme: The importance of personal observation and knowledge for managers

All managers described having to know what is happening to service users. The majority made it clear how important it was personally for them to directly monitor the support being offered to individuals.

*"I think as a manager, you have to know what's going on, I have to know what's going on with all my clients in relation to their behaviour, their activity and their health. To me it's paramount that I know exactly what's going on in the home, that it's not just my deputies and team leaders" (7,17).*

Theme: Covert/informal versus formal/structured approaches to monitoring

'Covert' or informal monitoring of staff work, as opposed to formally organised monitoring through observing work or using meetings and supervision, was extensive. Managers gave a variety of reasons for this: maintaining a relaxed atmosphere, getting a 'true' picture of what was going on and needing to know how staff were working at all times, not just when being observed.

*"How I tend to do it, is to observe, well I feel that downstairs all the time my ears are open and there's not a lot of things I miss really and staff are quite surprised when I talk about things they are doing well..... or not so well" (11, 3).*

The positioning of the manager's office, having an 'open door' policy and being able to 'hear' what was happening were important.

*“They don’t realise how much I’m watching them and they really don’t realise how much I can hear through the floor here, because that’s the lounge and you can hear everything that’s going on.....So I know how they’re talking to clients, I know what the resident is doing at the time.....” (14, 6).*

Theme: Keeping on top of staff performance which can go ‘downhill’ very quickly

Two managers described having to maintain constant vigilance over staff ‘values’ and culture because these can deteriorate quickly.

*“we try to make sure that everybody agrees to have the same value base and obviously our core group have that.....that’s what takes our energy levels, keeping the staff focussed on what we do.....because very quickly people can through their view, change behaviours negatively, very quickly” (10, 11)*

## Group 2: Developing new practice and ways of working with service users

Theme: Degree of staff inclusion/involvement in developing new practice

Managers described involving and including the ideas and work of staff. Staff involvement and ‘ownership’ were associated with the development of better plans and better implementation. Managers described staff observations as being particularly important for areas of work not usually directly observed e.g. personal care routines.

*“I think it’s really important that staff own it, otherwise they’re not going to work towards (implementing) it” (7, 12).*

Theme: Recognising and using individual staff abilities & observations

In addition to using staff's observations to develop practice related to areas of support not usually observed, managers also indicated that recognising emerging good practice required an active interest in observing, reflecting upon and interpreting what they observed:

*“Something you maybe took for granted, you actually think.....well it is only that person who does that, you know or it's only that person who tends to have that rapport with that service user.....if something's working well for one service user with one staff member, we'll try and incorporate that into the support plan so all staff have the opportunity to work at that level with that service user” (5, 5).*

The use of modelling to develop practice outside of staff 'induction' was not commonly reported and usually in response to staff reporting difficulties in working with individual service users. In these circumstances and during induction staff who had developed good working relationships with particular service users were used to model useful approaches. Use of role play was uncommon. Both modelling and role play were felt by managers to be activities they should use more.

*“We have one particular gentleman here who responds particularly well to key staff and when he's upset I will sort of direct staff, especially new staff, I will say watch so and so for supporting L [service user] when he's upset because he's really good, or listen to D [staff] when he communicates with J [service user] and try and emulate that and get that into your own practice.....so I do try to do that as much as I can ....I think I probably do it more with new staff.....but probably not as much as I should do” (3,15/16).*

Theme: Using in-house and external professionals

Most managers said they had access to in-house or community teams for behavioural advice. Managers reported using these in a variety of ways e.g. to review a BSP or CP that had been drafted with the staff team.

*“We try to implement them [support plans] around team meetings and will do draft copies, get them agreed by B [in-house expert], he normally agrees them” (9, 19).*

Other methods included asking community team members to work with staff and service user to develop plans, a process supported by the manager who then becomes more active to ensure implementation. One manager described developing the ‘bones’ of a plan with the professional advisor then discussing this with the staff team.

Theme: **Implementation** of new practice requires more formal management processes

Managers described using formal management processes e.g. team meetings and supervision to support the implementation of BSP/CP, if these have been developed from less formal strategies.

*“They [CP] would go into the care plan book that we have for individuals. We would also write in the communication book to advise people of the care plan, that’s out there, and we will go through handovers over the next few days and team meetings, kind of go through that and talk to individuals.” (11, 12).*

### Group 3: Manager’s approach to developing and shaping staff performance

Theme: The importance of personal observation and contact to inform shaping staff performance



Managers reported relying upon personal observation, 'hearing and seeing' things. A majority talked about monitoring problematic performance that might lead to incidents or 'incite' challenging behaviour.

*"if I hear or see something I feel is a wrong approach' (5, 8).*

*"If there's an interaction I don't understand.....I will say can you tell me what that was about" (8, 17).*

Theme: Long-term patient development of staff, but happy to 'let them go' if performance will not improve

Managers described engaging in long term development with their staff and being open minded to whether staff, who were having difficulty, could improve with support. However, managers were not fearful of 'getting rid of staff' that would not, or could not, reach standards expected of them.

*"you try to bring that person forward when you're looking to trying to produce a good service.....But there comes a point when you say 'hang on' I've banged this drum now for a year, are we going to get them there? Realistically we have to look at is this the right setting for this person?" (8, 11).*

Balancing positive and corrective feedback appeared important. Immediate feedback on performance was felt to be most effective but competing demands for the manager's time sometimes 'got in the way' of providing this. Integrating formal staff performance procedures with less formal expression of the manager's views was a concern.

*".....if I thought something was really good then I might say something at the best opportunity to do so, I wouldn't interrupt them or anything but feedback on the whole works best if it is as soon as possible, kind of thing, I think.....supervisions are all very good but holding onto that information for two/three weeks.....it's*

*good to have it documented.....but in terms of staff morale it's good to have that feedback a little bit sooner" (18, 13).*

*"If it's something that can't wait until supervision, especially if it's going to have a detrimental effect on people, then obviously we've got to address that straight away, we can't leave it to a supervision" (5,4)*

Being assertive with staff appeared important in terms of expressing the manager's beliefs, or challenging the beliefs or attitudes of staff when this was seen as influencing their performance detrimentally.

*"When I do supervisions.....it's never anything.....new I'm continually dealing with the issues as they arise. I'm quite immediate in my responses to things"(12, 1)*

Shaping staff practice was a key issue for all managers. A large majority used language that demonstrated assertiveness in expressing their values and opinions with staff. Assertive approaches appeared to be more effective in developing staff practice. One manager was noticeably less assertive, describing how working alongside staff may develop their practice through 'osmosis'. This manager described having been demoted and linked this to using less assertive approaches with staff.

#### Group 4: Influence of employing and external organisations

Theme: Positive/negative influences of external organisations on managers

The national regulatory agency and some employers were seen as promoting bureaucratic paperwork systems that 'got in the way of' how managers wanted to work. For some managers, focus upon achieving good inspection reports clashed with a focus upon service

users' daily lives. A majority of the managers commented upon the amount of office work they were expected to do and described this as inhibiting their work as practice leaders. Some described in-house quality assurance (QA) processes as even more focussed upon paper based evidence than external inspections. QA sometimes failed to identify problems later highlighted during such inspections.

*"I would say that admin is a chore that in the main we do for other people, people like CSCI, reg. 26s and all that.....I did a piece of work for (the organisation) a piece of chicken that you buy up to the point that you eat it, has to go on 26 different bits of paper, that's from accountants to menu setting....." (17, 3).*

Positive experiences of inspections appeared to be linked to an open minded approach by both the manager and, at times, their organisation to working constructively with their results.

*"It was a two day (CSCI) inspection, there were two inspectors, it was very clinical, it was very accusing....we almost felt abused when they left.....one of the worst care homes in the world.....It wasn't until reflecting on it after the fallout had happened.....that we could actually see our flaws and that we did have some restrictive practices and how we could improve it and improve the environment" (7, 5).*

Theme: Positive/negative influences of employing organisations on managers

Employing organisations may not provide development for managers, responding to immediate contingencies rather than developing future managers.

*"I got promoted quite quickly from senior to deputy to manager and I think that was a bit more about the company than myself. I probably seemed confident enough, but I didn't realise the magnitude of the job....." (12, 26).*

Employing organisations sometimes provided good leadership, development opportunities and support for the manager's work with service users. In-house behavioural support was viewed positively, as was administrative support or deputy managers. Some senior managers recognised and encouraged managers to develop their leadership and management careers and provided valuable role models.

*".....it was something I was keen to pick up on and felt the staff team needed.....We've also introduced somebody else downstairs to help with the administrative side of my work which tied my hands up, which gives me more time for the staff and to give them the support" (11,2).*

*"Since L (new operations manager) has been in post....well I think she's been a fantastic role model for myself" (3, 33).*

#### Group 5: Manager's personal feelings and values

Theme: Managers promoting their value base within the team

The managers described their own 'value base', and being part of a core team of staff who shared similar values, as a strong influence. Developing and maintaining a shared value base entailed interacting and being with frontline workers rather than appealing to organisational policy.

*"I think the more time you spend in the office.....the more you distance yourself and I think sometimes when you look at the staff team.....and how it relates to yourself.....I think sometimes your staff team reflects on you as an individual, both on their morals, respect, dignity....." (2, 21).*

*“Some activities I’ll go out with the guys and with the staff and I think the staff like that because they feel you’re experiencing the same kind of thing as them.”*  
(3, 19).

Theme: Managers working within the constraints and strengths of their own personalities and experiences

Managers described how what they do and how they do it are deeply affected by their individual personalities and values, including family and childhood experiences. In general, mandated formal training was not described as playing a major role in personal performance. Six managers had attended University based courses and found these very beneficial.

*“I think my own life experiences, my upbringing was.....if you’re not going to do it, don’t expect everyone else to”* (5, 20).

*“Part of who I am is my resentment of authority and bureaucracy, of paperwork ... I need to be working with the individuals....if there’s a pillow fight going on or water pistols, I’m probably in the middle of it, because I enjoy it. I know, yes the admin stuff has to be done, we have to be compliant...”* (17, 14).

*“I’ve worked here for eight years, I’ve got quite a good knowledge but then I go to the (university) and learn all these new things all the time. I feel I’ve been privy to more training perhaps than some of the staff team and try and put that in”*  
(11,15).

Moreover, personal experiences of mentors/models they had worked with, both good and bad, contributed to reinforcing these values and how they act as managers.

*“I always thought that when I first got my manager’s role it’s something that stuck in my mind that I must always remember not to be like that.....so I will always listen to people’s ideas.....I suppose that’s part of why I am what I am. (6, 32).*

*“Can I be honest. I had a horrible manager when I was at [another home in the organisation] I felt isolated I felt picked on and I hated it.....I did have some good role models and I promised myself that if ever I was a manager I would never be like that” (9, 35-36).*

Theme: The prime importance of development of self, staff and service users

Managers attached importance to developing the abilities, lifestyles, skills and independence of staff, service users and themselves.

*“My love of my role over the years.....I could have gone into operational roles, but my real passion is being with the service users and moving people on and seeing that kind of progression from placements that break down.....we’ve opened up probably seven or eight homes and moved people through to supported living.” (7, 8).*

## **Discussion**

### Limitations

The current study focussed primarily upon the particulars of manager experiences of working with their frontline staff. Other potentially important aspects of manager competence are, therefore, not included. The interviews were comparatively short for IPA studies and, whilst questions were generally open-ended, the resulting text was limited by using a topic list. These topics are reflected in the resulting thematic structure, suggesting that the significance of the

current study is likely to lie in the individual themes and their associated textual data rather than the overall structure.

A purposive sample of services for people exhibiting challenging behaviours (Deveau & McGill, 2014) provided the sampling frame for the current study. Participation in the current study was voluntary and may be expected to be drawn from managers with high levels of commitment and possibly ability. For example, on the PL measure the 21 managers from which the current sample was drawn demonstrated higher total mean PL scores (67%) than the 41% for a more general sample (n=340) (Beadle-Brown et al., 2009).

IPA emphasises validity over reliability “As a qualitative method, IPA is inevitably subjective as no two analysts working with the same data are likely to come up with (the same analysis)” (Brocki & Wearden, 2006 p 98). Larkin et al. (2006) describe two facets of IPA research. Firstly, descriptive ‘giving a voice’ to the experiences of people that are not usually heard. Secondly, IPA research should also be ‘interpretative’, ‘making sense’ of participant experiences. The role of the researcher in IPA in collecting and analysing data is to ensure the credibility and coherence of themes grounded in examples. The current research process of thematic analysis, reflexive thinking and mentoring included extensive interpretation, and textual data could often contribute to several themes. However, only a small number of participants validated the thematic analysis. The findings are best seen as suggestive rather than definitive, providing potentially useful directions for further research and practice developments.

## Implications

The exploratory findings from the current study add to the limited research into frontline management and PL in ID.

#### Informal interactional versus formal organisational systems

Some findings drew attention to participants' focus upon the informal, interactional aspects of their role, e.g., the ways in which they covertly monitored the practice and interactions of staff with service users. Participants felt this led to a more accurate impression of how staff 'really' interacted with service users. In addition to focussing upon informal, interactional patterns to judge staff's behaviour for potential poor practice, participants also observed emerging positive practice. Findings also suggested that participants recognised the potential for more structured, overt demonstration of good practice through modelling and role play but made limited use of this (see also Clements & Bigby, 2007). These participant experiences are consistent with the proposition of organisational management theorists that organisations have both formal and informal cultural dimensions (summarised in Wallace et al., 1999), comprising a formal hierarchical culture and an informal interactional culture, the 'shadow system' (Stacey, 1996). Managers access the shadow system through attending to the relationships, interactions, gossip and rumour that are a major part of the informal cultures that staff teams develop (Stacey, 1996).

#### Developing knowledge and transferring knowledge into practice

Some findings illustrated the participants' experience of training, development of knowledge and putting this into practice. Learning 'on the job' had more influence on practice than formal training and qualifications. Findings also suggested that experience of interacting in day-to-day practice may lead to the development of knowledge. For example, participants' training/development for the RM role was discussed widely in terms of learning from observing and working with role models and mentors, both positive and negative. Observing

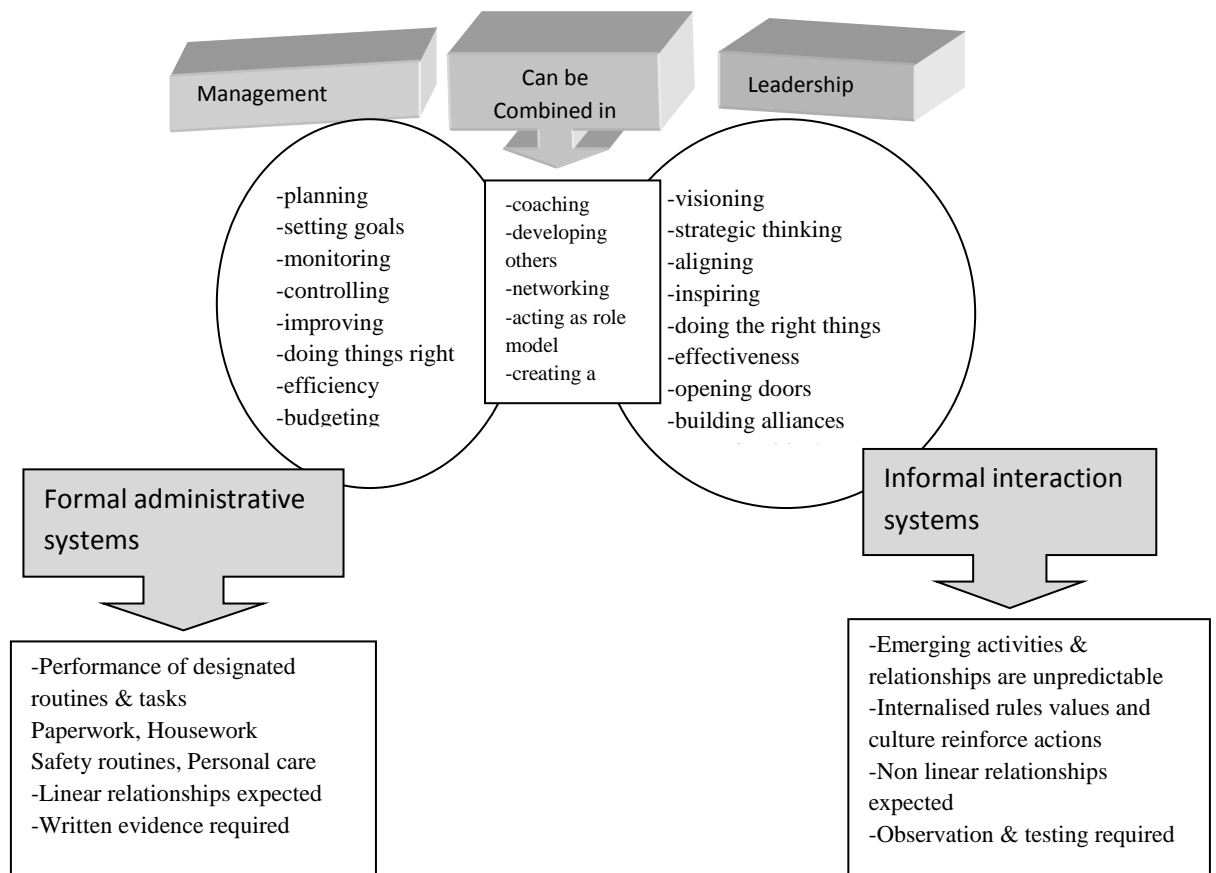


individual staff working with service users also led to new ways of working which could be generalised to all staff. These participant experiences are consistent with the proposition that experiential learning or ‘tacit’ learning associated with ‘communities of practice’ can be an important influence upon practice (Bradshaw & Goldbart, 2013; Wenger et al., 2002). Tacit learning emerges from the process of interaction between staff and service users with a practice-based knowledge of factors influencing the expression of challenging behaviour and how best to participate in daily interactions subsequently developing (Nind & Thomas, 2005; Reinders, 2011).

The implications above suggest the extension of an existing model of management versus leadership as one potential conceptual framework for thinking about frontline management/practice leadership (Figure 2) might also apply in ID. The left of the Framework in Figure 2 represents the formal organisational cultural context. This incorporates the routine roles and tasks carried out by staff within a bureaucratic, hierarchical and managerial system. The right of the Framework represents the informal, interactional aspects of organisations – where influence on staff practice may be thought to spring from leadership rather than management.

Figure 2 Framework for thinking about management/ leadership within ID

(top sections from Allen et al., 2009)



Central to the left side of a manager’s work is implementing the organisation’s policies and procedures and associated roles, structures and tasks. Central to the right side of a manager’s work is a network of relationships and interactions. Although the distinction and interaction between formal and informal organisational culture in ID has been recognised (Felce et al., 2002) the left side of the Framework provides the largely unquestioned backdrop to research and practice. The proposed Framework may have potential for developing new themes and ideas necessary for managing current ‘variation’ in the ID sector (Clegg, 2010). The Framework suggests that both informal and formal aspects should be considered when developing research and practice.

For example, RM’s wider contexts (e.g. employing and external agencies) provide expectations and consequences that focus upon formal administrative work potentially

leaving little space for PL e.g. working with staff to develop AS (Mansell & Elliott, 2001; Lowe & Jones, 2006). Research focussed upon the incentive context for RM would be useful. The informal system was suggested, through RM monitoring emerging staff practice as having potential for early recognition and shaping of deteriorating or good practice. The mechanisms by which RM recognise and subsequently shape these would benefit from further research. This has potential for the prevention of abusive cultures developing and positive practice emerging through greater staff inclusion. Participants whilst recognising the potential for more overt structured approaches to developing staff practice, e.g. structured observation and feedback and modelling good practice were unlikely to provide this. The few that did provide this had received longitudinal applied behavioural training. The potential for structured approaches is well established and research into how to support their use by RM would be useful. Future research on frontline management / practice leadership would benefit by considering collecting data relevant to both sides of the framework. For example, on reflection, the current study would have benefitted from data collected regarding participants experiences and behaviour during formal activities e.g. during staff meetings or individual staff supervision. Perhaps most importantly research relating management/leadership practice to outcomes for service users is urgently required. Research and practice development need to be informed by the duality of the framework in Figure 2. A better understanding of the role of the frontline manager and how their performance can be enhanced may require this more sophisticated approach.

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