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An Ecobehavioural Perspective on the Performance of Direct Care
Staff in Facilities for People with Learning Difficulties.

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Thesis submitted for the degree of Ph.D. in Psychology,
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Abstract

Direct care staff in residential services have most potential contact with clients. Therefore their behaviour is a key determinant of the quality of care. At a time of changing service structures, it is important to examine what staff actually do; both to address the impact of change on service quality, but also to explore whether the rhetoric concerning service reform is matched by the reality. The behavioural approach provides a research methodology for addressing staff behaviour and its impact on service quality. It is grounded in the observable and has a demonstrated utility in services for people with learning difficulties ranging from individual client programmes to service design. There has been concern that the application of the behavioural approach has been restricted to the examination of a narrow range of variables and that it has often involved instituting artificial conditions on natural environments which do not maintain beyond intervention periods. Contemporary behaviourism is moving towards greater ecological sensitivity, investigating relationships between behaviour and naturally occurring environmental conditions. This research took an ecobehavioural perspective of the work of direct care staff in community-based houses for people with learning difficulties. Five descriptive studies were carried out of staff behaviour in terms of their activity and the conditions in which their interactions with clients and with each other occurred. Following these, the use of staff interaction as a staff management variable was investigated. The intervention, in which staff discussed their work and client participation, was associated with a modest increase in client involvement in domestic activity. Qualitative data gathered contemporaneously enabled a more detailed evaluation to be made of the applicability of the intervention to the service setting. It is argued that qualitative data can contribute to the understanding of environment-intervention relationships, an important area for the continuing development of the ecobehavioural approach.

'The road you trod has led you here.' The Magic Flute, Act I, Scene 15.
Mozart/Schikaneder.

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Dla Rodziców.

(For my parents.)

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Chapter 1: Staff in community based residential services for people with learning difficulties: an introduction to the area of research.

1. Introduction.

Direct care staff in residential services spend probably more time with clients than any other care or professional group. This is supported by research such as that of Glossop, Felce, Smith and Kushlick (1980) who found that adults living in large community based services (25 place Locally Based Hospital Units) had on average 10 contacts with doctors and other professionals in a year, and that some 50% of the clients had contact with physiotherapists, and 91% with occupational therapists at least once a month. In comparison with these levels of contact with medical and paramedical staff, direct care staff in staffed residential services are with service users on a daily basis. From this simple premise, it may be argued that the behaviour of staff, whether by commission or omission, is a major part of the environment of service users. Although 'quality of care' can be conceptualised in different ways according to the theoretical perspective adopted (Lavender, 1985), *however* it is conceptualised, staff behaviour is a major determinant.

One way in which the quality of care may be conceptualised is as the effect of services on client behaviour and development. Woods and Cullen (1983:5) stressed the impact of the direct care staff on the behaviour of clients on whom "*...what is done by direct care staff and to a lesser degree other professionals, has a profound effect ...*". This was reiterated by Knoll and Ford (1987:133) in services for people with multiple disabilities, who stated that direct care staff are "*...in a position to have a considerable impact on the lives of people with severe disabilities...*" and that "*...they must have a clear understanding that the primary goal of their services is home and community participation, and they must see themselves as facilitators of that goal...*". This

emphasis on the importance of direct care staff is not surprising given the wide-ranging roles that they play in relation to the people they serve, which Landesman-Dwyer, Sackett and Kleinman, (1980:7) summarised from the literature as: *"...models, providers of stimulation, support, reinforcement and supervision..."*. Rice and Rosen (1991:iii) also stressed the importance of direct care staff: *"...every program administrator acknowledges the critical role of direct-care workers in applying sound tenets of learning and development to the daily lives of residents with mental retardation. The most carefully conceived residential program applied in the most state-of-the-art architectural structure rests in the hands of the direct workers."*

Although direct care staff can advocate for the needs of the clients in their care upwards within the service structure, their influence may be more obvious in the translation of service aims down to the experience of the clients. Thus, direct care staff can be seen in a mediating position between the aims or philosophy of the service and the reality of the service provision. Staff can interpret available policies and guidelines and thus exert some control over the content of their work. McCord (1982:251) described possible responses of human service agencies to the threat or challenge of change (implementation of the normalization principle), and used Jacobs (1969) and Weatherley and Lipsky (1977) to suggest that *"...at a direct service level, staff often shape new policies and procedures to meet their own definition of the established work priorities"*. This may or may not be supportive of change. Direct care staff also mediate between the physical and social environments and client experience, and can control client access to these parts of their environment. This is particularly significant in services for people with severe and profound learning difficulties, who may need intensive help in interacting with their environment.

2. Importance of research on the behaviour of direct care staff.

Despite the acknowledged importance of direct care staff in the lives of clients in residential services, the research literature does not often present a positive picture of their work. It contains descriptions of low rates of appropriate staff interactions with clients (e.g. Warren and Mondy, 1971; Burg, Reid and Lattimore, 1979; Landesman-Dwyer, Sackett and Kleinman, 1980), particularly with less able and/or disruptive clients (e.g. Pratt, Bumstead and Raynes, 1976; Grant and Moores, 1977), and low levels of staff satisfaction (e.g. George and Baumeister, 1981). There is also concern with the levels of staff turnover in institutional (e.g. Zaharia and Baumeister, 1979; Felce, Kushlick and Mansell, 1980a) and community based services (e.g. George and Baumeister, 1981; de Kock, Felce, Saxby and Thomas, 1987) and discussion of the generally poor maintenance of in-service training (e.g. Ziarnik and Bernstein, 1982). Factors influencing staff behaviour as it relates to contact with clients and client outcomes will be considered more fully in Chapter 3.

The changing focus of care from custodial care towards an emphasis on the development of the individual, the impact of normalization and social role valorization (Wolfensberger, 1972, 1983) on service thinking and the growing emphasis on evaluation of the quality of settings (e.g. Evans, Felce and Hobbs, 1991) identifies a continuum between current service achievements and future possibilities. This has been evident over the last two decades with the continuing development of a variety of demonstration projects, such as the Andover houses in the late 1970s (Felce, 1989), NIMROD in Cardiff (Lowe and de Paiva, 1991) and the Special Development Team in South East Thames Regional Health Authority (Emerson *et al*, 1988). Despite some positive findings such as improved quality of care, as measured by client activity and staff-client interaction in small, community based settings in comparison with institutions (e.g. Felce, Repp, Thomas, Ager and Blunden, 1988; Mansell and Beasley, 1990), quality in new services cannot be assumed to be consistently high.

Indeed, as Blunden (1988) pointed out, there is a long way to go before uniformly high quality is maintained in services for people with learning difficulties. As staff are the most important resource in human services, research on staff behaviour and factors affecting it, particularly at a time of changing patterns of care, has practical implications for job design and training, and hence ultimately for the provision of high quality services for clients.

The behaviour of direct-care staff may be influenced by a wide variety of factors which includes support from supervisors and managers, opportunities for training, pay and recognition and the availability of a network of employment and day services for the people in their care, areas over which direct-care staff themselves may have little or no control. The conditions in which staff work may not be ones in which they can achieve quality care. Landesman-Dwyer, Sackett and Kleinman, (1980) highlighted this after a study of US group home services, noting that it would be presumptuous to judge what 'optimal' staff performance should be given the working conditions of many staff. Ryan with Thomas (1987) also pointed out that the demands and rewards of working in community settings with people with learning difficulties are not sufficiently acknowledged and that although staff would need to be 'paragons' to work in high quality services, there is little attention paid to how high standards may be achieved on a day to day basis in a challenging job. Rice and Rosen (1991:iv) drew attention to direct care staff who "*...are often left to their own devices to deal with behavioral, emotional and personality problems that even the best trained and most experienced of us are ill-equipped to handle...*", and then called for "*..the plight, motivation, training counselling, and material reinforcement of persons working in direct care positions to be accepted as a priority by those of us working in the health care industry... [pointing out that] direct-care workers bear the heaviest burden in program implementation*". Although staff are clearly not justified in the omission or commission of acts which constitute neglect or abuse, poor quality care or the

'shaping of policies and procedures' (McCord, 1982) may result when staff are faced with service ideals which they are not given the means to achieve.

3. The impact of staff behaviour on the quality of care.

The impact of staff behaviour on the quality of care can occur on both an immediate and on a long-term basis: immediate impact through behaviours such as involvement in personal care of the clients and in general household related tasks such as the maintenance of cleanliness and the provision of meals; to a more long term impact such as on the development of client skills.

Much previous research has focused on staff interactions with clients and with each other, and the involvement of clients in activity. Turning first to interactions, staff-client interactions have been argued to make important contributions to quality of care in various care services (e.g. Tizard, Cooperman, Joseph and Tizard, 1972; Pratt, Bumstead and Raynes, 1976). Staff-client interaction impacts on several areas of client life, for example client relationships, communication and practical skills, and staff behaviour has potentially important consequences for the achievement of culturally valued behaviours and roles for clients, as advocated in normalization and social role valorization (Wolfensberger, 1972, 1983).

Turning first to client relationships, it might be thought that people with learning difficulties living 'in the community', have more varied circles of relationships than people living in institutional settings. However, contacts have been found to be limited for people living in staffed community services (de Kock, Saxby, Thomas and Felce, 1988); for people living on their own (Atkinson, 1989); and for people living in the family home (McConkey, Naughton and Nugent, 1983). The limited number of contacts even for people living 'in the community' suggests that for many people with learning difficulties using services, relationships with care staff may be of particular

importance. However, service user contact should not be restricted to that with staff, and direct care staff should be a bridge into more varied relationships.

Client communication skills are an important part of developing and maintaining relationships with staff and others, as well as a means of self-expression. Staff interaction with clients, particularly in the form of informative speech (that giving or requesting information) has been found to be associated with greater likelihood of client response (Paton and Stirling, 1974) and better speech comprehension (Pratt, Bumstead and Raynes, 1976), both important areas of communication skills. Use of sign language and gesture with clients with little or no speech, or hearing impairment, are also essential staff interaction skills.

The importance of staff interaction with clients to the development of client relationships and communication skills is not in question. However, many clients in services have limited receptive and expressive language. The development of these skills may thus be an important, though long-term goal. The participation in the routines of everyday life emphasised by normalization philosophy (Wolfensberger, 1972) may be a more immediately accessible goal for people with severe and profound learning difficulties and it is important to carry out research which contributes to how client participation may be achieved. Daily household and related activities provide opportunities for teaching to occur and may also provide a context for socially-, as well as activity-based interaction.

Engagement has been argued to be a central aspect of settings for people. Risley and Cataldo (1974:3) suggested that “...*the duration and extent of engagement with the physical and social environment appears to be an almost universal indication of the quality of a setting ...*”. The emphasis on the non-social as well as social activity of clients has been evident in a variety of observational studies in services for people with learning difficulties, (e.g. Landesman-Dwyer, Sackett and Kleinman, 1980;

Porterfield, Blunden and Blewitt, 1980; Mansell, Jenkins, Felce and de Kock, 1984; Mansell and Beasley, 1990). For clients whose primary disability can be seen in terms of *learning* difficulty, *teaching* can be argued to be a central form of intervention which is achieved largely by interaction between the teacher and those who are taught. Whether on a formal level of detailed skill teaching or a more informal one, interaction with clients is the means by which their participation in activities is effected and encouraged.

Summarising the impact of staff-client interaction on the quality of care experienced by clients, it contributes to the development of client communication skills, client social relationships and also serves as a vehicle for and accompaniment of client participation in the everyday activities of their lives.

Staff-staff interaction can also be argued to contribute to the quality of care experienced by clients through its influence on staff co-ordination and on the support of staff members. In order to achieve service and client goals, direct care staff need to work in a co-ordinated manner: information needs to be transferred and everyday household matters organised. More complex co-ordination of information and staff discussion is also implied in high quality, client-centred services where individual planning, consistency across staff and monitoring of client progress are key issues (see Mansell, Felce, Jenkins, de Kock and Toogood, 1987; Felce, 1989).

Secondly, staff-staff interaction is a vehicle of social support. Browner (1987) listed five areas of social support at work: informational support, material support (help from others), appraisal support, emotional support and normative support (knowing oneself to be part of a group with shared values). Social support amongst peers may be of particular importance in services in which support from management is infrequent or inadequate and where there are unclear or contradictory expectations of staff. Staff-staff interaction can act as a more immediate source of feedback than the

delayed feedback obtained from less frequent managerial presence. Further, where there is little or inconsistent feedback from clients in terms of response and progress (see Woods and Cullen, 1983), or clients are seen as unrewarding to work with, both social support and feedback from staff in the service setting may take on additional significance. Given that staff-staff interaction can perform such functions, it may have a vital part to play in services affected by high turnover and low satisfaction and the subsequent effects that these can have on the quality of care experienced by clients.

Despite the arguments for the potential importance of staff-staff interaction, it has been relatively little addressed in the field of learning difficulties. What emerges instead is a concern that staff-staff interaction decreases the time available for work with clients. The finding that there is a 'diminishing return' in terms of staff-client interactions when several staff work with a client group of given size (e.g. Mansell, Felce, Jenkins and de Kock, 1982) has been (incorrectly) used to suggest that opportunities for staff-staff interaction are opportunities for 'gossip' (Gunzburg, 1989), although there has been little or no examination of the content or function of staff-staff interaction in services for people with learning difficulties. The concerns about the negative aspects of staff-staff interaction may be valid given the generally low rates of appropriate staff-client interaction, but the portrayal of staff-staff interaction as gossip overlooks its possible significance. The arguments made above for its possible contribution to care of clients in terms of co-ordination of information and planning, feedback and support of staff suggest a more important place for staff-staff interaction than it has often been allowed in the literature in the field of learning difficulties.

4. Factors affecting staff behaviour.

Various perspectives can be taken to discuss factors influencing staff behaviour, and factors identified in one perspective can be reinterpreted using the terminology of another. Factors considered in occupational psychology, social psychology and

behavioural psychology will be discussed briefly together with reasons for the choice of a behavioural framework for the research carried out here.

4.1 Approaches from occupational psychology.

Occupational psychology research has attempted to identify the characteristics of the job, and then the characteristics of the employee and the work environment which contribute to such areas as satisfaction, productivity and absenteeism. The most influential approach is the Job Characteristics Model (Hackman and Oldham, 1976), which outlines five core dimensions of a job which are predicted to induce the three states thought to be critical to high work motivation, performance and satisfaction: experienced meaningfulness of the work, experienced responsibility for work outcomes and knowledge of results. These states are in turn held to be moderated by the need for personal growth of the individual. The five dimensions are skill variety, task identity, task significance, worker autonomy and feedback from the job itself; of which, autonomy and feedback from the job have relatively more impact on the 'motivating potential score' of the job. Although two further dimensions were considered, they were not included in the 'motivating potential score' and were not thought to be central to the understanding of jobs: these were feedback from supervisors and co-workers and the amount of interaction with others required by a job. However, these last two areas can be argued to be central to the work of direct care staff in services for people with learning difficulties.

Although the Job Characteristics Model has been very influential, Wall and Martin (1987) discussed several criticisms of research in this domain: including whether the core dimensions are separate, whether other job characteristics are also significant and the lack of specification of a relationship between motivation and performance. In addition, Wall and Martin (1987) pointed out that most studies of the Job Characteristics Model have focused on satisfaction and motivation outcomes, rather than on behavioural indices such as performance and absenteeism. Although feelings

of satisfaction and motivation are important, given the impact of staff *behaviour* on client life in services for people with learning difficulties, it is what staff *do*, not just how they feel that counts.

It may be argued that the largely clerical and shop floor work on which research in occupational psychology has generally focused (Wall and Martin, 1987), is qualitatively different to human services work. 'Technological indeterminacy' is a useful concept against which to discuss the applicability of traditional job design models to human services. Davies (1986) listed the aspects of this concept described by Perrow (1967): outcomes are intangible or not clearly defined; there is variety in the situations of clients which affects the relationships between service inputs and outcomes; and the knowledge of the production relations and of the causal processes which underlie them are imprecise. Davies (1986) suggested that the 'technology of social work' is seen as indeterminate and that this is also true for other care services. Applying this concept to services for people with learning difficulties, in good quality services it is possible to specify outcomes and provide appropriate feedback to staff (e.g. Felce, 1989), thus dealing with the 'intangible outcomes' issue. Although argued above to be inappropriate to human services work, the Job Characteristics Model includes the dimension of 'task identity', which parallels the specification of outcomes. However, in Hackman and Oldham's terms (1976:257), this is defined as "*...the degree to which the job requires completion of a "whole" and identifiable piece of work; that is, doing a job from beginning to end with a visible outcome*". In human services, the range of tasks, clients and the gradual emergence of outcomes for some service users suggests that 'task identity' as used in the Job Characteristics Model is not a useful concept for the assessment of the work of care staff. The second issue, that of variation of the situation of clients, is clearly relevant in human services, and a touchstone of quality care is response to *individual* needs, precluding an all-inclusive approach. The final issue of the 'production relations' is one of designing service systems to deliver effectively the technology of client teaching and staff training and

management. Although the technology of such areas as skill teaching, individual planning and behaviour modification exists, the 'production relations' of how to ensure such techniques are reliably used, maintained and generalised are less well understood. Thus, many services for people with learning difficulties could be argued to fall towards the indeterminate end of a determinate/indeterminate continuum, and to differ from the largely industrial and clerical work which forms the basis for much occupational psychology research.

However, despite this, there are areas where research from occupational psychology may be usefully applied. Key issues surround staff roles and communication within the organization. Although the role of direct care staff will be discussed in more detail in Chapter 3, the concept of role may be briefly described here as consisting of expectations made of the individual (Katz and Kahn, 1966). These researchers discussed role conflict, whereby conflicting expectations are made and role ambiguity, in which there is lack of clarity about roles. Such role difficulties may be particularly pertinent in an environment of technological indeterminacy, as has been argued to exist in human services, where Davies (1986:69) has suggested that in order to avoid chaos, "*...staff would tend to develop working assumptions about client characteristics and interventive strategies... which have great survival although some of them are of dubious validity.*"

Katz and Kahn (1966) also discussed communication within the organization; in terms of formal and informal channels and vertical and horizontal structures. The effects of informal sources of communication and the impacts of horizontal communication on morale and task co-ordination were considered. However much subsequent occupational research deals with formal channels, which are more accessible to the researcher, and with vertical (often downward) communication. Again, the peer group, which may be of particular significance in services for people with learning difficulties and other care services, is largely neglected.

4.2 Approaches from social psychology.

Social psychological approaches stress the interpersonal and collective level of situations, rather than the individual. Of areas studied by social psychologists, the debate on the influence of attitudes on behaviour, social influence and the size of work groups are amongst those particularly relevant to care staff in services for people with learning difficulties and it is clear that there are overlaps between some of the variables studied in occupational psychology and social psychology.

An important debate in social psychology is the extent to which attitudes may be used to predict behaviour. The theory of reasoned action (Ajzen and Fishbein, 1980), later modified into the theory of planned behaviour (Ajzen, 1988), describes three factors which influence intention to perform a behaviour: attitudes towards the behaviour, subjective norms and perceived behavioural control. The intention in turn influences whether the behaviour is performed, the closest predictions occurring when a specific action is asked about (e.g. Ajzen and Timko, 1986). Despite the importance of the theory of planned behaviour (Ajzen, 1988), the concept of intention, or 'planned behaviour' may be more cumbersome in its application to the moment by moment stream of behaviours in which staff in care services are involved as opposed to the more specific forms of behaviour often studied using this model, such as voting and the use of seat-belts. Although the attitudes of staff to clients are important, this model would suggest that it is staff attitudes and intentions concerning doing particular tasks with or around clients that should be highlighted for predictive value to be achieved. As from the perspective of the client it is ultimately the behaviours rather than the intentions of staff that count, it is more direct to study staff behaviours themselves.

The concept of 'subjective norms' used in attitudinal research, and which may be defined as the individual's understanding of what behaviour others expect of them and the motivation to comply appears also in social compliance research. A much quoted

study (Asch, 1956) demonstrated that the judgements of line length of a single subject could be easily changed by accomplices giving consistent, incorrect responses. Care staff may find themselves in a parallel position as newly appointed staff members and find that they comply to existing work practices. The different behaviours exhibited in different conditions by subjects in the Asch (1956) experiments highlight the influence of situational or environmental cues on performance. Cues in terms of situational structure have also been found to have an impact on staff behaviour in institutional services, (for example the finding of more staff-client interaction in structured situations by Prior, Minnes, Coyne, Golding, Hendy and McGillivray, 1979).

The 'diminishing return' in terms of staff interaction with clients of adding staff to a client group of constant size (e.g. Mansell, Felce, Jenkins and de Kock, 1982) parallels the 'Ringelmann effect' (see Kravitz and Martin, 1986), where the performance of a group on a physical task was less than the sum of previously measured individual efforts. In addition, issues such as processes operating in groups (e.g. Steiner, 1972), the perceived attractiveness of others (e.g. Walster, Aronson, Abrahams and Rottman, 1966), prejudice (e.g. Allport, 1954) and leadership qualities (e.g. Hollander, 1986) can also make valuable contributions to the understanding of possible influences on staff behaviour in services.

4.3 Approaches from behavioural psychology.

One of the strongest traditions of research in services for people with learning difficulties is that of behavioural psychology. Its application to the study of the behaviour of care staff complements the contribution of this approach to understanding and improving client skills and activities.

The behavioural model views operant behaviour as a function of its consequences which may affect the probability of similar behaviours, or responses, occurring again (Skinner, 1953). In Skinner's terms, consequences of responses which increase the

probability of reoccurrence are described as reinforcers; those that decrease it as punishers; and these are identified by their effects rather than by any intrinsic properties. Reinforcement may be both positive (addition of stimuli) or negative (removal of stimuli), and Skinner (1953) pointed out that the connection need not be obvious to the individual. Given that a behaviour exists, it can be modified by reinforcement of variants of it (differential reinforcement), and its maintenance affected by the delivery of reinforcement on a variety of reinforcement schedules. In addition to the impact of the *consequences* of the behaviour, Skinner (1953) also wrote that stimuli acting before, or associated with the behaviour, can also affect its probability of occurrence. In this way, 'discriminative stimuli' (situations or stimuli in which, or after which, certain actions are likely to have certain consequences) are established. Thus both antecedents and consequences of a behaviour are relevant to its subsequent likelihood of occurrence.

Although early behavioural work looked at single behaviours, there is now a general acknowledgement of broader environmental processes and a move towards behavioural ecology in which the study of multiple behaviours and environmental factors is studied. The next chapter examines the behavioural framework and its development into a more ecologically sensitive one in greater detail.

A behavioural model focusses on what staff do, rather than on proxies for performance such as attitudes. In the search for relationships between directly observable features, *manipulable* environmental factors and behaviour may be identified, rather than concentrating on remote or historical variables such as demographic and sociological factors which are less amenable to change. The choice of this approach for the study of the behaviour of direct care staff in services for people with learning difficulties is further justified by its extensive use in the study of client experience. Behavioural approaches to clients have made a significant contribution to service development over the last 25 years, particularly in showing that

people with learning difficulties can learn and that challenging behaviour can be controlled.

Previous research on staff within this framework has investigated the effects on their behaviour of such factors as staff-client ratios (e.g. Mansell, Felce, Jenkins and de Kock, 1982), environmental structure (e.g. Prior *et al*, 1979) and prior client behaviour (e.g. Warren and Mondy, 1977) as well as the effect on staff performance of a variety of behaviourally based training and management techniques (e.g. Burgio, Whitman and Reid, 1983; Seys and Duker, 1986 and Quilitch, 1975), which will be reviewed in Chapter 3.

Despite the potential of the behavioural, particularly the ecobehavioural approach, it is not always achieved in practice. Some studies of staff behaviour make little or no attempt to assess co-occurrences of variables collected. This ignores natural contexts which would help create a greater understanding of maintaining factors. Drawing a parallel with work on challenging behaviour, where interventions are increasingly recommended to be based on detailed analysis of surrounding factors, there is a need for a similar level of analysis of staff behaviour.

As well as continuing to assess the factors that affect staff behaviour in terms of client behaviour, and characteristics of clients and settings the relationships amongst staff themselves need investigation. Without this, the overlooking of the importance of the peer group in occupational psychology models risks being carried over to behaviourally based work on staff in services for people with learning difficulties. The maintenance of responsive and flexible care would imply that staff groups need to be given the resources in terms of skills, confidence and support in order to work in a variety of situations. Although it is commonly acknowledged that the greatest resource of human services are the staff, they are less often seen as a resource for each other.

Another warning concerning the use of the behavioural approach may be taken from critiques of occupational research. Luthans and Martinko (1987) pointed out that this has tended to be quantitative and that data are largely collected through questionnaires. As well as calling for greater use of observational research strategies, they stressed that qualitative techniques provide a different, not inferior, source of data. There has been an emphasis on the categorisable and quantifiable in behavioural research, as indeed is to be expected of an approach in which the *probability* of behaviours occurring is a central theoretical concept. The move towards more ecologically sensitive behavioural work suggests a place for the complementary use of quantitative and qualitative data. Qualitative data have been described as precursors to the development of observational categories (e.g. Bijou, Peterson and Ault, 1968), but can potentially also be an important part of the process of subsequent data collection and interpretation. Indeed, this may be a future direction of an increasingly ecologically sensitive behavioural tradition.

5. Summary.

It has been argued that staff behaviour is an important determinant of the quality of care in services for people with learning difficulties and that the quality of care can be poor even in some highly staffed small scale community services. Although staff-client interaction has often been studied, it was suggested that staff-staff interaction has been relatively neglected in services for people with learning difficulties, but that it is an area worthy of investigation. Of the three approaches used by psychologists to study issues relating to staff behaviour, it was argued that a behavioural approach, particularly when used with an ecological perspective and supplemented by qualitative material provides a comprehensive approach to the study of staff behaviour in services for people with learning difficulties.

6. The structure of the thesis.

This thesis is concerned with the client related behaviour of care staff in local residential services for people with learning difficulties; houses set up by a District Health Authority to resettle people from institutions. The services studied differed from some small community services that have been studied (e.g. the Andover houses, Felce, 1989, and the small houses in the NIMROD project, e.g. Lowe and de Paiva, 1991) as they were not part of any demonstration project. (However, there had been some university contact for undergraduate research in one house, and an evaluation of local services including those studied here took place during the course of the research.)

The research evolved from an interest in direct-care staff and the work that they do, factors that influence it and a curiosity about staff-staff speech. Taking a behavioural approach, initial research was essentially descriptive and highlighted areas of possible significance which were further investigated, moving gradually to the added use of qualitative data to give more context to the traditional quantitative results.

Chapter 2 reviews the behavioural tradition and describes the growing emphasis on ecological sensitivity in research. Chapter 3 reviews the literature on factors affecting staff behaviour, using mainly observational studies from a behavioural framework. The influence of peer staff is briefly discussed as a precursor to more detailed discussion in Chapter 10.

Chapter 4 presents Study 1: a descriptive observational study of the interactions of staff in a community based group home. Following a research tradition of examining staff and client numbers, staff interactions both with fellow staff and with clients were studied within the contexts of naturally-occurring staff-client configurations. The use of staff-client configurations as contexts for interaction raised the question of whether

the engagement in activity of staff and clients was also a context for interaction. This was investigated in Study 2, presented in Chapter 5, which also looked at staff and client engagement under different configurations.

Studies 3, 4 and 5 were comparative studies carried out in houses serving people of different abilities and were designed to investigate further areas raised in Studies 1 and 2. Using the finding from Study 2 that activity was a context for staff-client interaction, and taking domestic work as the activity of interest, as an age-appropriate, varied activity of everyday life for adult clients to be involved in, Study 3, reported in Chapter 6, investigated client presence with staff and client participation in domestic activity that staff were doing to examine whether this differed across different parts of the day and when different amounts of domestic activity were available. Following this, Study 4, reported in Chapter 7, investigated the activity of the interactants in staff-client interactions and the relationship of activity to staff-client interaction, aiming to investigate further the finding of Study 2. Study 5, reported in Chapter 8, examined similar issues for staff-staff interaction, including its content when staff were not engaged in observable work tasks.

Study 6, reported in Chapter 9, investigated reactivity to observation, an important factor in observational research and one on which there is little specific information with respect to staffed housing.

Building on the potential importance and reinforcing nature of staff-staff interaction, and given the growing stress on age-appropriate activities for clients, Study 7, reported in Chapters 10 and 11, explored whether staff-staff interaction could be used to alter staff behaviour. An ecologically sensitive participative staff management procedure was set up with the aim of increasing staff domestic activities with clients. The intervention was assessed using quantitative data, and also qualitative data which allowed ecological variables not traditionally studied in behavioural research,

particularly staff peer relationships, to be considered. Qualitative data also contributed to the discussion of the appropriateness of the intervention in the setting in which it took place.

Chapter 12 draws together the findings from the studies. The research carried out is appraised and its implications are discussed in terms of the growing debate on the ecobehavioural approach and in terms of practical implications for services.

Chapter 2: A review of the behavioural approach in services for people with learning difficulties.

1. Introduction.

Having chosen to use a behavioural approach for this work, this chapter examines areas of the debate surrounding behavioural theory and development in its application to services for people with learning difficulties. As confidence grew in the power of the behavioural approach in the 1950s and 1960s, its application broadened in scope from intervention at the level of single behaviours of single clients to a range of other issues including the behaviour of staff in various services and the design of new services. Debates on the importance of considering multiple behaviours, the importance of 'setting events' or 'setting factors', the maintenance and generalisation of change and on ecological sensitivity in research have been interwoven with a growth in practical application. An expanding body of literature describes 'ecobehavioural' research, in which sensitivity to the environment and interrelationships of behaviour and environment are stressed.

2. Basic principles and methods of behaviourism.

Operant behaviourism stresses the influence of the environment on the behaviour of the individual, both in evolutionary terms and within the lifetime of the individual (Skinner, 1953). The basic premise is that behaviour is shaped and maintained by its consequences. Skinner (1953) proposed the existence of a set of systematic and functional relationships between the behaviour of an organism and its environment, and that by the observation of behaviour and the systematic experimental manipulation of the environment, the relationship between responses and environmental conditions can be identified. This systematic, objective and concise framework forms the basis of

his science of behaviour. The stress is on the future and not the past: “...a response which has already occurred cannot, of course, be predicted or controlled. We can only predict that similar responses will occur in the future...” (Skinner, 1953:64) and on the manipulable.

The ‘unit’ used in behavioural psychology is the probability of occurrence of a behaviour. A triad of antecedent, behaviour and consequence (A-B-C) is proposed, the elements of which can be observed, identified and potentially modified. The consequences of behaviours affect the probability of the future occurrence of similar behaviours, and have traditionally been placed in two clusters - those which increase the probability and those which decrease it. Consequences that increase the probability are termed reinforcers, those that decrease it, punishers. Positive reinforcers increase the likelihood of the behaviour that produces them and negative reinforcers increase the likelihood of any behaviour that reduces or removes them. The definition of positive and negative reinforcers is in terms of their effects on the probability of behaviours and not in terms of any intrinsic characteristics. Reinforcers may vary both across individuals and across situations for the same individual. Despite the functional definition of reinforcers and punishers in the original writings, many years into the development of the field, Remington (1991) warned about the potential misuse of the terms ‘reinforcer’ and ‘punisher’, when a consensual or assumed definition is taken, rather than one based on functional criteria.

Consequences are not the only factors impacting on the probability of behaviours occurring. Antecedent factors are also important. When a given stimulus is the “...occasion upon which a response is followed by reinforcement...” (Skinner, 1953:108), or indeed punishment, the behaviour is more (or less) likely to occur when the stimulus is operating. The stimulus thus becomes a ‘discriminative stimulus’ and the probability of the response may be altered by its presentation or removal.

The scheduling of the presentation of reinforcers also affects behaviour (Skinner, 1953). Reinforcement following different intervals of time and/or ratios of the occurrence of a behaviour results in different patterns of response likelihood and persistence, although this is mediated by reinforcer satiation and deprivation.

Behaviours are not seen as isolated, or discrete acts in the behavioural perspective. Skinner (1953) stressed that behaviour is ultimately continuous (although distinction into definable acts occurs for the purpose of analysis) and that consequences on one behaviour can also affect another, an aspect which he held to have been neglected even at the time of writing. Thus, the interaction of the individual and the environment and the interaction amongst the different behaviours of an individual are highlighted in this approach, although it is also the case that despite the relative sophistication of the theory as far as interrelationships are concerned, much research in this tradition has been on a simpler level (Remington, 1991). Given the complexity of the interrelationships, full analysis of antecedents and consequences of behaviour is clearly a time-consuming procedure. With this in mind, Kiernan (1975) suggested compromise, indicating that the shift from research to treatment requires a simplification in procedures. He identified a variety of approximation procedures that emerge in practical use including analysis based on general observation, the modification of likely discriminative stimuli and reinforcers, and the overriding of existing stimuli by moving the individual to new settings and attempting to use more powerful discriminative stimuli and reinforcers than existing ones. However, there is a growing dissatisfaction with standard interventions (some of which may use simplifications and approximations), and there have been calls for the greater use of functional analysis, notably in the area of challenging behaviour (e.g. Axelrod, 1987; Lennox and Miltenberger, 1989).

The basic application of the approach follows that of the laboratory and includes several stages: after the description of the behaviour(s) of interest or concern,

observations are conducted to establish baseline rates of responding. Measurement of the frequency or probability of the occurrence of discrete behaviours, which is possible with simple behaviours in the laboratory, has given way to a variety of measurement approaches, many relying on interval-based observation (Baer, Wolf and Risley, 1987), so that difficulties with onset and offset times are minimised. Interventions of a variety of levels of complexity, relying on different parts of the theoretical paradigm are then applied and subsequent levels of responding measured. A variety of experimental designs (see Barlow and Hersen, 1984) enable intervention elements to be introduced and withdrawn in a variety of ways in order to enable functional relationships to be assessed.

3. The development and application of the approach.

Moving outside the laboratory, research demonstrated the strength and wider applicability of behavioural principles. The relevance of the approach in services for people with learning difficulties was evident in a wide range of techniques aimed both at teaching new behaviours and/or modifying levels of existing behaviour (e.g. Bensberg, Colwell and Cassell, 1965, on teaching self-help skills; Dayan, 1964, on toilet-training; Kerr, Meyerson and Michael, 1965, on teaching vocalisation to a mute child). By the late 1960s, the use of the behavioural approach in applied settings was gaining confidence. The Journal of Applied Behavior Analysis was launched in 1968 and an article in the first issue laid out a prescription for applied behaviour analysis, or the application of the behavioural approach to socially important problems (Baer, Wolf and Risley, 1968).

Baer, Wolf and Risley (1968:91) defined the process of analytic behavioural work as “...applying the sometimes tentative principles of behavior to the improvement of specific behaviours, and simultaneously evaluating whether or not any changes noted are indeed attributable to the process of application - and if so, to what parts of that

process...” . They stressed its applied nature (behaviours chosen on the basis of their importance to society and the subject), its behavioural orientation (a focus on changes in overt behaviour) and an analytical approach to the demonstration of functional relationships and hence validity of intervention approaches. Further, they stressed its technological nature (the use of clearly specified, hence replicable, procedures) and the importance of both effectiveness in terms of human as opposed to statistical significance and generalisability in terms of lasting and wide-ranging outcomes. There is no doubt that the application of behavioural principles in services for people with learning difficulties can qualify under this applied approach.

The successful application of applied behaviour analysis has come to encompass a wide range of issues, both generally and within the field of learning difficulties. The last two decades or so have also seen debates about a variety of aspects of behaviour analysis. These debates have not been uncritical. Wahler and Fox (1981:327) suggested that “...*applied behavior analysis has provided limited access to the full range of environmental events that influence socially significant behavior...*”. A more contemporary account was also critical, suggesting that although the original approach allows for the generation of hypotheses about functional behaviour-environment relationships, what often passes as behavioural research are descriptions of levels of behaviour at different stages of the intervention process, without functional analysis (Remington, 1991).

Several areas of debate are examined in this chapter: the application of theory and practice to multiple behaviours and multiple effects, the increased discussion of 'setting events' or 'setting factors' and the greater emphasis on the contexts in which behaviours occur, the greater consideration of maintenance and generalisation of behaviours and encompassing all these, the growth in calls for an ecologically sensitive perspective.

Although other issues are also being raised in the area of behavioural work in settings for people with learning difficulties at present, such as the debate concerning the use of non-aversive intervention techniques, (e.g. La Vigna and Donnellan, 1986; Matson and Swiezy, 1990) where arguments about the functional assessment rather than assumed status of reinforcers and punishers are relevant (Remington, 1991), calls for social validity (the assessment of the acceptability of interventions and the significance of their outcomes to those involved) to be assessed (e.g. Kazdin, 1977; Wolf, 1978; Kazdin and Matson, 1981; Schwartz and Baer, 1991 and the Special Issue of the Journal of Applied Behavior Analysis, Summer, 1991) and discussion of the extent to which the goals of normalization theory are compatible with applied behaviour analysis (e.g. Emerson and McGill, 1989), these will not be considered here.

3.1 Multiple behaviours and multiple effects.

In the initial move from the laboratory to the world outside, behavioural research ran the risk of restricting itself to simple interventions on single behaviours. However, dissatisfaction was voiced, and Willems (1974) drew attention to the narrowness and general lack of context in much behavioural research in a key paper. He stated that applied behaviour modification largely relied for its precision and objectivity on “...*application to single dimensions of behavior, one at a time...*” and pointed out that “...*the questions of larger and unintended effects within interpersonal and environmental contexts and over long periods of time beg for evaluation and research...*” (p.155). He called for behaviour technology to take on a wider perspective, and gave examples from macro-ecology and micro-ecology to illustrate the breadth of the environmental network which may be affected by the introduction of change at a given point.

Amongst the work contributing to the expansion of the field advocated by Willems (1974) was that of Sajwaj, Twardosz and Burke (1972) describing the existence of

what were initially termed 'side effects' of an intervention procedure on decreasing the excessive conversation of a young boy with learning difficulties with his teacher. A range of behaviours were found to vary concurrently with the decrease in the boy's conversation: increased social behaviour with other children, decrease of use of so-called girls' toys, decreased appropriate behaviour in group academic work and increase in disruption. This suggested that behavioural interventions should be understood in their wider environmental context, and the authors pointed out that a response class (a group of responses which develop together and are all affected by the environment even if this acts on one, (Bijou and Baer, 1967)) may contain constituent behaviours that covary not only directly, but also inversely, adding further complexity to the relationships.

Such emphasis, however, was not new. Skinner (1953) had already drawn attention to the complex nature of behaviour and environmental interrelationships, suggesting that single variables can have multiple effects and that an event can have multiple causes. Further, Herrnstein's matching law (1961) suggested the dependence of reinforcers for given behaviours on concurrent opportunities for the reinforcement of other behaviours, again stressing a multiple behaviour matrix. Thus, the criticism of narrowness can be seen partially in terms of the research and intervention practice not matching the scope of existing theoretical underpinnings. However, the criticism of the narrowness of the approach was also evident in the growth of interest in 'setting factors'.

3.2 Setting events or setting factors.

As well as a call for broadening the perspective in terms of behaviours studied and possible effects, the other side of the antecedent-behaviour-consequence relationship has also been addressed. Wahler and Fox (1981) discussed the work of Willems (1974), and stated that he only looked at expanding the range of the effects of intervention, rather than the range of causes. Wahler and Fox (1981:14) suggested

that the range of antecedent environmental phenomena should also be broadened into a more complex and temporally varied one, criticising applied behaviour analysis for focussing on “...*relatively simple and temporally proximate conditions of behaviour influence...*”. Although much of the concern about antecedents was related to the applied nature of behavioural work, this had also been apparent previously on a laboratory-based level, with Weiner (1969) suggesting that people's pre-experimental reinforcement histories with properties in common with those of the laboratory may determine performance.

The debate on ‘setting events’ or ‘setting factors’ is often traced back to the work of Kantor (1959) whose ‘interbehavioral psychology’ posited the existence of interdependent factors - the person, the stimulus environment, their media of sensory contact, their interbehavioural history and their ‘setting factors’. ‘Setting factors’ were initially conceptualised as the “...*immediate circumstances influencing which particular response functions and stimulus functions will occur...*” (Kantor, 1959:16). The immediacy of the temporal relationship was removed in later formulations, in which a ‘setting event’ was described as a “...*stimulus-response interaction, which simply because it had occurred will affect other stimulus-response relationships which follow it...*” (Bijou and Baer, 1961:21). Further, Wahler and Fox (1981) pointed out that ‘setting events’ can temporally precede or overlap with given stimulus and response functions thus giving the dimension of time a greater range than in an immediate antecedent paradigm.

Despite the enthusiasm of some researchers for the concept of ‘setting event’, there has not been unanimous support. In that Skinner’s work allows for such complexity of antecedents, it has been suggested that there is nothing to be gained theoretically by the introduction of such a term (e.g. Leigland, 1984; Brown, Bryson-Brockman and Fox, 1986). Further, Morris and Midgely (1990) pointed out that the meaning of setting events has recently moved away from functionally defined conditions affecting

stimuli and responses to the more general meaning of behaviour settings (physical and/or social ecosystems). Despite the debates about the merits of the term, the understanding of antecedents in a temporally broad way is important. This is evident in the growing emphasis on 'ecobehavioural' approaches, which will be discussed in more detail in a later section.

3.3. Generalisation and maintenance of change.

The successful application of behavioural approaches is not the end point in an intervention strategy. Baer, Wolf and Risley's (1968) prescriptives of generalisability and effectiveness look to the future, and Willems (1974) argued that behaviour analysts should take a longer term view of the precursors and effects of interventions, as some effects only become apparent after long periods.

The concept of 'response generalisation' was discussed by Skinner (1953), who suggested that given the continuous nature of behaviour, it is not surprising that changing contingencies in one setting alters the behaviour in another. He stressed that common 'elements' of behaviour, rather than common responses are what is evident when generalisation occurs across situations, but also pointed out that the approach then lacked appropriate tools to deal with this issue. Stokes and Baer (1977) questioned the logic of expecting generalisation as a passive result of behaviour change interventions, where responses become controlled not only by stimuli and reinforcements in the process, but by ones resembling them (Skinner, 1953) and proposed that generalisation should be actively programmed, and not merely hoped for. Further Remington (1991) added that changes in the level of a behaviour in one situation may result in 'compensatory' changes in the same behaviour in 'temporally adjacent, but different situations', which acts against generalisation. On a broader level, Stolz (1981) stressed the issues of dissemination of the techniques and of the wider adoption of successful interventions, taking the issue of generalisation beyond the single intervention to the level of the approach as a whole.

The maintenance of behaviour was also discussed by Skinner (1953), who stressed that the present probability of occurrence could be understood only through current contingencies of reinforcement and described the effects of interval, ratio and combined schedules of reinforcement. The importance of current contingencies suggests that reinforcement be built into the natural environment in order to maintain change. Thus, for interventions in services settings where staff are used to reinforce the behaviour of service users, not only is the maintenance of the behaviour change of clients important, but also the maintenance (and generalisation) of the appropriate staff behaviour which contributes to it. Although there was early optimism, that a behavioural perspective applied to the behaviour of people with learning difficulties would provide “...*rehabilitation personnel with a viable position which encourages an active treatment involvement...*” (Gardner, 1971:9), it soon became clear that the existence of a powerful intervention approach was not enough and that the issue of maintaining and generalising the behaviour of staff and behaviour analysts needed to be addressed.

The complexity of maintaining the behaviour of the ‘trainer’ was implied by Loeber and Weisman (1977) who point out that a ‘trainer’ is involved in a series of antecedent-behaviour-consequence strings from a wide variety of sources. The maintenance of the behaviour of direct care staff is of particular relevance when researchers or behaviour analysts withdraw from a situation, leaving the implementation of an intervention in their hands. This, and the differences in contingencies acting on staff and researchers are important areas to address.

Multiple behaviours, setting events, generalisation and maintenance issues indicate the complexity and dynamic nature of the environment on which interventions are made. Although these concepts have been discussed separately for convenience, it is clear that overlap exists between the debates on these concepts. Changes made at any point can contribute to the creation of a new series of behaviour-environment

interrelationships. The continuing development of the field can perhaps be seen most clearly in calls for an 'ecological' or 'ecobehavioural' approach which draws attention to the complexity and dynamic nature of the environment.

3.4 The ecological perspective.

The call for an ecologically sensitive approach may be seen as part of a general awareness of the interrelationships in the environment across a variety of disciplines. Following a discussion of the ecobehavioural perspective, this section appraises research which makes claims to this orientation and considers ecological sources of data.

The criticism of the narrowness of some of the application of behavioural theory and the debates on multiple behaviours and multiple effects, 'setting events', 'setting factors' and the contexts in which behaviours occur, as well as the importance of the maintenance and generalisation of change have all contributed to the increasing emphasis on ecologically sensitive approaches. The calls to greater ecological sensitivity can be seen as part of the general awareness of the interrelationships in the environment across a variety of disciplines. As Willems (1974:158) pointed out, an ecological approach is "*...not a single unified body of theory... [but]... an orientation, a set, a perspective...*".

As discussed in an earlier section, Willems (1974) pointed out that only a narrow range of behaviours was being considered by behaviour analysts and that the environments in which behaviours and their consequences were embedded were overlooked. Similar dissatisfaction was voiced by Holland (1978) in relation to behavioural interventions, criticising them for consisting of special contingencies in special environments. Despite many interventions taking place in classroom and residential settings, these interventions may be in the form of specially set-up short-term projects, where special permission from management, special procedures,

additional staff and/or funding and special contingencies for staff such as time off or monetary reward may be introduced, which may alter the natural environment; not taking people to the laboratory, but taking the laboratory to them. In a criticism of the focus of interventions, Cullari and Ferguson (1981) argued that the emphasis on the individual client rather than on the environment has been one of the problems with the use of the behavioural interventions in institutions for people with learning difficulties.

An ecological perspective can address such criticisms. Proposing a definition from within the behavioural perspective, Chadsey-Rusch (1985:248) defined the ecological approach as “...*the study of complex interrelationships and of the interdependence between the organism, its behaviour and the environment that occur in natural contexts...*”. However, it may be argued that such a definition makes explicit areas which are already present in the behavioural field. Holland (1978) indicated that, despite the frequently individually oriented focus of the approach of behaviourists, *behaviourism* actually allows for a wider analysis of the systems within which ‘problems’ occur, than often exists (my stress). However, more recently, Milne (1984:2) pointed out that although behaviour analysis has ‘alluded’ to ecological parameters, “...*very little actual data-gathering of an ecobehavioural variety has taken place...*”.

Although the use of an ecobehavioural framework suggests analysis of interrelationships between behaviour and environment (Chadsey-Rusch, 1985), research claiming to be ecobehavioural does not always differ in any appreciable way from research not making this claim, in that the range of data collected and their presentation provide little information about interrelationships. An ‘ecobehavioural’ analysis of small group homes and traditional hospitals (Felce, de Kock and Repp, 1986) presented staff and client data in terms of the percentage of behaviours in categories such as types of client engagement, and forms of staff antecedents and

consequences in small houses and traditional settings. Although client appropriate engagement and staff antecedents were found to be highly correlated, this formed a minor part of the results presentation and was done in very general terms. Other ecobehavioural research has made interrelationships explicit. In classroom based pieces of research, Vyse, Mulick and Thayer (1984) investigated the correlation of behaviours among four children in a special education class and suggested that this could be used as a method of hypothesis generation, and Greenwood and Carta (1987) related ecological variables at the level of tasks/activities to student responses under each of these conditions.

Some research without the claim to the ecobehavioural has also provided an assessment of behavioural interrelationships, which goes beyond the immediate antecedents of events. A notable example is the work of Prior, et al. (1979), who examined staff-client interaction in institutional contexts with different amounts of structure, such as meals and free-play periods, and found that structured situations contained more such interactions. Further, research such that on client engagement levels in groups of different size (e.g. Dalgleish and Matthews, 1980), and a general description of staff time spent interacting with clients under different staff-client ratios (Mansell, Felce, Jenkins and de Kock, 1982) can also be said to have an ecobehavioural orientation.

Given the range of levels of ecological sensitivity in research both with and without the 'ecobehavioural' tag, the term 'ecobehavioural' may have become something of a catchphrase for researchers. Indeed, Morris and Midgely (1990:2) warned that: "*...first, ecobehavioral analysis is no one thing; rather it describes applications and related concepts that vary widely across research projects and programs. And, second, ecobehavioral analysis is more often an attractive and engaging term than a clear referent for a systematic body of concepts, principles and practices stemming from any coherent research tradition*". They went on to offer a conceptual system for

ecobehavioural analysis, basing it on the integration of behaviour analysis and interbehavioural psychology, describing each of the areas of Kantor's interbehavioural psychology: people, the stimuli with which they interact, their historical context, medium of contact with the environment and current context. The understanding of the functions of stimuli and responses was stressed, as well as the dynamic relationships between response and stimulus forms and functions, the form of particular contexts which allows established behaviours to occur and the function of current contexts which in turn allows behavioural relationships to have given functions. The provision of a framework by Morris and Midgely (1990) was perhaps the first attempt to do this for ecobehavioural analysis and awaits further discussion and debate by theoreticians and practitioners. However, the potential contribution of an ecologically sensitive approach, whether in behavioural psychology or other areas, to a greater understanding of people and their environments is not in doubt.

An ecobehavioural analysis which emphasises its behaviour analytical roots has certain implications for the data that are gathered. Much of the ecobehavioural research cited above has tended to stay within traditional sources of data: the use of directly observable categories of behaviour. However, the calls for ecologically sensitive research may also imply the use of other sources of data to create a fuller picture than the often disjointed portrayal of isolated behavioural categories. This is not a new point. An early text on behaviour modification with people with learning difficulties suggested that the organisational setting required for successful programme implementation be described (Kiernan, 1975), showing an awareness of the real ecological contexts in which interventions are made.

In an example mentioned by Willems (1974), if an intervention on a mother's nagging of her child had stopped at the report of the reduction of frequency of nagging, it might have been deemed a success. However, it is the additional information that she reported anxiety, tension, weight gain and finally left her child that provides a context

to the case-history and encourages consideration of whether in this instance the intervention tackled significant variables, indeed whether a behavioural intervention was merited at all. Willems (1974:162) pointed out a range of areas that could not be addressed by the narrow focus of much contemporary behavioural research: "...a) *successful modification may produce unintended effects in the behavioral repertoire of the target person; b) failures or marginal successes may be governed by variables that have not even been contemplated; c) with varying degrees of success on the target person, there may be unintended effects on the larger social or environmental network; d) success may be temporary for reasons that are little understood; and e) success may be situation specific for reasons that lie beyond simple contingency principles*". Such issues suggest that data should cover a wide range of behaviours and environmental factors, allowing for factors other than those of immediate interest to be described. From such a system-wide awareness, further hypotheses for the understanding of the relationships between behaviour, environments and interventions can be derived.

A more recent critique has also stressed the importance of breadth in behavioural research. Horner (1991:608) suggested that although the breakdown of behaviours into analysable units has been valuable, behaviour analysts need to "...*rebuild those units back into the complex stream of behaviour that makes up daily living patterns...*". Description of settings in additional ways may help to achieve this, and if this is done with a focus on the observable, the emphasis of the behavioural approach on direct observation need not be compromised. Benefits may be obtained in terms of greater understanding of the environments on which interventions are placed, and the interaction of environments and interventions, which Ager (1991) pointed out is crucial to the establishment of sustainable change.

4. Application of the approach to staff groups and service design.

The move to a broader framework has been evident in the increasing application of behavioural methods to systems rather than individuals. Felce (1991) highlighted this shift from discrete behaviour change to what may be termed a wider ecological perspective. As the techniques of intervention on single behaviours and on an individual basis became backed by an increasing array of supporting evidence, behavioural approaches or elements of them were also used to describe staff behaviour in service settings (e.g. Warren and Mondy, 1971; Harmatz, 1973; Dailey, Allen, Chinsky and Veit 1974), and to alter it (e.g. Cooper, Thomson and Baer, 1970; Panyan, Boozer and Morris, 1970; Ivancic, Reid, Iwata, Faw and Page, 1981; Parsons, Cash and Reid, 1989). The use of behaviourally oriented research in services for people with learning difficulties has identified a range of factors that influence staff behaviour, which will be reviewed in the next chapter.

As well as intervention on the level of staff in existing settings, Felce (1991) drew attention to the application of behaviour analytic methods to the design of new service systems. In parallel with the strengthening and dissemination of service philosophy such as normalization and social role valorization (Wolfensberger, 1972, 1983) the behavioural approach has provided a coherent framework for service design (e.g. The Andover Project, Felce, 1989; and the Special Development Team, Emerson *et al.*, 1987). Similarly, Ager (1991) discussed the use of applied behaviour analysis and behavioural ecology (elements of the ecobehavioural approach) in the analysis of service environments to help produce sustainable change. Thus from early work on single behaviours of individuals, there is a whole spectrum of application ranging from this relatively micro-level to a wide system level, involving both intervention in existing services and the planning of new ones.

5. Conclusion.

The behavioural approach has been used in services for people with learning difficulties from individual behaviour change to service design. The debates in the field on multiple behaviours, multiple effects, setting events, generalisation and maintenance and ecological sensitivity yield a central theme: the increased acknowledgement of the complexity of the environment in which people live and work and in which research and intervention take place. The use of an ecobehavioural approach in research in services for people with learning difficulties may help to identify further variables which influence staff and client behaviour and help generate a better understanding of the environments in which interventions are carried out, and also of the interrelationships of interventions with the environment into which they are introduced.

Chapter 3: Factors affecting staff behaviour.

1. Introduction

Chapter 2 discussed the theoretical basis of behavioural and ecobehavioural approaches. It was argued that an ecobehavioural approach, with its emphasis on a broad range of variables and interrelationships between them, as well as the possibility of using additional sources of data to describe and understand the contexts and effects on them of behavioural work, offer a strong package for further research on services for people with learning difficulties. This chapter draws on behavioural research to review factors that affect client-related staff behaviour in services for people with learning difficulties, showing the range of areas that this approach has identified. Client-related behaviour, especially staff-client interaction is emphasized because this is of particular relevance to client quality of care, as described in Chapter 1. Having chosen to stay within the behavioural remit, this section does not include a review of factors such as staff attitudes, stress and satisfaction, although some research outside the behavioural remit is referred to, where relevant to factors which observational studies have described.

If an ecobehavioural approach is taken to the classification of factors affecting staff behaviour, these can be classified on a number of levels. At a broad level (c.f. setting factors) comes the orientation of the service, staff roles within it and related induction training, the physical environment (size, location and material provision) that staff work in and that clients live in or use. These may be seen as the basic 'givens' of a service within which everything else operates.

Within this, factors affecting the behaviour of staff come both from the *characteristics* of people (staff and service users) and of its organisation such as staff:client ratios and

the structure of situations, all of which may also be seen as 'setting factors', on a more immediate level than broad level factors. The *behaviour* of people within the setting forms another strand: the behaviour of clients, supervisors, other direct care staff as well as staff own behaviour acting as antecedents and consequences. This chapter reviews the broad-level factors, then more specifically the characteristics and behaviours of others that influence staff behaviour. It also considers the potential importance of peer level staff, which, as pointed out in Chapter 1, has been relatively little addressed.

2. Service orientation, expectations of staff and service environment

2.1 Service orientation

This is a time of changing service structures in Britain. Traditional forms of residential provision are gradually being replaced by a variety of alternatives, under the impact of changes in both philosophical and political standpoints on service delivery. There are a variety of working models currently in operation from modern client centred services where there is an emphasis on normalization philosophy and the principles of *An Ordinary Life* (King's Fund, 1980), as evidenced by the five accomplishments (O'Brien, 1987) of community presence, participation in community life, respect from others in the community, choice of action, and the competence to engage in valued activities; to those where a custodial approach to care or a medical model is still used. Even within traditional models, however, practices can vary in the extent to which they are client or service oriented (King, Raynes and Tizard, 1971).

The orientation of a service, as may exist in written statements of philosophy and aim may provide staff with general level rationales for particular forms of organisation of client care. Even if it does not get directly communicated to staff, it is likely to be reflected both in the roles of staff and in the environment in which they work, areas which will be examined in more detail.

2.2 Staff roles

2.2.1. Introduction

Before considering the role of staff in services for people with learning difficulties, it is useful first to consider a social psychological perspective of roles. Katz and Kahn (1966:174) took a social psychological approach to organisations and conceptualised roles in terms of the expectations made on the worker; and described role behaviour as “...*the recurring actions of an individual, appropriately interrelated with the repetitive actions of others so as to yield a predictable outcome*”. Although this is couched in terms which may be more appropriate to situations of technological determinacy (c.f. Perrow, 1967) the basic emphasis is on learning, accepting and fulfilling the expectations of others.

Katz and Kahn (1966) discussed the way that roles are sent, allowing expectations (‘sent role’) to come from a range of sources (co-workers as well as managers) with vested interest in the behaviour of the individual, and for the content of role information to be related to areas which contravene official requirements as well as to areas relating to formally specified areas of responsibility. Further, role expectations may also be directly or indirectly expressed. They distinguished the expectations that are ‘sent’ from what the individual ‘receives’ (the perceptions and cognitions of the individual about what was sent), and argued that it is the ‘received role’ which is the immediate influence on behaviour. Katz and Kahn (1966) pointed out that the whole is an ongoing process with feedback loops in operation amongst the people involved, and added that there can be more than one role sender, and that inconsistent expectations can exist about a variety of behaviours. Such factors could lead to several areas of possible role difficulties: *role overload* (expectations which cannot be met in available time), *role ambiguity* (lack of clarity about expectations) and *role conflict* (perception of incompatible expectations).

This work forms a useful introduction to the area of staff roles. It is possible, however, to interpret the formal and informal sources of information about roles as setting factors or antecedents and to conceptualise roles within a behavioural framework. Gilbert (1978) distinguished between behaviour alone (what is done) and behaviour plus consequences, which he termed performance. His model for 'engineering worthy performance', which may be interpreted as a model for creating expected role behaviour, consists of six components of behaviour arising from the individual's repertoire of behaviour and the environment that supports it. The prefix 'eco' may thus be attached to his work. The six elements allow areas of difficulty to be analysed to find whether these occur in the environment or the person, and whether antecedent stimuli, responses or reinforcers are deficient. Those areas which can be most effectively manipulated can then be chosen in order to change performance.

Gilbert (1978) suggested that within the supporting environment, areas which can be modified are a) discriminative stimuli for the behaviour, such as descriptions of what is expected and relevant and frequent feedback about the adequacy of performance; b) the form of the actual responses, such as providing materials designed for ease of use and c) reinforcers such as contingent financial incentives and career development opportunities. Modifications can also be made directly on the level of the individual's behaviour by a) providing appropriate training and placement as antecedents; b) modifying the capacity to respond by flexible scheduling, prosthesis, shaping, adaption and selection; and c) assessing motives to work and recruiting people to match situations.

Although the model is clear and practical, as a prescriptive model for managers, it takes less account of the impact of others in the environment on the behaviour of workers. For staff in human services, client and co-worker contact may be more frequent than managerial contact and thus also have an important impact. Katz and Kahn (1966) considered the behaviour of others in the network surrounding role

sending and staff behaviour, thus it is useful to combine elements of the two approaches.

2.2.2. Roles in services for people with learning difficulties

The expected behaviour of direct care staff in services for people with learning difficulties is not always easy to specify. As discussed in Chapter 1, the 'role' of direct care staff in residential services encompasses many areas of client life, and is changing as service orientation and philosophy change, and changes on a more day-to-day basis as a flexible response to individual needs and strengths.

Despite the wide-ranging aspects of the role of staff, the reality of it does not always match what is desired. The move away from traditional institutional care, where the role of staff was the provision of custodial care with little emphasis on teaching (Ziarnik and Bernstein, 1982), should affect both staff and clients. Bailey, Thiele, Ware and Helsel-de Wert (1985:437) cited earlier authors to suggest that this move has "*...dramatically changed the role of direct care staff and paraprofessional staff by involving them in educational planning and programming...*". This may be so in terms of expectations, but this optimism does not necessarily reflect the reality. Such a gap between expectations and reality was illustrated in a study of staff attitudes by Slater and Bunyard (1983) who found direct care staff in residential services which claimed to promote client independence and self-sufficiency seeing their responsibilities in a 'maintenance' role, more akin to that of traditional institutional staff. In addition, despite the wide ranging role for staff, described by Knoll and Ford (1987:144) in services for people with multiple disabilities as "*...aides, educators and facilitators of relationships...and not...ward attendants* " (where the role of aide was counter-pointed against that of servant), they acknowledged that this was in fact "*...substantially more challenging and perhaps more complex than we see in place in most of our community residences today*".

2.2.3. Transmission of staff roles in services for people with learning difficulties.

The use of formal paperwork such as service philosophy descriptions or job descriptions is only part of the transmission of expected staff behaviour and it may be unsatisfactory. Raynes, Pratt and Roses (1979) suggested that formal regulations and job descriptions could reduce the flexibility needed by direct care staff to respond to different situations. Others have argued that job descriptions are not sufficiently specific: Porterfield (1987:12) stated that "*Service aims and staff job descriptions are often unclear and non-specific*", and Mansell *et al.* (1987:103) pointed out that if an organisation is unable to specify what it wants its employees to do, then "*...it is hardly surprising that people fall back on traditional patterns of work, or focus only on those aspects of the job which have been clearly specified (like administration)*". Felce (1991:291) also highlighted the lack of precision in formal descriptions, suggesting that "*...job descriptions may be inconsistent with perceived role and may be imprecise in defining the performances expected of staff*". The specified role of others may also affect staff behaviour. Services which employ specialist domestics and cooks, for example, reduce the amount of domestic work that care staff can do with clients.

Additional information about expected behaviour comes from any induction training offered. This should be consistent with service orientation and staff roles, and also occur on an early and frequent enough basis that staff receive such training before or soon after starting their work, and that all staff members receive it. The end of a period of induction training should not be the last experience of training for staff; Ward (1985) described additional training inputs becoming needed after a period of induction training for a new service, and Landesman-Dwyer and Knowles (1987) stressed the importance of subsequent follow-up information. For example, if there is a long gap between staff starting work and induction training, and if new staff are left to find their feet themselves, co-workers, with their own interpretation of their roles, may become important 'role senders', and a subculture can develop which can act to

either support or subvert formal service aims. Allen, Pahl and Quine (1990) found that staff who had had induction training did in fact have a clearer idea of their jobs and also were less likely to leave. Where investment is made in staff training, it is also important for unit or group-level induction training packages to include provision for new staff coming in part way through a process and to allow for staff turnover.

From the preceding discussion, it is clear that expected and actual staff behaviour is an area which merits careful attention, particularly in this time of changing services, and that the expectations on staff are wide ranging. Role expectations are only one part of a complex network of factors affecting staff behaviour. The following section will discuss service environment, another broad-level area which may be traced back to service orientation.

2.3 Service environment.

As well as being reflected in the staff roles, service orientation is also reflected in the service environment, which subsumes such aspects as the size of the setting, its location, material provision and rules governing access to and use of equipment and supplies; all of which can impact on staff behaviour.

2.3.1. Service size

There has been a steady decrease in what is considered the maximum size of service as large scale institutions are closing and a variety of services for small groups of people and individuals are being planned and set-up. For example, in the UK, 25 place 'Locally Based Hospital Units' were being set up as alternatives to institutional care in the 1960s (see Felce, Kushlick and Smith (1980) for an overview). More recent options have offered support for people living on their own (e.g. part of the The Wells Road Service in Bristol, Ward, 1985; and staffed houses for as few as 2 people, Special Development Team, Emerson et al, 1988).

The size of services has been investigated as a potential variable affecting staff behaviour. Landesman-Dwyer, Sackett and Kleinman (1980) found that staff behaviour was 'remarkably homogeneous' in 20 group homes varying in size from 6 to 20 people and that extent of staff-client interactions was not related to service size despite higher staff-client ratios in the smaller settings. However, differences in the amount of staff contact to clients in settings of different sizes and types have been found by others, with more interaction with clients in smaller community based settings than institutional settings (Hemming, Lavender and Pill, 1981; Thomas, Felce, de Kock, Saxby and Repp, 1986). However, even in services of similar size, it is possible for staff behaviour to vary widely with other factors.

2.3.2. Service location

Services in the mainstream of the community are being developed as an alternative to traditional, often geographically fairly isolated services. In the emphasis on client participation in community activities, close proximity to community facilities is seen as a desirable feature (e.g. Mansell *et al.*, 1987). Ease of community access in combination with adequate and flexible staffing levels can influence how much staff are able to involve clients outside the service.

2.3.3 Design and material provision

The orientation of a service is also likely to be reflected in its material provision. Traditional institutional services combined large living units with centralised services such as catering and laundry, taking aspects of daily living away from most clients, apart from some who may have worked in various domestic areas. However, even within institutional services, a wide range of material provision can be found (e.g. Raynes, Pratt and Roses, 1979).

The principle of normalization (Wolfensberger, 1972) and guidelines from services which take this as a starting point include emphasis on the provision of ordinary

houses, with contemporary, domestic-scale furnishings and equipment which allows opportunities for client activity and skill development (e.g. King's Fund, 1980; Mansell *et al.*, 1987). The unsuitability of the physical environment and the lack of availability of low cost items have been found to affect client opportunities for self-care skills (Burton, Thomas and Cullen, 1981). However, despite the provision of a variety of domestic and personal equipment in a service, rules or views of clients as risk or nuisance in certain areas (Felce, 1991) may still preclude staff encouragement of client activity.

Other rules also impact on what staff can do in the setting: systems of budget allocation, methods of dealing with household repairs and obtaining supplies affect what organization is left in the hands of staff and clients to organise. Mansell *et al.* (1987) and Felce (1989) described services where budgets were devolved to house level and all household expenses were organised by those in the setting, giving both greater control and a greater range of activities for staff and client participation.

2.4 Summary of broad level factors

Broad level factors affecting staff behaviour have been described above: service orientation, staff roles and service environment. All have the potential of having an impact on the behaviour of staff in services and are associated with various degrees of modifiability - from the unit level based addition of equipment to the wider implications of changing a financial system.

3. Characteristics of people and situations

3.1 Client characteristics

The characteristics (and behaviour) of service users have been well established as factors affecting staff behaviour. Dailey, Allen, Chinsky and Veit (1974) found that clients seen by staff as attractive and likeable received more attention. Further, Paton

and Stirling (1974) found that older clients who had been institutionalised longer received fewer conversational type interactions from staff. Similar differences in distribution of types of interaction across clients with different characteristics were found by Pratt, Bumstead and Raynes (1976) and Grant and Moores (1977). Pratt, Bumstead and Raynes (1976) found that clients with more severe learning difficulties received less informative speech; and Grant and Moores (1977) that clients with high levels of maladaptive behaviour and low levels of adaptive behaviour as assessed on the Adaptive Behavior Scale were likely to receive non-verbal interactions, whereas more able clients were more likely to receive positive interactions. The general pattern of findings of interaction in relation to client characteristics has been summarised by Raynes (1980) as 'the less you've got, the less you get'.

3.2 Staff characteristics

Staff characteristics have been subject to less investigation than client characteristics. Landesman-Dwyer and Knowles (1987) stated that there has been little research relating staff characteristics to their behaviour. However, there has been some attention to staff characteristics (much post-1987) and findings exist on the effects of age, sex, staff qualifications/seniority and the contract on which staff are employed.

A relationship has been found between the age and sex of staff and care practices. Using the Revised Resident Management Practices Scale - RRMP (after King, Raynes and Tizard, 1971) and the Informative Speech Index - ISI - on both individual and aggregated group levels Raynes, Pratt and Roses (1979) found some links between staff characteristics and practices. More client-oriented care practices were found on units with more younger (under 30) and female staff, if measured at a group level on the RRMP and ISI. However, neither age nor sex were consistently related to more client oriented speech at an individual level. Raynes, Pratt and Roses, (1979:107) suggested that "*...the relationship at the building level is mediated by some process, in the specific context of the building, other than the actual staff characteristic itself*".

Raynes, Pratt and Roses (1979) also found length of service to be a factor, with units with a greater proportion of staff who had been in post for less than a year having more client oriented practices both on a group and individual basis. This may imply the operation of informal role communication, with new staff gradually learning to follow the working practices (not necessarily client-centred) of established staff.

Formal staff training, leading to the Registered Nurse in Mental Handicap (RNMH) qualification is another potentially relevant staff characteristic. However, Cullen (1987:337) pointed out that despite comprehensive training, "*...the history of hospital based residential services for mentally handicapped people shows clearly that nurse training has not resulted in high quality of life*". Whereas Felce, Mansell and Kushlick (1980) found junior care staff in locally based hospital units to be more likely to contact clients than junior staff in traditional villas and the levels of client contact of senior staff (all with RNMH or other nursing qualifications) in villas to be similar to those of their junior staff, senior staff in the smaller, locally-based settings had the lowest contact levels of both staff groups across the two types of setting. In a later study of institutional wards, in contrast to the findings of Felce, Mansell and Kushlick (1980), Wood (1989) found that ward managers were more involved in administration, which limited their opportunity to interact with clients. This is consistent with the observation that trained staff in both institutional and community based services do not find themselves in an environment where they are encouraged to use their teaching skills, instead spending time on administrative work (see Duker, Seys, van Leeuwe and Prins, 1991). However, the differences between client contact levels of senior and direct care staff may need to be ascertained for individual settings.

Many staff in services (both hospital and community-based) are not formally qualified (fewer than 45% qualified in hospitals, DHSS, 1979; 11% qualified in one hospital, Cullen, 1987; and approximately 45% with some nursing or other professional qualification in groups of both hospital and community staff, Allen, Pahl and Quine,

1990). This lack of formal training for staff working with people with learning difficulties places greater emphasis on comprehensive in-service induction training and updates.

Duker, Seys, van Leeuwe and Prins (1991) investigated the type of contract (full or part-time qualified staff or full-time student) on the behaviour of staff at the direct-care level in an institutional setting. Full-time qualified staff spent more time than other staff on unit organization activities (non-client-related activities), and part-time qualified staff were more involved in custodial care than full-time qualified staff. They also examined the effects of consecutive days of duty and found that qualified part-time staff almost doubled the time spent on routine (non-stimulative) custodial care with increasing days on duty. However, only three staff members at this level were involved in the study, and this is an area which needs further investigation.

Although in theory it might be possible to select staff groups to best combine characteristics associated with high quality care, the levels of pay at direct-care grades makes the job unlikely to be the main source of family income (Raynes, Pratt and Roses, 1979; Mansell *et al.*, 1987) hence it would appeal to a narrower range of applicants. Staff turnover has been of concern in both institutional and community-based services. A wide range of annual turnover has been reported: 25% and 54% for small houses and 7% and 16% in larger community units (de Kock, Felce, Saxby and Thomas, 1987); about 23% in houses for up to four people (Allen, Pahl and Quine, 1990); and from below 10% to 48% in two community based services (Felce, Lowe and Beswick, in press). Such varied findings suggest that even if it were possible, or desirable, to recruit staff with given characteristics, such a group may be unlikely to be stable. However, it is possible to manipulate the rota patterns and the combination of junior and senior staff to some extent as some of the studies cited above have suggested. However, directions of differences across setting types and the effect of different combinations of staff and work patterns cannot be assumed.

3.3 Situational characteristics

Situations in which staff work can also be characterised on a number of levels: staff:client ratios, locations in the setting and the structure of the overall activity. Such features will be discussed in this section. In Gilbert's terms (1978), these can be seen as aspects of the environment, and are areas which can be manipulated for more effective performance.

3.3.1 Staff-client ratios

Staff-client ratios can vary according to different times of the day and different routines. Although it might be expected that increasing the numbers of staff is beneficial to quality of care, the relationship between staff-client ratios and staff behaviour is not a simple one. Harris, Veit, Allen and Chinsky (1974) found that a decrease in the number of clients single staff were responsible for resulted in greater levels of staff contact to clients than increasing the number of staff assigned to a client group of given size. This implies a change in the pattern of staff behaviour when there is more than one staff member present. In a study of client engagement and staff-client interaction in 2 day centres, Dalglish and Matthews (1980) found support for this result. Despite similar staff-client ratios in a craft activity, clients received more contact from staff when a group worked in a room with their staff than when two groups worked in a larger hall together. The (untested) suggestion was that staff interacted together under these conditions. In a study of a one hour activity period in a residential setting, Mansell, Felce, Jenkins and de Kock (1982) found that adding a staff member to the group in baseline, reversal and the experimental room management conditions was associated with a decrease in the amount of time each staff spent interacting with clients. In another study in an institutional setting, Seys and Duker (1988) found that merely adding a staff member to a group did not affect staff behaviour. Change in staff behaviour only happened when the additional staff member was assigned specific duties related to a staff management procedure. Felce, Repp, Thomas, Ager and Blunden (1991) examined the relationship of staff-client

ratios on staff and client behaviour in traditional institutions, large community based units and group homes. As Harris, Veit, Allen and Chinsky (1974) did, they found higher levels of staff interaction as the number of clients with one or two staff decreased. Hile and Walbran (1991) also found support for this in another institutional setting. Further, they found that when there were relatively more staff available per client, staff were more likely to be engaged in their own leisure activities.

Examinations of staff behaviour under conditions of understaffing and staffing levels greater than average has also been examined, but in institutional settings. Burgio, Whitman and Reid (1983) found staff spent more time in household duties and custodial care and less in overall and contingent interaction with clients at times of staff shortage. These findings were mirrored by Duker, Seys, van Leuwe and Prins (1991) who found that when staff on duty were fewer than average, the amount of time they spent on routine custodial care and the amount of stimulative custodial care (where routine care was carried out in a client oriented manner) both increased, as did housekeeping. Under these staffing conditions, the amount of time spent in ward organization (meetings and administration) decreased, as did recreational interaction with clients. Non-observationally derived support for this was offered by Emerson and Emerson (1987) where staff identified staff shortages as one of the barriers to the implementation of behavioural interventions, what might be seen as non-routine work, with clients.

3.3.2. Location within settings

Different areas of a house or ward clearly imply different behaviours on the part of both staff and clients. However, even architecturally comparable areas such as dayrooms may be used in different ways across settings. Across different areas in two institutional wards for people with different level of learning difficulties and different client management practices, Wood (1989) found that on one ward, most interactions took place in the dayroom with large groups of clients and on the other,

there was a greater distribution of both locations and client group sizes for interaction. In parallel with the data on day centres (Dalglish and Matthews, 1980; 1981), this suggests that areas or rooms within settings have their own behavioural ecologies.

3.3.3 Structure of situations

Structure of situations is another area of impact on staff behaviour. Prior, *et al.* (1979) examined staff-client interactions in structured and unstructured settings in an institution. Structured situations (dining room and occupational therapy) in which there was an emphasis on activity were associated with greater levels of staff-client contact and a higher frequency of instructions, than unstructured situations (dayroom and outdoor activities) as might be expected. A further demonstration of the impact of structure was reported by Hodges, Sandford and Elzinga (1986) in psychiatric wards, where greatest staff-client interactions occurred on a locked ward for long-term disturbed clients where a token economy programme was in operation, in comparison with acute wards running 'psychotherapeutic-educational group sessions'. They suggested that it may be the specific type of structure that elicits particular patterns of staff behaviour.

The room management procedure (Porterfield, Blunden and Blewitt, 1980) may be seen as a way of manipulating the structure of situations and the expectations made of staff. Staff are assigned particular functions in terms of differentially responding to engaged and disengaged clients, and seeing to people's personal care needs with the minimum of disruption to the group. An evaluation of this procedure by Mansell, Felce, de Kock and Jenkins (1982), found greater levels of client engagement in activity in room management conditions, but that examination of the data according to the clients attending showed 3 distinct client sub-groups who were differentially affected by the procedure. A high engaging group continued to have high levels of engagement, a low engaging group continued to have low or inconsistent levels of engagement and a final group fell between these two groups and reflected the overall

pattern: increased levels of engagement in room management conditions. These findings suggest a need for different procedures for clients with different original levels of engagement, perhaps more intensive work with the lowest engaging people.

Although different situations are associated with different staff-client ratios, the effect on staff behaviour cannot be assumed. Dalglish and Matthews (1981) found that only in one type of activity (of five activity types in two day centres) was there a clear relationship of the fewer staff per client, the more client-directed communication from staff: a teaching activity in a small room with a trained teacher. The importance of situational cues was also found by Hile and Walbran (1991) in an institutional setting in which direct care staff involvement in training was 36 times more likely to occur in a classroom rather than a dayroom, and 13 times more likely to occur when professional staff were present. They suggested that direct care staff are unlikely to engage in client training activities without such powerful environmental cues being present. In residential environments for people with profound learning difficulties, Leder, Reese, Schroeder and Eckerman (1988) found a negative correlation between the number of staff and contact with clients in only one (of four) types of behaviour situations and manipulating the numbers of staff was found to be associated with a change in behaviour for some staff. Thus the effects of changes in staff-client ratios across settings cannot be seen in isolation, and the demand characteristics of the situation and the abilities of clients, rather than ratios alone may be more important in determining behaviour. However, as residential settings decrease in size, wide variations in staff:client ratios may no longer be seen.

3.4 Summary of personal and situational characteristics

Although there is a wide literature relating client characteristics to staff behaviour, there is less of a literature about staff factors. Indeed, choosing staff groups to reflect certain demographic or other personal characteristics is an area which is impractical in many current services. The area of situational characteristics offers more promise for

modification and subsequent improvement in staff performance, and ultimately, quality of care, but effects should not be assumed, and what is possible and desirable to manipulate should be investigated for individual settings.

4. Behaviours of people in the environment.

Behaviours of people in the setting affect the behaviour of staff. This is perhaps the most complex area to be considered in this review. In choosing a classification system to present influences from behaviour of people in the setting in a structured manner, to avoid repetition, an obvious choice is in terms of antecedents and consequences. Such an approach was adopted by Loeber and Weisman (1977), including a wide range of possible factors, both immediate behaviours and the result of earlier behaviours (e.g. written protocols). However, these authors also pointed out that trainers, or staff, are involved in a series of antecedent-behaviour-consequence chains whereby the behaviour of the others acts as a discriminative stimulus or reinforcer for trainer responses (and vice versa).

Thus although factors affecting staff behaviour may be classified separately for the sake of convenience, they in fact form part of a complex, interacting environmental system. Instead of classifying by antecedents from different sources and then consequences from different sources, this section will classify by different sources of influence. The behaviour of clients, supervisors and researchers, the behaviour of individual staff and their peers will be considered. The influences of the behaviour of other staff will be more fully reviewed and discussed in the introduction to Study 7 in Chapter 10.

4.1 Antecedents and consequences from client behaviour

Client behaviour, as well as client characteristics have been found to influence staff behaviour, but not necessarily in a habilitative direction. If an applied behaviour

analysis framework is taken (e.g. Whatmore, Durward and Kushlick, 1975), client behaviour may be seen as an antecedent or consequence for staff response.

Warren and Mondy (1971) found that most client (child) behaviour was ignored by staff. Thus the antecedent function of client behaviour on staff may be questioned. However, when staff responded to client behaviour, they were more likely to respond to inappropriate than appropriate behaviour, suggesting the differential antecedent status of different categories of client behaviour. It is also possible that if staff contact is reinforcing to the client, that the inappropriate behaviour is maintained. A replication of this work was carried out by Felce, Saxby, de Kock, Repp, Ager and Blunden (1987) in institutions, large community units and houses. Staff response to appropriate client behaviour was similar in institutional and large community settings, with most such behaviour being ignored. However, staff in small community settings were more likely to respond to appropriate client behaviour than not respond, with most of the difference being accounted for by staff encouragement, rather than neutral contact. Further, staff response in the small community settings was more than would have been expected by adjusting for the higher staff-client ratios. Staff in small community settings were found to make a greater discrimination in response to appropriate client behaviour than staff in the other type of settings, although as the authors pointed out there was more appropriate client behaviour in these settings which may be both a setting event or consequence for staff interaction. Inappropriate behaviours were largely ignored in institutions and large community settings. Although this was also the case in small community settings, there was a higher rate of neutral staff response to such behaviours.

Other recent studies have also explored the effect of client behaviour on staff. Although identifying correlational rather than causal relationships, Duker, Boonekamp, ten Brummelhuis, Hendrix, Hermans, van Leeuwe and Seys (1989) reported several areas of client state or behaviour correlated with the incidence and

type of staff contact. Clients standing up received more training and recreation-oriented staff contact, which was mostly verbal. The reverse was seen for clients lying down. Unsurprisingly, staff verbal contacts with clients were positively correlated with clients being alert, and physical contacts with clients being asleep. Client looking at other clients, staff or objects and staff-client or object-directed adaptive behaviour (not self-directed adaptive behaviour) were correlated with increased training and recreation, whereas only staff-directed adaptive behaviour was correlated with overall staff contact. Overall, maladaptive behaviour (not stereotypy) was not correlated with total staff contact, whereas increased stereotypy was related to decreased staff contact. The authors pointed out that the findings support the picture obtained by Grant and Moores (1977) and Felce *et al.* (1987), that staff contact is associated with both increased adaptive and maladaptive client behaviour, and suggested directing intervention efforts at modifying some client behaviours so as to alter their likelihood of receiving contact from staff.

Client behaviour may also act as a consequence for staff. Loeber and Weisman (1977) cited an earlier study (Benberich, 1971), which suggested that a desirable change in client responding is one of the most powerful reinforcing events for trainers. Loeber and Weisman (1977) also suggested non-targetted client behaviours, such as smiling and comments as reinforcing events. Further, undesirable client behaviours were suggested to act as punishers, which in turn could decrease the likelihood of appropriate trainer responses.

In services for people with learning difficulties, given the examples of much client appropriate behaviour being ignored and some tendency to respond to client inappropriate behaviour that has been discussed in earlier sections, client development may be hindered. Further, the difficulties in establishing and maintaining staff use of training procedures also mitigate against client growth. Under such conditions, reinforcing consequences to staff from clients learning and using appropriate skills

may be less likely to occur. Woods and Cullen (1983) described several situations in which care staff in institutional settings discontinued programmes despite client progress, or maintained them despite lack of client change. In contrast to the earlier suggestion of Benberich (1971), Woods and Cullen (1983) suggested that even positive changes in client behaviour are insufficient for maintaining desirable staff behaviour.

The issue of consequences from clients may be conceptualised as 'feedback from the job itself', one of the five dimensions of the Job Characteristics Model (Hackman and Oldham, 1976). As discussed in Chapter 1, this dimension is one of the two considered as having most impact on producing optimum conditions for high work performance, motivation and satisfaction. However, given the apparent limited impact of feedback from clients, this dimension may not be as applicable for direct care staff in services for people with learning difficulties as for industrial and commercial staff, and feedback from other sources needs to be considered. This is done in many staff training and management interventions, where feedback from others in the environment (most often supervisors or researchers) is used.

4.2 Staff training and management

Given the low rates of staff contact with clients reported in much of the literature, the low levels of understanding of basic client training concepts and procedures found even relatively recently amongst care staff (e.g. Emerson and Emerson, 1987; Slater and Bunyard, 1983) and the growing emphasis on normalization and high quality care, a variety of staff training and staff management packages have been developed.

Training refers to the teaching of new skills. It can vary in format and use any of a combination of techniques such as formal class teaching, modeling desired behaviour and role-play. Although the effectiveness of different training formats is an important issue, with didactic techniques generally being acknowledged as insufficient, the

relative effectiveness of procedures will not be discussed. Views of the effects of training alone have not been positive. Patterson, Griffin and Panyan (1976:249) pointed out that "*Training alone does not insure that skills will be utilized on the job, and a consistent program of reinforcement appears to be necessary to maintain the application of these skills*". Several years later, Ziarnik and Bernstein (1982:109) suggested that "*the available data do not support training as a wholesale change methodology*", and suggested that training was often incorrectly applied, as staff may in fact have the skills required, with other factors such as the reinforcement of poor performance and environmental conditions acting to maintain low levels of desired staff behaviour.

In contrast to training, staff management refers to the control of behaviour which already exists in the repertoire of the individual. This can be achieved by a variety of antecedent and consequent strategies, with feedback on staff performance being one of the most commonly used management strategies in the United States (Green and Reid, 1991). In a review of training and management, Anderson (1987:83) concluded that "*providing information to staff regarding their performance has been demonstrated repeatedly to be an effective management procedure*", although a gap in the literature was identified concerning the long-term effects of feedback and the relative effectiveness of different forms. Duncan and Bruwelheide (1986) suggested several mechanisms by which feedback operates: reinforcement, where immediate feedback has more powerful effects and stimulus control as feedback precedes future behaviour. They also discussed discriminative stimulus control, where feedback is presented prior to the day's work and a broader antecedent function akin to setting factors where feedback "*...may serve to make the accomplishment of the worker more valuable and evoke work performance which produces that accomplishment.*" (p.108). Interestingly, Burgio, Whitman and Reid (1983) who gave staff several management strategies to rate for effectiveness and acceptability after a participative management procedure found that publicly posted feedback, one of the more

commonly used procedures, was rated as least effective, and one of the least acceptable. The low rated effectiveness and acceptability of publicly posted feedback (which in the absence of researchers would probably be from supervisory level staff) supports Hackman and Oldham (1976) where (for largely industrial and clerical jobs) feedback from supervisors and co-workers was not considered a central dimension of the Job Characteristics Model. However, it may be the public nature of the feedback rather than the feedback itself which was at stake for staff in the assessment given to Burgio, Whitman and Reid (1983).

4.2.1 Antecedents and consequences from researchers.

Several evaluations of staff training and management are now reviewed. Both elements are often interlinked. This section looks at several procedures, where training (which can be seen as an antecedent) and management (which can occur as both antecedent and consequence) were derived from researchers in the environment.

Panyan, Boozer and Morris (1970) arranged for institutional staff to receive a 4 week classroom based course in operant conditioning, with the aim that the methods would be used in their daily routines. Staff were then assigned a child to train in a given self-help skill and to keep records of the sessions conducted and the child's progress. Following varying lengths of baseline with different staff, where the progress records were collected, some training sessions observed and child progress rated by the researchers, publicly posted feedback on the percentage of client sessions carried out and the names of staff running them was introduced so that comparison across wards was possible. This increased the percentage of training sessions carried out on 3 wards from baseline levels (baseline levels not being reported for the fourth), and also on a further seven wards, suggesting that feedback is an easily used and effective procedure.

A wide-ranging evaluation of the effectiveness of a training package for staff in group homes was carried out by Schinke and Wong (1977). Staff in an experimental condition received eight training sessions on behaviour modification using a mixture of didactic and role-playing techniques. Among subsequent directly observable effects were a greater efficiency in responding differentially to client adaptive, maladaptive and neutral behaviour, paralleled by an increase in appropriate and decrease in inappropriate client behaviours in comparison to staff and clients in control groups. In addition, better knowledge of behavioural principles, improved attitudes to clients and less decline in job satisfaction were reported by staff receiving the training. However, staff in the experimental condition did not just receive training, but also contracted to plan and implement a behaviour change assignment on a client during the course of the training, and received a weekly telephone call to remind them of any assignments, indicating that a variety of antecedent strategies was in use.

Another intervention using both antecedent and consequent strategies was used by Ivancic, et al. (1981) who taught staff language training skills that they could use during existing care routines (bathtime). Prompts (postings, instructions and modelling) and feedback (written and verbal showing the rate of child vocalisations) were available. Staff use of the procedure was maintained and generalised to the dressing task following bathtime, and client vocalisations were also found to increase, indicating the successful implementation of the procedure.

These procedures were all experimenter-led and the issue arises of transferring control to the natural environment. The inclusion of supervisory level staff in interventions is a potential way of achieving this.

4.2.2 Antecedents and consequences from supervisors.

The behaviour of managers or supervisors may be conceptualised as providing antecedents and consequences for direct care staff and as an area of both formal and

informal role sending. Part of the responsibility of supervisory level staff can be argued to cover ensuring high quality care for clients. Aside from the smooth running of the service on an administrative and material level, this also includes the maintenance and development of client skills, through direct personal involvement and through the practical and emotional support of the work of care staff.

However, managers and supervisors may not be competent at their jobs. Focussing on US institutional services, Risley and Favell (1979:5) wrote that “...*most supervisors receive no pretraining and essentially no formal in-service training in supervision. They do not learn how or why to monitor staff and give feedback, where to go for consultation when problems occur, or even how to begin solving problems on their own.*” Porterfield (1987) cited this and suggested that this was also the case for British services. Under such conditions, management attention may be to issues which are not related to client development, an area which is less immediately obvious on periodic visits, with attention given to the monitoring of such areas as nutrition and domestic cleanliness rather than client development goals (Felce, 1991). This may keep cleanliness at the forefront of staff responsibilities, particularly in the absence of clear staff roles and the monitoring of client-related aspects and is an example of informal information contrasting with formal expectations, suggesting role ambiguity for staff.

Reactive crisis management may appear. The responsiveness and presence of senior staff only when things go wrong de-emphasizes the work that staff are doing in other areas and at other times. Further, the presence of managers above ward or house level may not be a frequent feature of a service setting, making antecedents rare and putting any feedback on a variable ratio schedule. In the absence of regular and appropriate contact from senior managerial staff, the responsibilities fall to the unit supervisor or leader. However, similar lack of management training and the suggestion that formal

qualifying training is not sufficient for desirable practices may result in their behaviour also being less than ideal.

Many intervention packages use the behaviour of supervisors in order to modify the behaviour of their staff. However, the findings of limited supervisor involvement in the work of their staff suggests a need to modify the behaviour of supervisors or trainers as well. This must be tempered with the warning that some staff may have learned to expect any supervisor contact to be aversive on the basis of critical management contact only during crises, suggesting that researchers should tread very carefully on existing relationships in services when planning intervention strategies which involve supervisor participation. Further, supervisors are in a series of heterogenous response chains themselves, and the behaviour of researchers may be subject to different contingencies than that of supervisors in the natural environment, thus the issue may become one of managing and training appropriate supervisor behaviour as well as that of their staff.

This rest of this section examines several interventions which include the behaviour of supervisory staff as an element in the process. The terminology of 'supervisor' is used - indeed, it is sometimes difficult to ascertain in the international literature whether a supervisor is at the level of a staff team or above. The main issue, however, is that the 'supervisor' has a status and potential level of power above that of the direct care staff.

There is relatively little work about the naturally occurring behaviour of supervisors in settings for people with learning difficulties. The low rates of care staff interaction with clients that have been described in many services, and the specific studies of supervisor behaviour cited above imply that the behaviour of supervisors is not naturally directed towards monitoring or encouraging staff-client contact. Indeed, antecedent strategies that supervisors might use, such as instructions to run activity

sessions via memos and arranging for staff to attend workshops may not be sufficient to effect change in staff behaviour (Quilitch, 1975).

Montegar, Reid, Madsen and Ewell (1977) are amongst the few researchers who have reported supervisor behaviour in a supervisor-led intervention programme. Baseline monitoring of supervisor behaviour showed no supervisor approval. Their intervention was associated with average levels of supervisor approval of 4% and 6%, and associated increase in staff use of stimulative training for clients - however, approval is only one of a variety of supervisor behaviours. Cherniss (1986) devised a set of observational codes for describing the work of supervisors (administrators) in special education programmes, coding their interactions with staff and others on several dimensions. The dimension of 'function' was composed of seven categories: informing (providing factual information), supporting (expressing interest/sympathy), guiding (work-related suggestions), global feedback (general positive or negative evaluation), specific feedback (specific evaluation), providing direction (influencing person by direct or indirect instruction) and observing. Of these, the latter five can be argued to be the most closely related to monitoring and influencing staff. These categories were observed in five administrators in four schools and recorded at mean levels of 5.8% (guiding), 0.8% (combined global and specific feedback), 3.1% (directing) and 10.0% observing, across staff, children and others. Feedback formed the smallest recorded category of supervisor behaviour. In a study of community based residential services, (Hughes and Mansell, 1990) found of 8 House Leaders, only three mentioned any time spent teaching staff, which on the basis of this small sample suggests that this is a low priority activity.

Pommer and Streedbeck (1974), provided structure to staff, combining this with monetary incentives. Individual staff were assigned client and household-related jobs and procedures, which were publicly posted. After a three week baseline with public notices only, monetary reinforcement was added in the form of money tokens for each

job completed for which supervisors signed. Public notices alone showed an increase in jobs and procedures completed within a week of posting, but the effects decreased over the 6 weeks of the baseline. Adding tokens slightly increased the completion levels, which the use of tokens alone decreased. Both scheduling and reinforcement following a reversal phase resulted in the highest levels of completion. Further, the authors suggested that “social reinforcement” was acting during the reversal phase as the percentage of completed procedures did not return to baseline. This theme will be returned to in the next section.

The specification or scheduling of procedures was also found to be effective by Quilitch (1975) in a comparison of staff management procedures. Although memos to staff and workshops aimed at staff running activity sessions were not effective, supervisor specification of who was to run sessions and when increased the number of active clients, including when this was used without prior instructions and workshops. Thus although general level antecedents such as instructions were ineffective, specification of tasks was more positive, a conclusion that Reid and Whitman (1983) reached in their review of behavioural staff management.

Using examples and role-play, Montegar, Reid, Madsen and Ewell (1977) trained staff to interact with clients. This was coupled with approval from a supervisor specifically for staff engaged in stimulation training with clients. Approval was deemed to be reinforcing on the basis of previous studies showing that teacher approval was reinforcing to students. The approval was enough to increase staff interaction to clients after a return to baseline in which staff use of stimulation training dropped. This intervention thus included both antecedent elements in the form of training, and also consequent elements in the form of approval.

Parsons, Schepis, Reid, McCarn and Green (1987) implemented a multi-component training and management intervention which involved participative elements in special

schools. Staff received in-service training relating to developing a functional curriculum and participated in deciding how to increase functional activities and materials with students (similar to those used by non-handicapped peers). Staff were given approval or corrective feedback about their suggestions and a starting date for the introduction of the functional activities decided. Supervisory level prompting also occurred, with the headteacher asking staff about their plans for introducing functional activities, and verbal feedback was given on new tasks that were seen, dropping in frequency from once a week to once every 3/4 weeks. Observations of student involvement in functional tasks occurred before and after the implementation of the procedure. A series of A-B designs was implemented, with the general finding that student involvement in functional tasks increased after the implementation of the intervention. As observations tailed off in frequency, from every few weeks to several months, they may have acted as a discriminative stimulus for use of functional activity, but the authors state that in practice there would have been a difficulty in changing from non-functional to functional materials when observers arrived. However, staff members also took part in observations, which could have been associated with forewarning. The intervention was rated as successful and staff evaluation was favourable, however, its multi-component nature meant that the effects of individual elements could not be assessed.

A similar multi-element procedure as a series of A-B designs was evaluated in units of residential facilities where client off-task behaviour was high. Parsons, Cash and Reid (1989) added structure to selected times by scheduling activities and specifying needed materials as well as instituting a room management procedure, for which the different roles required were modelled by the supervisor or researcher. Training was given and the importance of functional activities discussed, again involving staff in suggestions of material or activities that the clients might enjoy. Activity periods were observed by supervisors or assistant supervisors and staff were given feedback on the percentage of observational intervals with activities running. The programme was

associated with a decrease in client off-task behaviour. Where a maintenance phase was introduced (as treatment but without the observations by supervisors), client off-task levels remained similar or decreased further, and active treatment levels either maintained or increased. Only 1 unit of 7 for which data were reported fell outside this pattern for up to 15 months of maintenance, and the authors suggested that a possible reason for the maintenance of the initial behaviour changes was that the intervention became part of the management system, perhaps one of the few examples of interventions being taken on by the service in which they are implemented.

Although feedback is often used in such interventions, supervisors have the power to use other consequences with their staff. Two of these consequences are promotion and disciplinary action. In an exploratory study of 21 qualified nurses in a mental handicap hospital, Murphy (1983) asked them to rate duties according to the consequences of not performing them, the importance for their career, importance for their job satisfaction and importance for clients. Client-related activities such as running training programmes and talking with clients ranked below administrative tasks and basic nursing tasks in terms of consequences for not carrying them out and for career progress, even though they also ranked highest for job satisfaction and importance to clients. Staff also reported that there would be few consequences for not carrying out leisure or training activities for clients, but disciplinary action if administrative tasks and nursing tasks were not done. A Dutch study in residential services also identified career-related issues as possibly relevant to the decreased contact with clients by qualified staff in comparison with students (Duker, Seys, van Leeuwe and Prins, 1991). The authors suggested that staff promotion (which may be assumed to act as a reinforcer for most staff) was more likely to be dependent on organizational matters than client contact and that reversing contingencies related to the career paths of staff may affect client-oriented behaviour.

The inadequate behaviour of direct care staff reported in many services suggests that naturally occurring supervisor behaviour is not sufficient for maintaining the desired behaviour of direct care staff. However, a variety of procedures involving modifying the behaviour of supervisors have in turn positively influenced the behaviour of direct care staff. As this is an area of potential, attention needs to be turned to training and maintaining supervisor behaviour as well as that of direct care staff to take account of the heterogeneous response chains in which care staff operate, stressing attention to both client and service-related areas of staff responsibility. As far as strategies go, on the basis of a review of staff management procedures, Reid and Whitman (1983) suggested that multi-component interventions are among the most effective, rather than relying on a single procedure to which individual staff are likely to show different response.

4.2.3 Antecedents and consequences from staff themselves.

As well as modifying the behaviour of direct care staff by the use of supervisor behaviour, some studies of training and management interventions have included elements of individual and group level user participation in goal-setting, monitoring and self-reinforcement, often with elements of supervisor involvement. This section discusses several studies of staff participation, but also suggests that the behaviour of other staff also acts on an informal level as both antecedent and consequence.

Although Loeber and Weisman (1977) included reinforcers from colleagues as well as supervisors as contingencies of trainer performance, they did not specify antecedents from these sources. However, subsequent studies of peer involvement in services for people with learning difficulties have been both at the level of antecedents and consequences. Working with staff on a participative level puts them on a more equal plane with supervisors and researchers. A variety of procedures using staff as individuals and as the staff team are reviewed.

Burgio, Whitman and Reid (1983) described an early use of staff as participants in the management process. They used two points made by previous authors in their justification of participative procedures. Thoresen and Mahoney (1974) suggested that staff may be best placed to change their own performance as they have most access to it, and Skinner (1953) suggested that greater control in a situation decreases the probability of countercontrol within it.

Burgio, Whitman and Reid (1983) aimed to involve direct care staff as much as possible. Several staff and clients were randomly chosen from institutional living units. Staff initially received a 1 hour "remedial training" session with the researcher and supervisor where material previously received during the course of training was repeated: instruction via modeling, role-play and feedback on how to interact with clients, how to give praise and edible reinforcements contingent on appropriate client behaviour, and to ignore inappropriate behaviour. After baseline observations, participative management began, which consisted of 4 components. Staff *groups* on each unit decided on daily numbers of interactions with clients that would occur during the 1.5 hour period. This was decided with help from the researcher aiming for increases from baseline levels. Staff were then taught to use wrist monitors, to graph their interactions and to administer self-praise from "lousy" to "super" for meeting/exceeding the daily goal for interactions as *individuals*. Although supervisors were involved, they monitored use of the procedures rather than individual results. Client behaviour data were made available to staff following requests, but were not available during the maintenance phase.

During the participative management process, overall interaction with clients increased on all three units from a baseline mean of 19% to 40%, including an increase in interaction contingent on appropriate client behaviour. On an individual level, staff showed "*considerable variance during the intervention*" (p.46), but generally increases were obtained. The level of interactions maintained or increased during

maintenance, but several staff showed decreases; indeed individual variation is to be expected. Parallel increases occurred in client contact with toys. The participative procedure was rated by staff as the most effective of 9 options and the third most acceptable (after increased lunch hour and contingent money). One suggestion for the mechanism by which the process worked was that the self-management behaviours served as cues or prompts to staff.

Richman, Riordan, Reiss, Pyles and Bailey (1988) introduced a self-monitoring procedure, but without staff participation in the assignment of duties. After training on how to interact with clients and a reminder of the responsibilities of their jobs, staff were given individual copies of a schedule and additional outlines of responsibilities for each half-hour session of their shift. These were group activities, client/house custodial work and one-to-one training. Staff 'on-schedule' behaviour (if in right place with right materials, regardless of activity) and 'on-task' behaviour (if engaging in behaviours deemed appropriate for one of the three categories, regardless of the schedule) were measured. Use of self-monitoring increased both 'on schedule' and 'on task' behaviour across the three activity types. The addition of individual feedback from supervisors, who were trained to give feedback on the first identified behaviour of individual staff in an observation procedure, increased this a little further. Results were also reported for 'on schedule' behaviour for each of the categories increasing, but not reported for 'on task' behaviour. It is possible that the average increases for 'on task' behaviour may have not arisen equally from the three activity types specified, particularly as one was related to custodial duties rather than stimulative client care. Although staff had limited involvement in the procedure in comparison to staff in the work of Burgio, Whitman and Reid (1983), Richman *et al.* (1988:408) highlighted the '*element of individual self-responsibility*' that is part of self-management procedures and that this '*allows employees to come under the control of discriminative stimuli in the environment...*'. This emphasises the natural environment and can be seen as consistent with an ecological approach to the design of

interventions. They also suggested that involvement of supervisors is likely to be important in the creation of durable procedures.

Peck, Killen and Baumgart (1989) worked with three teachers who had children with learning difficulties in their mainstream classes. They assumed that the teachers would respond to a participatory process and implemented a non-directive consultation strategy. Following viewing a video of their own interactions with a given child during an identified training activity, each teacher was asked to independently suggest techniques that could address the child's specific behaviour objective (language instruction). Positive feedback was provided for suggestions by the researcher, and teachers were asked to rank their ideas by effectiveness and useability and to choose one or two strategies and implement them during the next occurrence of the training activity. Following this, teachers were asked to evaluate their implementation and identify any areas for change. Increases in use of prompts and consequences for the children's behaviour objectives occurred for all teachers, and generalisation occurred for two, with associated desirable changes in the behaviour of the children. A replication showed that the effects could be achieved without the use of video. Although the authors listed several limitations, such as the lack of maintenance data, use of only one area of staff work with children, the lack of assessment of the quality of suggestions and the small number of staff, they were certain about the value of non-directive approaches, suggesting that teachers would be more likely to implement procedures if they had generated them, and that teachers are better placed to know what procedures would fit into existing routines. This latter point is consistent with ecologically sensitive approaches.

Despite the use of staff in participative management procedures, there is still the view that staff contact with each other is something to overcome. Gunzburg (1989) wrote that adding staff to a group creates more opportunities for gossip, yet staff contact with each other can serve several useful functions such as support, decision making

and planning of care. Some researchers have acknowledged the importance of peer interaction, however. Raynes, Pratt and Roses (1979) cited both Perrow (1972) on the importance of communication between staff on the same level in non-routine situations and Etzioni (1960) on increased frequency of group discussion increasing staff support for new activities amongst staff in a psychiatric hospital. Even in studies of participative management, the involvement and interaction amongst staff is little described. Given the importance of participation in procedures and communication amongst staff, this is an important area to develop in future research. Staff speech amongst themselves and participative procedures are discussed in more detail in the introduction to Study 7.

The members of a staff group are important parts of the role-sending mechanism for individuals. Reid and Whitman (1983) discussed the possible effects of peer models in their review of staff management procedures, and suggested that interactions from peers may have an impact on new staff, acting to decrease initial high levels of work activity. Thus staff behaviour can act as antecedents and consequences for each other. There may be a staff subculture which acts against optimum practices and which exerts its efforts through a variety of means. The existence of such 'subcultures' amongst institutional clients and staff was described by researchers in the 1950s and 1960s. Goffman's (1961) study of 'the situation of inmates' is now a classic. Others also took detailed looks at institutional settings. In their study of a state mental hospital, Dunham and Weinberg (1960:44) stated that the group of attendants "*...is the carrier of a strong, meaningful and significant tradition...*" where approaches to work were handed on within the staff group and were hard to change. New settings where staff are not part of a large (live-in) hierarchical group may have weaker elements of such subculture, but the isolation of small groups may nonetheless lead to strong patterns within a setting. Strauss, Schatzman, Bucker, Ehrlich and Sabshien (1964) also pointed out that care staff may control more senior staff, the most powerful method being the withholding of information. Study 7 investigates possible

effects of peer-level staff on each other and includes a wide variety of qualitative information about the nature of the particular service setting studied.

5. Summary

This review has identified a wide range of factors that can affect staff behaviour. These vary in the degree to which they can be practically modified, and by whom. Some issues require the co-ordination of senior management, such as modifying financial routines, changing the number of clients in a setting, assigning staff and making large changes on the material environment, staff selection and training and designing the structure within which staff work. Many interventions have taken place on this level, with researchers changing some of the elements which can be argued to fall within the responsibility of senior staff. This suggests that some of the deficiencies in staff performance can be traced to higher within the staff hierarchy than has been studied by researchers in this tradition, where unit supervisor level is often as far as researchers go. However, even the behaviour of this level of staff has been found to be unsatisfactory in the studies that address this issue. Direct care staff may thus find themselves at the bottom of a hierarchy in which appropriate management skills may be lacking (see Porterfield, 1987). Any implicit blame on staff for poor quality services is thus likely to be, at least in part, misplaced.

At the level of the setting in which staff work, features of their work environment are subject to different levels of modifiability. Client characteristics and client behaviour, although not static, have not been found to be consistent positive influences for desirable staff behaviour, and staff characteristics are impractical to modify. However, several elements of service organisation can be modified with concomitant changes in staff behaviour, notably staff-client ratios and situational structure.

Although the provision of training in itself is not sufficient to maintain staff behaviour change, a variety of staff management procedures offer additional strategies. Some of these rely on the effective behaviour of supervisors. However, existing evidence suggests that naturally occurring levels of supervisor behaviour are insufficient for encouraging desirable staff behaviour, and that supervisor behaviour needs modifying in turn.

The behaviour of peer level staff is a promising area in which to develop research, as the processes by which staff exert influence on each other have not been widely examined in new services for people with learning difficulties. Participative management strategies, which have been associated with acceptability and effectiveness offer particularly positive directions forward. Although staff have been brought together in groups at some point at the introduction of the procedure, many such procedures use individual self-monitoring of effects. It may be relevant to consider groups more specifically, and indeed to look at interpersonal aspects of working together, an area which Thousand, Burchard and Hasazi (1987) suggested is rarely addressed in training. Leaving this to occur naturally may be associated with a variety of informal influences, not all of which are desirable. Although, clearly, care staff need technical skills, the interpersonal arena should not be overlooked and team building should be an important part of managerial concern in the support of client centred services.

Chapter 4: Study 1: Staff interactions in a community based group home.

1. Introduction.

As argued in Chapter 1, interaction with clients is a central area of staff work and interaction with fellow staff also has potential important implications for the quality of care provided. Chapter 3 reviewed a variety of factors affecting client-related staff behaviour. Among factors associated with differences in staff contact with clients, staff-client ratios have often been examined, largely in institutional settings. Less attention has been paid to the existence, rather than assumption, of staff-staff interaction under different conditions. As pointed out in the previous chapter, large variations in staff and client ratios, or configurations, are less likely to be found in smaller scale services. The first empirical study is an investigation of both staff-staff and staff-client interactions in a community based group home.

In the past, the effects of altered staff-client ratios on staff contact with clients have been investigated. Better staff-client ratios were not found to be correlated with increased staff client interactions in a study of facilities of different size (Landesman-Dwyer, Sackett and Kleinman, 1980). Adding staff to an activity period resulted in a decrease of contacts to clients by individual staff (Mansell, Felce, Jenkins and de Kock, 1982) and Harris, Veit, Allen and Chinsky (1974) found that adding staff to a client group of given size in an institutional setting was not as beneficial in terms of staff contact with clients as decreasing the number of clients assigned to one staff member. A recent paper, Felce, Repp, Thomas, Ager and Blunden (1991) reported the effects of different staff and client groupings on staff contact with clients in settings of different sizes and found that clients received most contact when in small groups (one to four), and only in small settings (for up to six

people) did increasing numbers of staff have an impact on the amount of interaction clients received, finding a parallel effect to that of Harris, Veit, Allen and Chinsky, (1974) in larger settings.

Where staff-staff interactions have been studied, in the past, they have been observed in up to a fifth of observed intervals. In an institutional ward with 50 clients and 6 staff, Harmatz (1973) found staff socialising to occur for about 19% of observed intervals across the day with both clients and for 19% of observed intervals with others (including staff); in two institutional wards (over the equivalent of a whole day shift), one with 25 clients, one with 36 clients, Wood (1989) found staff-client interaction in 39% and 41% of intervals and staff-staff interaction in 9% and 11% of intervals, with no interaction in the remaining intervals, despite the difference in ability of clients and difference in care practices in the two settings. In community residences for between 6 and 20 people, Landesman-Dwyer, Sackett and Kleinman (1980) found values between these: interactions in 32.0% of observation periods (every 15 minutes) with clients and in 15.6% with staff.

Staff-staff interaction has rarely been analysed by staff-client groupings, although a study in a psychiatric institution in the 1950s (Kandler, Behmeyer, Kegeles and Boyd, 1952) found that when more than five nurses were present, contact with clients decreased and contact between the nurses increased. Small scale community settings are less likely to have so many people on duty together apart from at meetings. Staff-staff interaction, as in some of the studies cited above, tends to be reported in general terms rather than according to staff-client groupings, or clients are the focus of observation, so staff-staff interaction is not observed.

In addition, the content of staff-staff interaction on a day-to-day level is rarely investigated, particularly for direct-care level staff and it risks being described as 'gossip' (e.g. Gunzburg, 1989). The way in which it is regarded may also be seen in

the description of a decrease in staff-staff interaction as a 'side-effect' of a successful intervention (Burgio, Whitman and Reid, 1983). However, staff are employed to work with each other as well as with the clients in their care. The importance of working cooperatively with fellow staff has been suggested as 'absolutely prerequisite' for staff in community residences (Thousand, Burchard and Hasazi, 1986), and co-operation may be achieved through interaction in the forms of discussion, the sharing of information and negotiation. Staff-staff interaction should not be overlooked as both this and staff-client interaction are important areas of staff work experience. However, it may be difficult to determine what is 'gossip' and what is not, given that gossip can also cover work-related areas where particular clients or situations are discussed.

2. Aims of the study.

Study 1 aimed to provide a basic description of the existence of staff interaction in a staffed community group home, targetting observations on individual staff members. The occurrence of interaction during the course of the day was examined, enabling some comparison with previous work to be made. Interaction was also studied under different staff-client configurations to look for differences in staff initiation of interaction to both staff and clients. Given the concern with the possible detrimental nature of staff-staff interactions, a further aim was to examine the topics of these interactions to investigate to what extent work-related issues featured.

3. Method.

3.1 Access.

Access to a Health Authority run staffed group home was negotiated via the District Clinical Psychologist and a letter explaining the research to the Acting Director of Nursing Services. Following this the House Leader was contacted and initial

meetings were arranged with staff to talk about the research. These took place at shift changeover meetings in order to talk to as many people face-to-face as possible. Letters explaining the nature of the research were provided for staff, on which a contact phone number and address were provided in case of queries (see Appendix 1). No staff member made contact. Staff were asked to explain the presence of the observer to the clients living at the house.

3.2 Setting, clients and staff.

The house in which data collection took place had been open for 17 months at the time of the study and was home for 6 people; 4 women and 2 men. There were 2 further places for short-term care - one was filled for a week, the other for both weeks of data collection.

The mean age of the permanent clients was 31 years 8 months (range 24 - 42 years). Three permanent clients were described as having moderate and three as having severe learning difficulties. Client skills and problems behaviours were assessed using the Behavior Development Survey [BDS] (Individualized Data Base, University of California Neuropsychiatric Institute Research Group, 1979) which is a shorter version of the AAMD Adaptive Behaviour Scale. It was completed by the House Leader and Deputy and returned by post.

Two types of score are obtained: an adaptive behaviour score consisting of three factors (personal self-sufficiency, community self-sufficiency and personal-social responsibility) and a score for maladaptive behaviour consisting of two factors (social adaptation and personal adaptation). Two descriptive items of the BDS were also included: those concerning cognitive and communication skills and those concerning personal problems requiring special attention¹. High scores on *all*

¹ The five questions about special problems were condensed into three and the scores adjusted accordingly.

factors indicate greater levels of ability and adaptive behaviour, and low levels of maladaptive behaviour. Appendix 2 shows a list of the items in the BDS and the items making up the five factors and the two descriptive items used. The means and standard deviations of the scores for group of six permanent clients are shown in Table 4.1, below.

The clients generally scored high on personal self-sufficiency. Comparison with American community norms for the age group of 30-49 years within which the mean age of the clients fell (BDS Manual) shows that the mean score obtained falls between the 40th and 50th percentiles for people with moderate learning difficulties and between the 60th and 70th percentiles for people with severe learning difficulties.

Factor	Possible range of scores	Actual range of scores	Mean	s.d.
Personal self-sufficiency	0-48	29-46	38.7	6.5
Community self-sufficiency	0-55	11-44	30.2	14.0
Personal-social responsibility	0-25	4-22	15.3	8.5
Social adaptation	0-14	10-12	10.8	0.8
Personal adaptation	0- 8	5- 8	6.8	1.2
Personal problems requiring special attention	0- 6	3- 6	4.5	1.1
Cognition & communication	0- 8	0- 8	5.7	3.4

Table 4.1: Group level BDS scores for the 6 permanent clients.

Mean scores for personal self-sufficiency were higher than American norms for both population groups. Individual scores show that all clients were ambulant, had good or fairly good vision and hearing and only two of the six had occasional daytime incontinence.

For community self-sufficiency, the mean score was between the 70th and 80th percentiles for people with moderate learning difficulties and between the 90th and 100th percentiles for people with severe learning difficulties. However, wide variation was shown by the range of scores.

The mean score for personal-social responsibility fell between the 50th and 60th percentiles for people with moderate learning difficulties and between the 60th and 70th percentiles for people with severe learning difficulties. Again, wide variation was evident.

On personal adaptation and social adaptation, scores were high, with the ranges above the midpoints of the scales. One of the six permanent clients obtained the score for maximum frequency (more than 5 times a week in the last four weeks) of occurrence for one of the eleven behaviours in these two categories (is rebellious *e.g.* ignores regulations, resists following instructions). For problems requiring special attention, the same person obtained the maximum score for one of the three behaviours (requires restraint or time-out). This person also had the lowest scores on personal self-sufficiency and personal-social responsibility.

Scores for cognition and communication showed that the clients were of mixed ability, from one person who did not score at all on this factor and one with a score of 3, to three people at maximum (8) and one at near maximum (7) scores.

Although no BDS forms were completed by the senior staff for the two short-term clients, the impression of the observer was that they were verbally able, and that one of the two had high levels of adaptive skills. Overall, for the six permanent clients, the data suggest a client group of quite considerably mixed ability in terms of community self-sufficiency, personal-social responsibility, and communication

skills, but more alike in terms of social adaptation and personal self-sufficiency. Thus staff would be expected to play a range of roles with respect to these clients.

In addition to the BDS, descriptive data were also collected on the out-of-house activities of the clients. All the permanent clients went to the Social Education Centre between 2 and 4 times a week. Four people also attended Adult Education classes: 2 people once a week, one person twice a week and one person for three weekly sessions. As well as such formally planned activities, people went to the local shops, went to the nearby town, so anywhere from 2 to 8 clients may have been at home at any time, it being more likely for there to be more people at home in the evening.

Twelve staff were employed at the house; 11 full-time and 1 part-time, 5 male and 7 female. Eleven staff returned short, anonymous, demographic questionnaires. The mean length of time staff had worked with people with learning difficulties was 3 years 10 months (range 3 months - 13 years 3 months) and the mean length of time in the current job was 12 months (range 3 months - 17 months). 7 had previously worked in a hospital or hostel and 4 in another group home. The House Leader and Deputy had nursing qualifications. There were usually three staff on duty on each shift, with half an hour to an hour of overlap of morning and afternoon shifts.

3.3 Observation.

Observations were conducted by one main observer over six weekday observation sessions: 2 each from 9.30 - 12.30, 1.30 - 4.30 and 5.30 - 8.30. The aim was to cover a major part of the waking day so that general patterns could be seen. Observations occurred after several practice and familiarisation sessions spread over a three week period. Where observations of a staff member lasted less than 5 minutes, for example, when they went to do a personal care task with a client or left the house, they were excluded. At least 15 minutes were allowed between observations on the

same person as a break from being observed. If only one staff member was present, time was lost from the overall period that the observer was present. A total of 15.40 hours of data were obtained, of which 12.26 hours were of Care Assistant grade staff, the rest for House Leader and Deputy.

The observer followed staff, thus observations of clients when no staff members were present were not made. Observation periods were stopped when the person observed left the house or went to do a personal care task with a client where the client might be un/dressing. Staff were also told that they could ask the observer to leave at any other inappropriate times. This was done once by the House Leader at a meeting. Due to staff leaving the house and returning and helping clients with personal care, staff were not observed in any particular sequence.

3.3.1. Existence of interaction.

Interaction was recorded each minute. After the first 20 seconds, the first (verbal or non-verbal) interaction (if any) in the next 10 seconds was recorded and the initiator¹ and target noted on specially designed observation sheets. The status (staff/client/other) and number of other people in the room at the time of the interaction was then coded. If no interaction had occurred, the number and status of people in the room at the 30 second mark was coded. However, the identity of individual clients was not recorded, so no conclusions can be drawn from these data about the ability of clients who participated in interactions with staff. The coding was completed and any adjustments needed were made in the remaining seconds of the minute, and the target staff member followed if s/he had moved.

¹This was an artificial distinction for the purposes of data collection. The initiator was the first person to interact within the 10 second interval.

1-20 sec:	note time, number and status of people in room.
21-30 sec:	observe/code any interaction
30 sec:	if no interaction, check number of people in room
31-60 sec:	time for any corrections, moving after target staff

Figure 4.1: The observation procedure.

The following types of interactions were coded:

- i) **dyadic** interactions - to or from client, to or from another staff member, or to or from another person (e.g. visitor), where the first interaction in an interval was used to establish the direction of interaction.
- ii) **non-dyadic** interactions - where a target staff member was speaking to more than one person in the room or was listening as one of a group.

Although non-verbal interactions were coded, the extent of coding in the scheme was such that observation of the subtleties of non-verbal communication was not possible, hence most interactions coded were verbal.

3.3.2. Content of staff-staff interaction.

The coding scheme was developed as the result of pilot work in three services for people with learning difficulties, using a method based on that outlined by Bijou, Peterson and Ault (1968). This is described in Appendix 3.

The first topic identified in staff-staff interaction was classified according to its topic. Examples of topics under each of the categories are provided below. The observation manual is presented in Appendix 4.

Domestic food-related, including preparation, serving food and clearing away.

Domestic non-food-related, including general cleaning, laundry, pets.

Client personal, including health, medication, personal care tasks, behaviour.

Client other, including family/friends, life experiences, interests.

Client activities outside house, including shopping, visit to optician, Adult Training Centre

Administration within house, including reports, finances, purchasing arrangements.

Administration outside house, including local and national services for people with learning difficulties, policy implications.

Leisure, including television and comments about games.

Staff personal, not related to work, including: family, holidays, personal purchases.

General social, including 'small talk', weather.

Other talk, including humour, asking for clarification of what was said, topics not falling into previous categories.

3.3.3 The choice of observation method and observation interval.

The method used is a mixture of a partial interval (coding a behaviour/state if it occurred during any part of an observation interval) and momentary time sample methods (coding the occurrence or non-occurrence of behaviour/state at a predetermined point). The relative accuracy of these methods has been investigated. Using computer generated 'pseudo-behaviour', Harrop and Daniels (1986) found that a partial interval method produced over estimation of duration, which increased with shorter duration of behaviour and lower rates, as under this system, even a brief behaviour would be coded as having the duration of the entire interval. Although momentary time sampling was found by these authors to be more accurate for estimating durations, a hybrid method based on the partial interval approach was chosen for two reasons. Firstly, the conditions in which interactions occurred were of key concern, rather than obtaining accurate estimates of their duration. The partial interval-type approach also allowed data collection to be led by the variable of interest (interaction), rather than time, and gave a greater time-band during which interaction could be captured than a point in time; useful in making the most out of observation time in the setting.

The observation interval was chosen on utilitarian grounds. Although there are suggestions on how to calculate optimum interval lengths from prior observations, calculating responses per minute and using the inverse of this to create an interval in which it is unlikely for more than one response to occur (Repp, Roberts, Slack, Repp and Berkler, 1976), and the use of arbitrary length intervals has been criticised (Sanson-Fisher, Poole and Dunn, 1980), many studies omit this process, at least in reports. It may be the case that the range of behaviours which are studied in natural settings, ranging from brief acts to long durations makes it difficult, if not impossible, to establish an interval to accurately encompass all the variation. The construction of such an interval may be simpler where only one or two behaviours are of particular interest, and can be observed frequently enough for such an optimum interval length to be assessed (for example episodes of self-injury in some clients). Observations based on a one minute interval have been used in the past by (e.g. Tizard, Cooperman, Joseph and Tizard, 1972; Pratt, Bumstead and Raynes, 1976; Wood, 1989).

3.3.4. Reactivity.

Dubey, Kent, O'Leary, Broderick and O'Leary (1977) warn against the 'implicit assumption' that the observer does not affect the behaviour of subjects. There is a concern with the internal and external validity of the data as a result (e.g. Haynes and Horn, 1982). As there is little research specifically evaluating reactivity in residential settings for people with a mental handicap, and as it is rarely addressed in the studies in such settings, suggestions from the wider literature were taken.

The reassuring nature of a thorough rationale has been suggested (Johnson and Bolstad, 1975). Subjects were told that the aim of the study was to look at the work experience of direct care staff in community based settings, in terms of their activity and interactions. Given the concern with subjects presenting themselves in what they see as a favourable light (e.g. Patterson and Sechrest, 1983), this strategy may have

led to increased reactivity effects and the results are presented with this caveat. However, following the suggestion of Hagen, Craighead and Paul (1975), individuals were reassured that they would not be identified. There is some disagreement about the effects of the observer over time, but if it is assumed that habituation does occur, Haynes and Horn (1982) suggested that data from early observation sessions may have less external validity than that from subsequent sessions. The use of a three week period of familiarisation where the experience of being observed remained the same would help counter this risk. Observer protocol also included the avoidance or minimisation of interactions with anyone in the setting (e.g. Kirmeyer, 1985).

3.3.5. Interobserver reliability

Reliability assessment refers to the calculation of levels of agreement between observers: a method of assessing internal validity. The most commonly used measure of agreement is the number of agreements divided by the total number of agreements and disagreements expressed as a percentage. It does not take into account agreements which occur by chance (which Cohen's kappa (1968) does), but is still very widely used, and may be favoured because of its simplicity.

The coding scheme was discussed with the second observer, who had previous experience of observation. Following this and practice of the timing involved using video tapes of clients in domestic settings, reliability observations were carried out for 45 minutes during one evening observation session, during the evening meal and just after it. This represented 4.8% of the total observation time and agreement was calculated as the number of agreements divided by the total number of agreements and disagreements multiplied by 100.

Agreement for number and identity of people in the room was 88.6%. There was 88.6% for the existence of interaction, within which there was 100% agreement on

whether the other participant was staff or client and 89.5% on the direction of interaction. Where both observers agreed that an interaction had occurred, agreement on the 11 individual topic codes of staff-staff or staff-client interaction was unacceptable (55.6%), but collapsing them into two categories: work related (domestic food related, domestic non-food related, client personal, client other, client activities outside house, administration within house, wider service issues) and non work related (all other categories: general social, leisure [placed here as staff talking about leisure with clients as opposed to their own leisure was impossible to determine from the coding], staff personal and other), resulted in an agreement of 77.7%.

4. Results.

4.1 Location of staff.

Both direct care staff and the senior staff (House Leader and Deputy) were observed. Table 4.2 shows the locations in which staff were observed, amalgamating locations into a) kitchen and utility room b) dining room and lounge c) bedroom, bathroom and hall and d) office. Senior staff were observed in the office for over half of the observations (56.4%), a location in which Care Assistant staff were rarely observed (4.5%).

Location at observation	Senior staff		Direct care staff	
	N	%	N	%
Kitchen/util	14	7.4	188	25.5
Dining/lounge	66	35.1	438	59.5
Bed/bath/hall	2	1.1	77	10.5
Office	106	56.4	33	4.5
Total	188	100.0	736	100.0

Table 4.2: Location of target staff at the time of observation.

4.2 Staff-client configurations.

The observations for House Leader and Care Assistant staff were also examined in terms of the time spent with others. 6 configurations were specified and percentages of observations of target staff members in each are given in Table 4.3, below. A visiting social worker was counted as a staff member for this table. Totals do not add up to 100 due to rounding.

target staff member alone;

only staff ;

one staff, one client (1S 1C);

one staff, more than one client (1S >1C);

more than one staff, one client (>1S 1C);

more than one staff with more than one client (>1S >1C).

Configuration	Senior staff		Direct care staff	
	N	%	N	%
Alone	79	42.0	81	11.0
Only staff	43	22.9	73	9.9
1S 1C	14	7.4	172	23.4
1S >1C	3	1.6	125	17.0
>1S 1C	13	6.9	97	13.2
>1S >1C	36	19.1	188	25.5
Total	188	100.1	736	100.0

Table 4.3: Senior and direct care staff presence under different staff-client configurations.

Although the amount of data for the senior staff grades are limited, and the senior staff may be present when other staff are being observed, the figures also suggest a difference in the amount of time that the 2 grades of staff spent with others. Senior staff (House Leader and Deputy) were most likely to be observed alone (42.0%), the percentage being considerably lower for direct care staff (11.0%), and the senior staff were least likely to be the only staff member with a group of clients (1.6%). Direct care staff were most commonly observed within a one-to-one basis with a

client (23.4%) or as part of a staff and client group (25.5%). As the focus of the study was on the staff who spend most time with the people in their care, for further results, data for the direct care staff only are reported.

For all the results reported below, times when the staff member was using the telephone, times when the interaction was with someone in a different room and one incidence of an interaction with a social worker (an overall total of 19 intervals across senior staff and direct care staff) were excluded from the analysis. This left a total of 722 intervals for direct care staff. The total number of *clear* non-verbal interactions coded was low (under 10) and these are included.

Across all observations, direct care staff were involved in interactions in 514/722 of observed intervals (71.1%). Excluding times when staff were alone, this represented 79.3% of intervals.

4.3 Existence of staff-client and staff-staff interaction.

Table 4.4, overleaf, shows the distribution of sources and targets of interaction for the intervals where staff were not alone, percentages being calculated only on intervals with complete data participants in the interaction. Totals do not add up to 100 due to rounding.

The single most common form of interaction was 'to client' which occurred in a high number of intervals (33.7%) where staff were not alone. Taken overall, interaction between staff and clients was almost twice as likely to occur (47.4%) as that between staff (26.2%). Further, in this house, staff were about as likely to receive an interaction from a client (12.8%) as from a fellow staff member (11.7%). General level interactions occurred relatively rarely, a total of 5.6% of observed intervals.

Nature of interaction.	Source/target.	No.	%
No interaction		134	20.8
DYADIC - client	To client	217	33.7
	From client	82	12.8
	Direction unclear	6	0.9
	Total	305	47.4
DYADIC - staff	To staff	90	14.0
	From staff	75	11.7
	Direction unclear	3	0.5
	Total	168	26.2
NON-DYADIC	To all in room	16	2.5
	Listening	20	3.1
	Total	36	5.6
Direction missing		5	-
TOTAL		648	100.3

Table 4.4: Source and target of interactions.

4.4 Staff-client and staff-staff interactions under different configurations.

The data in Table 4.4 cover the whole variety of staff-client configurations and do not make it clear whether, for example, one or more staff members or clients were present in the room. Table 4.5 illustrates the proportions of interactions given different numbers of staff and clients present. This gives a clearer picture of the contexts in which interaction occurred. Times where no interaction occurred were included in order to show how this varied with different staff-client configurations and staff meetings are included. Totals do not add up to 100 due to rounding.

When staff were in the presence only of other staff, they interacted with each other as individuals or as a group for 89.0% of observed intervals, and the target staff member was about as likely to be observed initiating to another (35.6%) as being initiated to (30.1%).

When one staff member was in the presence of one client, they were less likely to be involved in communication (75.3%) in these circumstances than when staff only were together. However, initiation to clients occurred in over half of the intervals (55.3%) and clients also initiated to staff (18.8%).

Nature of interaction	Only staff		1 staff 1 client		1 staff > 1 client		> 1 staff 1 client		> 1 staff > 1 client	
	N	%	N	%	N	%	N	%	N	%
To client	n/a		94	55.3	68	54.4	10	11.1	46	24.7
From client	n/a		32	18.8	35	28.0	3	3.3	12	6.5
Dirn.missing	n/a		2	1.2	4	3.2	0	0.0	0	0.0
Staff/client			128	75.3	107	85.6	13	14.4	58	31.2
To staff	26	35.6	n/a		n/a		25	27.8	39	21.0
From staff	22	30.1	n/a		n/a		22	24.4	31	16.7
Dirn.missing	2	2.7	n/a		n/a		1	1.1	0	0.0
Staff/staff	50	68.4					48	53.3	70	37.7
To all	4	5.5	n/a		3	2.4	5	5.6	4	2.2
Receiving	11	15.1	n/a		0	0.0	7	7.8	2	1.1
No interact.	8	11.0	42	24.7	15	12.0	17	18.9	52	28.0
Missing	0		0	-	0	-	(3)	-	(2)	-
Total	73	100.0	170	100.0	125	100.0	90	100.0	186	100.7

Table 4.5: Source and target of interactions under different staff-client configurations.

When one staff member was in the presence of more than one client, the likelihood of no interaction at all dropped to 12.0% of observed intervals. However, the likelihood of staff talking to an individual client did not change (54.4%) from that when there was only one client present. The likelihood of staff receiving an interaction from any one client increased to 28.0%.

When more than one staff member was present with only one client, the percentage of intervals with no interaction was between the levels obtained when one staff

member was present with one or more than one client. Other staff were more likely to be initiated to (27.8%) than the single client (11.1%). Overall, in this configuration, there was more interaction between staff (53.3%) than between staff and clients (14.4%).

Where more than one staff member was present with more than one client, a similar level of interactions occurred to staff and clients (21.0% and 24.7% respectively). However, overall, there was more interaction with staff (37.7%) than with clients (31.2%). Again, with more than one staff member present, the amount of initiation from clients was low (6.5%).

There was an uneven distribution of 'no interaction' across these configurations. This was most frequent when more than one staff was present with more than one client (28.0%) which tended to be the configuration at mealtimes. A similar proportion of 'no interaction' occurred when staff were alone with a single client (24.7%). No interaction was least frequent when only staff were present together (11.0%).

Overall, the amounts of interaction to and from staff were approximately evenly balanced in all configurations. However, with interactions to and from clients, interactions to clients were more common than from them, being a reflection of the range of verbal abilities of the clients.

4.5 Content of staff-staff interaction.

Turning now to staff-staff interaction topics of the Care Assistant grade staff (where data include meals, meetings and changeover times), the distribution of work and non-work topics across dyadic staff-staff interactions, (excluding missing data) were calculated. Of the staff-staff interactions for which topic data were complete, over half (68%) were related directly or indirectly to their work (domestic food and non-

food-related, client personal care and other client issues, client activities outside the house and administration codes). Topics here included staff commenting on their work as they were doing it, asking each other for advice, talking about the organisation of tasks and client care. Although the reliability levels for individual topics were unacceptable, the data are included here for illustrative purposes: domestic food and non-food-related topics occurred for 23% of interactions between staff, client personal care topics for 19%, other client related issues within the house for 12%, client activities outside the house for 1%, leisure for 2%, administration within the house for 14%, that outside the house was not coded as having occurred, and all other topics for 30% of interactions. Although these figures are calculated on only 147 interactions, they give a general indication that features outside the house, whether client related or more generally related to other services were a minor part of staff interactions. The distribution of topics suggests staff concern with their work inside the house. When interactions from changeover meetings in afternoon observation periods were excluded (as they would be expected to be work related), leaving 119 interactions, the level of work-related interactions in what might be considered 'informal times' was similar - 71%.

5. Discussion.

Low levels of reliability occurred partly as a result of very limited in-vivo practice. This meant that topics, in particular, would be difficult to code for a second observer, unfamiliar with the context of conversations and domestic routines. However, reliability data are within the accepted levels for the substantive part of the data reported here. The use of a 10 second observation period embedded within a minute was without problem. However, coding staff when they were passing between rooms at the time of observation was difficult.



Staff reactivity to observation may have occurred. As staff were aware that their interactions were of interest, they may have increased these overall, or selectively with clients or staff. However, a similar patterns of activity under different configurations for the target staff member and other staff members in the room (reported in Study 2) suggests, at least, that target staff were no more reactive than their peers. In view of the difficulties involved in effecting change reported in staff behaviour interventions and the finding, in common with previous work (e.g. Mansell, Felce, Jenkins and de Kock, 1982), of a diminishing return in terms of staff-client interactions given more staff, reactivity may not obscure the underlying pattern of behaviour.

The senior staff and direct care level staff had different patterns of presence with others; senior staff spending more time alone or with just other staff, and frequently being observed in the office. These findings support for this setting, the relatively greater daily impact likely to be made by the behaviour of direct care staff on the lives of clients as opposed to any other care or professional group (see Chapter 1). Direct care staff spent 20.9% of observed intervals with no clients present, 40.4% as a single staff member with one or more clients and 38.7% with another staff member and at least one client (a total of 79.1% for staff presence with clients). These findings compare with the 42% distribution of single staff with one or more clients, and 77% for 1 or more staff with 1 or more clients in small community houses for up to 6 people reported by Felce, Repp, Thomas, Ager and Blunden (1991).

Over the whole of the observation period, direct care staff were more likely to be involved in interaction with clients than with staff. However, the difference in levels of staff-staff and staff-client interaction were not as great as that reported by Wood (1989) in institutional wards serving 3-4 times the number of clients. Over the time periods studied, staff were about twice as likely to be involved (initiating to or responding to) with clients than staff, however, this can be taken to reflect the

relative number of clients and staff potentially in the house: two or three staff and up to eight clients, in comparison with institutional wards. The low level of interaction from clients may be seen as a reflection of their verbal ability. The imbalance of initiations to and from clients compared with those to and from staff (Table 4.5) suggests that staff may need to concentrate more effort on maintaining interactions with clients once they have begun.

Given that partial interval methods are likely to produce an overestimate of duration (Harrop and Daniels, 1986), the data may in fact illustrate a somewhat less interactive environment. The results here can be compared with those of Wood (1989), who used a similar methodology in an institutional study. The institutional settings had somewhat less interaction with clients (39% and 41% vs 47.4% in the present study) and less interaction with other staff (9% and 11% vs 26.2% in the present study). The percentage of intervals with no interaction observed was higher in the institution (48% and 52% vs 20.8% in the present study). This lower proportion of 'silent intervals' may be an effect of there being two or more staff working together in a more domestic scale setting with fewer clients for whom they are responsible.

Despite the general finding that a staff member was more likely to be observed in interactions with clients than with staff over the course of the day, looking at interactions under different staff-client configurations, (Table 4.5), showed a different picture. There was a preference for interactions with staff, which was illustrated by a greater likelihood of interaction with staff even when clients were present in the room. In common with previous work (e.g. Mansell, Felce, Jenkins and de Kock, 1982), single staff members interacted with clients more often than staff working together (although interactions of other staff in the room were not coded). This decline in interactions with clients when more than one staff member was present may be compared with the research reported by Felce (1988) where

client improvement was associated with an increased staff:client ratio as the number of clients looked after by one or two staff members decreased. In the study just carried out, the least favourable configuration for staff-client interaction and the one in which a client was least likely to initiate to staff, was that with two or more staff and one client present. There was some general interaction, but from impressions made during data collection, that this type of situation involved a multi-way staff conversation with a client sitting at the same table and participating very little in the staff conversation. The data collection methodology did not allow for hypothesising about which comments were aimed at the client and which were not.

Staff interaction may be at risk of being dismissed as 'gossip'. However, interactions were related to work for over two-thirds of coded episodes, suggesting that staff-staff interaction is not all 'gossip'. Even at 'informal times' outside changeover meetings, over two-thirds of staff interaction was still work-related. Although the data should be interpreted with some caution due to the low reliability levels and the small number of recorded episodes, the suggestion is that staff-staff interaction is often related to day-to-day issues such as household management, client care and administration.

Staff-staff interaction clearly needs further investigation. As it is difficult to distinguish between work-related speech which is functional and that which might be non-functional, these data cannot be seen as a definitive statement. Despite the limited data presented here, it is suggested that staff-staff interaction is important both to staff and to clients, for three main reasons which merit further investigation. Bearing in mind the importance of co-operative work, and the concern with low staff morale and staff stress in human services (e.g. Cherniss, 1980), interaction is potentially important for group cohesion, particularly where staff spend a large amount of time working alone with clients. Secondly, staff in a community-based service are responsible for areas of work not in the realm of institutional ward staff

(for example household budgeting) so that more work-related areas need to be discussed in the course of the day to day running of the service. Lastly, for clients, staff-staff interaction can serve the function of a model for their own interactions, both with each other and with staff. The implication of these points would be that staff-client configurations should be mixed during the day. Whereas one staff member working with a client or small group of clients may be the most effective way of using staff time for interactions with clients, this may not be desirable across the whole of the staff working day.

6. Further directions.

This study investigated the effect of staff-client configurations on staff-staff and staff-client interactions and found that although staff were more likely to be interacting with clients overall, this was not the case when there was a choice of interactants (more than one staff member and one or more clients in the same room). Given the importance of client participation in activity as a measure of the quality of a setting (Risley and Cataldo, 1974), and the stress on participation in the activities of everyday life for achieving goals of normalization (Wolfensberger, 1972), Study 2 aimed to investigate the effect of staff-client configurations on the activity of both staff and clients to examine under what conditions most staff and client activity occurred. Following this, and in keeping with an ecological emphasis, Study 2 investigated under what conditions of activity (activity or no activity) staff-client and staff-staff interactions occurred in the natural environment.

Chapter 5: Study 2: Staff and client activity in a community based group home, and the relationship of interaction to activity.

1. Introduction.

Study 1 found that different configurations of staff and clients were associated with different levels of staff-with-staff as well as staff-with-client interaction. Risley and Cataldo (1973) argued that the extent of engagement with the physical and social environment is an important indicator of the quality of settings. Client involvement in meaningful, age-appropriate activity is enshrined in the principle of normalization and social role valorization (Wolfensberger, 1972; 1983) and applies to activities across the range of everyday experience. Having examined the extent of staff interaction with clients and fellow staff under different staff-client configurations, the engagement of staff and clients under these conditions forms a second strand of the quality thread, and is investigated in this study.

Where staff non-interactive as well as interactive activity has been reported in the past, this has often been on a general level across all observations (e.g. Harmatz, 1973; Landesman-Dwyer, Sackett and Kleinman, 1980). However, there may be differences in the distribution of staff activity as there were in interaction under different staff-client configurations. There may also be differences in the distribution of client activity under different staff-client configurations, particularly where clients need staff support to interact with their environment.

The distribution of staff and client engagement over different staff-client configurations across the day is thus an important area to investigate in community based services where the introduction of artificial 'activity sessions' and parallel manipulation of staff numbers may be inappropriate. A recent paper (which was not

available at the time of this study) examined such effects in 3 types of setting (large institutions, large community settings and small community settings). Felce *et al.* (1991) presented data for staff to client contact, client and staff behaviour according to staff-client groupings. Staff contact with clients occurred mostly when clients were in a group of one to four clients, a size which is more likely to be found in small scale settings. As the observations focussed on clients, the effects of staff-client groupings on other staff behaviour cannot be determined. Client behaviour was determined, however, and engagement was highest when one staff member was present with up to four clients in all but one case, and the addition of staff in any of the three types of setting was not found to increase client engagement levels.

As well as examining the staff and client configurations under which interaction has taken place, previous research has also looked at the structure of situations. Such an approach is consistent with finding other ecological variables associated with interaction. Among researchers who used the overall conditions prevailing at the time of interaction. Veit, Allen and Chinsky (1976) found different likelihoods of interactions from staff and children in different contexts. Staff interactions to children were most likely to occur in 'ward activity' (moving clients and maintaining order), followed by child care (physical needs of clients), social play and formal training. Child to staff interactions were most likely to occur during social play. Prior *et al.* (1979) also examined overall conditions and found that structured situations (dining room and occupational therapy) were more likely to have staff interactions to clients than unstructured situations (day recreation room and outdoor activities).

The overall structure of a situation does not necessarily mean that the people present are engaged. For instance a client may be in a group occupational therapy session yet unengaged. Interaction from staff under such conditions may have different effects to interaction when the client is engaged; indeed the room management

procedure (Porterfield, Blunden and Blewitt, 1980) attempts to take advantage of this possibility, suggesting that attention is directed selectively at clients who are engaged. In community based settings, structure may be more appropriately described on the level of individual staff and client activity. This study also provided an opportunity to examine the 'structure' in which staff-client and staff-staff interactions occurred in terms of staff and client engagement.

2. Aims of the study.

Study 2 aimed to investigate staff and client activity under the different configurations specified in Study 1. Following this, the relationship of interaction to activity was investigated. In domestic-scale services, where staff and client numbers are small, the effects of staff-client groupings in individual rooms are of particular interest and may have implications for service design. The description of naturally occurring conditions under which activity and interaction occur may help to identify situations which can be built on for interventions, taking an ecologically sensitive view of the place of change, rather than imposing new structures and methods on an environment.

3. Observation.

3.1 Existence of activity and interaction.

The same setting was used as in Study 1. The observation method was the same but also included the activity of the people in the room at the time of the interaction. After the first 20 seconds, the first (verbal or non-verbal) interaction (if any) in the next 10 seconds was recorded and the initiator and target noted on specially designed observation sheets. If an interaction had taken place, the activity of the participants just before the interaction was coded (as sometimes the participants briefly broke off from their activity in order to attend to each other). The status and

activity of other people in the room at the time of the interaction was then coded. If no interaction occurred, the activity of all the people in the room was coded at the 30 second mark. Only dyadic interactions were studied in relation to activity.

As for each minute of observation, activity was coded within the same 10 seconds, the observation method was a form of partial interval measure and allowed activity of staff and clients and interaction to be coded concurrently on an interaction-led basis. The coding was completed and any adjustments needed were made in the remaining seconds of the minute, and the target staff member followed if s/he had moved. Main and reliability observations were carried out as in Study 1, giving a total of 12.26 hours of data for direct care staff.

1-20 sec:	note time, number and status of people in room.
21-30 sec:	observe/code any interaction/activity of participants.
30 sec:	if no interaction observe/code activity
31-60 sec:	time for any corrections, moving after target staff

Figure 5.1: The observation procedure.

3.2. Coding scheme: Staff and client activity.

Staff and client activity.

Staff and client activity codes and examples are given below:

No activity, no apparent purposeful activity

Domestic food-related, food preparation, serving meals, clearing table.

Eating/drinking, eating a snack/meal or drinking.

Domestic non-food-related, household maintenance, laundry, cleaning.

Leisure, starting, doing or finishing leisure activities in the house or garden, alone or in groups, TV, reading or looking at newspapers and magazines, puzzles and games.

Client personal, tasks relating to physical well being of a client such as taking/handing out medication, self-care if client, first aid.

Client other, other client-centred tasks such as contacting family/friends, mending clients' clothes, tasks related to clients' hobbies and interests beyond those coded as leisure, such as personal photos, letters, knitting.

Administration, paperwork and financial duties, including writing rotas, filling in reports, checking supplies, attending at meetings.

Phone, any time spent on the telephone.

Other work activity, cuddling clients, preparing to go out.

Staff personal, non-work activity not coded under leisure such as selling raffle-tickets at work.

Inappropriate behaviour, client involvement in inappropriate behaviour such as stereotypes and self-injury which may preclude engagement in other activities.

Activities were mutually exclusive, any activity taking precedence over eating/drinking.

Agreement for number and identity of people in the room was 88.6%. There was 88.6% for the existence of interaction, within which there was 100% agreement on whether the other participant was staff or client and 89.5% on the direction of interaction. Reliability on the activity codes of the other people in the room was 63.0% which was deflated mainly by disagreements as to who was actually eating at observation points during the meal. When these points were excluded, the level of agreement increased to 81.1%. Apart from Table 5.1, all data presented in this chapter exclude mealtimes and other structured periods such as changeover meetings, allowing greater confidence in the reliability figures to be maintained.

4. Results.

4.1 Staff activity.

Initially both direct care staff and the senior staff (House Leader and Deputy) were observed, however, the distribution of their activities was different. Table 5.1 shows the activity of the target staff member for both grades of staff.

Activity	Senior staff		Direct care staff	
	N	%	N	%
None	38	20.2	206	28.0
Domestic	6	3.2	212	28.8
Eat/drink	5	2.7	59	8.0
Client personal	4	2.1	63	8.6
Client other	15	8.0	36	4.9
Admin	113	60.1	83	11.3
Using phone	4	2.1	4	0.5
Leisure	-		26	3.5
Other work	3	1.6	36	4.9
Staff personal	-		11	1.5
Total	188	100.0	736	100.0

Table 5.1: Activity of the target staff member.

Statistical tests were not carried out as the distribution of the observations of the House Leader and the Care Assistants was not matched over different times of the day. However, given these limitations, the data suggest a different pattern of work of the two grades of staff, which was also suggested by the locations and configurations in which the senior house staff and direct care staff were observed which were presented in Study 1.

4.2 Engagement of staff and clients under different configurations.

The engagement levels of people in the room were calculated excluding mealtimes, meetings and staff changeover periods as these times are associated with set activities. Senior staff were again excluded. Activities outside mealtimes, for which agreement levels were satisfactory were amalgamated into three categories for ease of data interpretation.

1. No purposeful (work) engagement - for staff: no activity and personal activity; for clients: no activity and inappropriate behaviour.
2. Engagement - all other activity categories except leisure and eating.
3. Leisure and eating.

A percentage likelihood of any one person being coded in any of the three codes was calculated using the information from all people in the room at the time of observation. The total number of staff or clients observed in each of the three activity types was divided by the total number of staff or clients in the room with the target staff member across each of the configurations. The results are shown in Table 5.2, below. Percentages do not add up to 100 due to rounding.

Person	Activity	Alone	Staff	1S 1C	1S >1C	>1S 1C	>1S >1C
Target staff	None	4.0	28.8	14.8	23.1	49.5	54.3
	Engaged	96.0	67.8	81.1	60.6	45.1	44.4
	Leis/eat	-	3.4	10.1	16.3	5.5	1.2
Other staff	None	n/a	39.5	n/a	n/a	53.3	52.0
	Engaged	n/a	55.6	n/a	n/a	43.3	39.0
	Leis/eat	n/a	4.9	n/a	n/a	3.3	8.9
Client	None	n/a	n/a	39.1	33.0	72.5	69.4
	Engaged	n/a	n/a	55.0	22.5	25.3	13.0
	Leis/eat	n/a	n/a	5.9	44.4	2.2	17.6
Intervals		74	59	169	104	91	81

Table 5.2: Percentage of engagement of individuals under different configurations.

The target staff member was most likely to be engaged in obvious work-related activity when alone (96.0% of intervals in this configuration) or when in the presence of only one client (81.1%). The lowest likelihoods of engagement in non-leisure activity for target staff occurred when more than one staff member was present with one (45.1%) or more (44.4%) clients. For other staff members, engagement also fell when clients were present, showing a similar pattern to that of target staff. However, non-target staff were less likely to be observed in non-leisure activity than target staff in staff-only groups (55.6% vs 67.8%).

For clients, the greatest involvement in activity (not leisure or eating) was when alone with one staff member (55.0%). If this is related to the likelihood of staff engagement in this configuration (81.1%), a ratio of 0.68 is obtained for client engagement as a function of target staff activity.

When one staff member was present with several clients, client activity dropped to 22.5%, where the likelihood of target staff activity was 60.6%. The corresponding ratio of client to staff engagement is 0.37, which could be as a result of it being more difficult for one staff to support the engagement of several clients than of one client.

When more than one staff member was present with one client, client activity was 25.3% and staff activity (combining target staff and other staff) was 44.0%. The ratio of client to staff engagement here was 0.58, a small drop on the level found in the one-to-one configuration.

A group of more than one staff and more than one client (combining the likelihood of activity for target staff and other staff as above) gave a likelihood of staff activity of 41.2% and client activity of 13.0%. The ratio of client to staff engagement here was 0.32, a similar level to that found when one staff member was with more than one client.

4.3 Relationship of activity and interaction.

The data were used to establish the activity of the participants in dyadic interaction. The two activity categories were amalgamated (activity and leisure/eating) in order to provide sufficient observations for statistical analysis. Tables 5.3 to 5.5 show the activity of both interactants in dyadic staff-client and staff-staff interactions. Percentages do not add up to 100 due to rounding.

	Client unengaged		Client engaged	
	N	%	N	%
Staff unengaged	34	19.9	9	8.2
Staff engaged	32	18.7	96	56.1

Table 5.3: Engagement of staff and clients in staff to client interaction.

Staff to client interaction was most likely to occur when both staff member and client were engaged in some form of activity (Table 5.3). This was highly significant: Chi-square = 39.7 , $p < .00001$, 1 d.f.

	Client unengaged		Client engaged	
	N	%	N	%
Staff unengaged	12	16.9	10	14.1
Staff engaged	14	19.7	37	52.1

Table 5.4: Engagement of staff and clients in client to staff interaction.

Although there appeared to be a similar pattern, with interaction also associated with the activity of both interactants, this was also significant, although to a lesser level Chi-square = 4.92, $p < .0265$, 1 d.f.

Staff to staff interaction was also analysed in this way.

	Staff 2 unengaged		Staff 2 engaged	
	N	%	N	%
Staff 1 unengaged	37	28.5	25	19.2
Staff 1 engaged	28	21.5	40	30.8

Table 5.5: Engagement of staff in staff-staff interaction.

Staff-staff interaction occurred under a variety of patterns of activity of both participants, but this was more likely to be when both staff were either engaged in activity or disengaged: Chi-square = 4.44, $p < .0351$, 1 d.f. However, this pattern was not as marked as the finding for staff to client interaction.

5. Discussion.

The same methodological points apply as in Study 1.

The senior staff and direct care level staff had different distributions of activity. In particular, senior staff spent much time in administration, which could have limited their opportunities for involvement with clients (see Wood, 1989) There were too few data for senior staff to enable a more detailed comparison of their behaviour with that of direct care staff to be made, so further points are restricted to direct care staff.

The activity of staff and clients varied with different staff-client configurations. Target staff were most likely to be observed in activity when alone, secondly when with one client in a one-to-one set up. A one-to-one configuration was shown to be associated with high levels of staff-client interaction in Study 1. Target staff non-leisure activity was lowest when more than one staff member was present with one or more clients, and this was lower than the level of activity observed in staff-only

groups. Although staff-only groups were observed mostly in work-related activities, rather than in doing nothing, where this is domestic activity, this removes some of the opportunities for clients to be involved.

The lower levels of non-leisure activity of target staff when in groups of one or more clients and at least another staff member is consistent with the finding of Seys and Duker (1988) that adding an extra staff member does not change the distribution of activities of staff, although the activities here were assessed only in the most general terms. The finding that in staff-only groups non-target staff were less likely to be observed in non-leisure activity has implications for staff reactivity. Target staff may have felt more obliged to be seen to be doing something; this is consistent with the finding that when alone, target staff were almost inevitably engaged.

The calculation of a ratio of client engagement in non-leisure activity as a function of staff engagement was found to be a useful measure, although all activities were combined. Such a ratio may be more useful on an activity by activity basis. Levels for single client engagement were similar whether one or more staff were present (0.68, 0.58 respectively), as were levels for clients in larger groups whether one or more staff were present (0.37, 0.32) respectively. The broad difference between these two levels is indicative of the fact that it is more difficult to support the activity of several clients than one. However, the similarity of the levels whether one or more staff were present is consistent with previous research, that adding staff to a client group of a given size is not associated with benefits for the client (e.g. Harris, *et al.*, 1974), despite the fact that exact numbers of clients were not examined. The use of the ratio in this way assumes that staff are needed to support the client in activity. However, some of the clients in the house were capable of self-directed activity. As the data do not take individual client identity into account, in common with many such studies, it is impossible to determine which of the clients were involved.

Turning to client engagement, the highest likelihood for client engagement in activity (excluding leisure or eating) was when one staff was present with one client. However, in a house with 8 clients, this is likely to be an impossibility for more than a small part of the working day. This was also an advantageous configuration for staff-client interaction as is both expected and as was reported in Study 1. This supports the 'diminishing return' findings of Mansell, Felce, Jenkins and de Kock, (1982) but for levels of client activity, rather than levels of staff interaction with clients. It is clear that it is more difficult to support the engagement of several clients than of one.

The coding of activity at the time of interaction has been rarely reported in such a manner and is an interesting area to develop further. Although Wood (1989) coded the activity of staff under which contact with clients took place, the activity of clients at this time was not presented. The analysis of data in this way identified that for staff to client interactions, both interactants were likely to be engaged. A similar, though less significant pattern was evident for client to staff interactions. For staff-staff interactions, however, staff were either both engaged or both disengaged.

It may be that for interactions, between staff and clients, an activity forms a reason for an interaction to occur, and perhaps maintains staff presence where a client has limited skills for maintaining the interaction themselves. Maintained joint presence at an activity may provide the opportunity or subject matter for interactions, rather than just sitting together, which may lead to the staff member departing. The finding of a more mixed pattern for staff is consistent with the fact that staff have sufficient skills to maintain interaction under a wider variety of conditions.

6. Further directions.

Following the findings of different levels of client presence with staff, and the fact that staff do some work together decreasing the opportunities available for client participation, Study 3 investigated client presence with staff across different parts of the day, with particular respect to the amount of client presence at staff domestic activity across different times of the day and using a ratio of client to staff engagement in domestic work. Study 4 investigated the robustness of the finding of dyadic staff-client interaction occurring when both interactants are engaged, and investigated the relationship of the content of interaction to activity. Study 5 examined these issues for staff-staff interaction, allowing some further investigation of the content of staff-staff interaction.

Chapter 6: Study 3: Client presence and participation with staff, with particular reference to domestic activity - a comparative study.

1. Introduction.

Direct care staff in the house in Study 1 were observed without clients in the same room for 20.9% of observation intervals, were the only staff member for 40.4% of intervals and were with at least one other staff and at least one client in the remaining intervals. Investigation of the effects of ratios has been carried out, amongst others, by Felce *et al.* (1991) who investigated staff:client ratios in institutional settings, large community units and small community houses for up to five people, excluding mealtimes as clients would naturally be together at these times. Ratios were defined in terms of absolute staff and client numbers in the same room, as situations with equal ratios but different numbers of people might be associated with different patterns of staff and/or client behaviour. As observations were targeted on clients, data for staff alone were not presented. Staff worked alone with small groups of clients more often in small houses (42%) than in large community units or institutions (27% and 17% respectively) across the whole of the observation period (8.30am - 6.00pm).

The time that staff spend in different staff-client groupings is important to investigate as it has implications for the design of services. Whereas staff time without clients may provide a break from clients who may have challenging behaviours, or from intensive teaching, and may function in a similar way to a break at a staff-only canteen at an institutional setting, if staff perform household tasks during such periods, this takes activity away from clients. Thus not only are staff-to-client contacts and client engagement important to examine, but also what staff are doing. Client presence at and participation in domestic activity is of particular importance. Among others, Felce (1989) has drawn attention to the importance of client engagement in domestic

activities, in particular in his description of the operation of the Andover houses where opportunities for client participation were an integral part of the service design. Of course, ideally, the activities available to clients would not be limited to the domestic sphere, with a range of meaningful opportunities for education, training, work and leisure being available outside the residential setting. However, some clients in services have limited access to day-time activity beyond the residential setting and domestic activity provides a rich area for potential involvement. Unlike in institutions, where specialist domestic and catering staff are employed, in community based services where there may be no specialist staff, more activity is potentially available for client involvement.

2. Aim of the study.

This study aimed to investigate how much time direct-care staff spend with and without clients across different parts of the day. As clients may attend activities outside the setting during the day, or go out, whether with staff or alone, numbers of staff and clients are likely to vary across the day, and no particular pattern is expected to dominate. The availability of domestic activity may vary across the day, particularly if there is a set housework routine. Levels of client presence at and participation in the domestic work done by staff may also vary across different times of the day when there is more or less pressure to get household tasks done. The availability of domestic activity may not coincide with client presence, and client presence at domestic activity may occur 'by default' if the domestic activity is carried out in a place where clients congregate. The analysis of levels of client presence and participation in domestic activity outside such areas allows the distribution of client presence and participation around domestic activity to be investigated.

Two houses of similar size, serving clients of different abilities were chosen for this study, so that the effect of client ability could be examined, as less able clients have

been shown to receive less contact from staff (e.g. Grant and Moores. 1977). On this basis, in a setting where less able clients live, staff presence and work with clients may not be very reinforcing and staff may prefer to spend time without clients during the day, and also to do household tasks by themselves. Even when clients are present when staff are doing domestic work, they may be onlookers rather than active participants, particularly where they are less able. Less able clients, with fewer communication skills may thus be at risk of losing out both in terms of interaction with staff and involvement in activity.

Two areas were investigated. The first was the distribution of staff-client configurations across different parts of the day. The second was the presence and participation of clients in domestic activity which was being done by staff.

3. Method.

3.1 Access.

Access to two services was negotiated in the same way as for Study 1. Initial meetings were held with staff, in order to explain the research to as many people as possible face-to-face and letters of explanation were left. Again, staff were asked to explain the presence of the observer to the clients.

3.2 Settings, clients and staff.

Two services of similar architectural design were chosen. Both were located outside town centres with few local amenities within walking distance and consisted of two semi-detached houses linked into one. Both had modern decor and were well maintained, although bedroom furniture was similar for all clients and washing machines and dishwashers were not of the usual domestic varieties.

House A was home for 5 men and 2 women (mean age 47 years, range 30 - 64 years). 5 people were described by the senior house staff as having severe learning difficulties and 2 people as being on the borderline between moderate and severe learning difficulties. The house had been open for some 3 years 6 months at the time of the study and the clients had lived there for between 10 months and 3 years 6 months (mean 2 years 9 months). Prior to living there, 6 people had lived in a hospital or training unit in a hospital and one person had lived in another staffed house. All clients had access to the local Gateway Club one evening a week and all went to the Social Education Centre for between 2 days and 3.5 days a week. In addition to this, 3 clients attended Adult Education classes for a morning a week (sewing and relaxation classes) and one person went for a day a week. On any day, there were between 2 and 4 clients not attending outside organised activities and there were usually two staff members on duty during the day, plus a Youth Training Scheme trainee. Night cover was provided by a sleeping in staff.

House B was home for 6 men and 3 women (mean age 35 years, range 24 - 50 years). 2 people were described as having profound learning difficulties, 6 people as having severe learning difficulties and one person as having moderate learning difficulties. The House had been open for 1 year 7 months at the time of the research and the clients had lived there between 11 months and 1 year 7 months (mean 1 year 2 months). All the clients had previously lived in a hospital or training unit in a hospital. Outside activities were not as widely participated in as in House A. 6 clients had access to the Gateway Club one evening a week and 3 people went to the Social Education Centre for 2 days a week. In addition, 4 people went to the community centre one afternoon a week and one person went to hydrotherapy. However, three clients had no planned outside activity at all. Thus on any day there were likely to be between 5 and 9 clients not attending outside activities and there were usually three members of staff on duty during the day. Night cover was provided by a waking night staff member.

Client adaptive and maladaptive behaviour was again assessed using the Behavior Development Survey (Individualized Data Base, University of California Neuropsychiatric Institute Research Group, 1979), with the same modifications to the item concerning personal problems requiring special attention as in Studies 1 and 2. In House A there was sufficient time for the BDS to be completed by interview with the House Leader. However, time constraints in House B meant that the BDS was administered partly by interview, with the House Leader returning some of the information by post. Although superficially satisfactory, as the same person continued to reply, the duplication of one client's information by both means was of some concern: 18 of the 51 questions (35.3%) were answered differently. 10 of the questions were answered in the 'more able' direction and 12 in the 'less able' direction. The scores used in the calculations were the higher ('more able') ones in all cases of discrepancy in order to make comparison with people in House A (with more able clients) more rigorous.

Table 6.1, overleaf, shows the ranges and means of scores of the clients on the five factors of the BDS and on the two descriptive items relating to problems requiring special attention and cognition and communication. High scores indicate greater levels of adaptive behaviour on **all** factors.

A 2-tailed Wilcoxon rank-sum test (see Howell, 1985) on the total BDS scores for the 7 clients in House A and the 9 clients in House B gave a value of $W'_{(s)}$ of 31 ($p=.002$) suggesting that the clients in House B were less able than those in House A.

Factor	Poss range	House	Actual range	Mean	s.d.
Personal self-sufficiency	0-48	A	40-45	43.1	1.8
		B	12-39	26.3	11.2
Community self-sufficiency	0-55	A	14-41	25.1	9.5
		B	3-26	10.7	7.4
Personal-social responsibility	0-25	A	12-25	18.6	4.7
		B	1-16	8.6	6.1
Social adaptation	0-14	A	9-13	10.9	1.6
		B	3-13	8.9	3.8
Personal adaptation	0-8	A	5-8	6.9	1.1
		B	3-8	5.8	2.1
BDS Total Score	0 -150	A	86-126	104.6	14.8
		B	22- 91	58.1	25.6
Personal problems requiring special attention	0-6	A	4-6	4.9	0.9
		B	0-6	3.9	2.0
Cognition & Communication	0-8	A	0-8	5.9	2.9
		B	0-7	2.7	2.7

Table 6.1: Group scores on the BDS for clients in House A and House B.

2-tailed Wilcoxon ranked-sum tests on the two descriptive items: communication and cognition and problems requiring special attention, gave a value of $W'_{(s)}$ of 40 ($p=.05$) for the communication item, again supporting a greater level of ability amongst the clients of House A, but the difference between the two groups of clients on problems requiring special attention was not significant.

House Leaders in both houses were qualified nurses. Direct care grade staff completed anonymous demographic questionnaires. In House A, 7 of the 8 direct care staff replied; in House B, 8 out of 10. In House A, the mean length of time staff had worked with people with learning difficulties was 1 year 10 months (range 4 months to 5 years 10 months). The average period of employment at the house was 1 year 5 months (range 2 months to 3 years 6 months). 3 staff had previously worked as direct

care staff in a hospital setting of between 1 month and 17 months, and 3 had limited experience of working in other residential services. None of the direct care grade staff who replied had qualifications in nursing or social care.

In House B, the mean length of time staff had worked with people with learning difficulties was 1 year 8 months (range 2 months to 4 years 4 months) and the mean period of employment at the house (based on 6 replies) was 10 months (range 2 months to 16 months). 3 staff had previously worked in a hospital (6 months to 14 months) and one staff member had worked for a month in another staffed house. 2 of the direct care grade staff who replied had City and Guilds qualifications: one a Certificate in Community Care and one in Teaching People with Special Needs.

3.3 Observation.

Observations were initially conducted to allow staff, clients and the observer to familiarise themselves with being observed and observing. This occurred over three periods of a total duration of approximately 9 hours in House A and five periods of a total duration of approximately 10 hours in House B. Data were then collected by the same observer over three weeks in each house obtaining three morning periods (starting times of which ranged between 9.10am and 10.30am), three afternoon periods (starting times ranging from 1.25pm to 3.20pm), and three evening periods (starting times ranging from 6.20pm to 7.00pm) over a variety of weekdays. Attempts were made to get at least 2 hours of data each time; on the one occasion when this was not possible due to staff leaving the house, an additional period was observed to cover this. Staff were allowed at least 15 minutes between sets of observations. Each day's observation lasted between 2 and 3 hours, some variation occurring as staff and some clients went out, leaving only one person on duty. However, as this study did not aim to represent staff activity over the course of the day, rather broader patterns within it, this is not thought to be a significant factor. Staff changeover periods and meals were excluded as in the main analyses in Studies 1 and 2. Further, the changeover period of

the two settings differed, with House A having a time when staff from the two shifts overlapped informally, whereas there was a formal meeting in House B. Due to the apparent difference in work patterns suggested by the data in Study 1, House Leaders and the deputy in House A (there was no Deputy in House B during the time of the study) were not targeted for observation, but were included if they were in the room when another staff member was being observed. A total of 19.75 hours of data were obtained in House A and 18.17 hours in House B.

The same observer protocol (minimising contact with the people in the setting) and general approach (15 minutes of observation per staff member unless the person went to do a care task with a client) was used as in Study 1. Although differences in staff duties were expected on the basis of differing client abilities in self-care skills, observations did not take place in personal care tasks in either setting, putting respect for client privacy first.

3.3.1 Existence of activity.

In terms of timing, activity was coded on the same basis as in Study 2, with the exception of separating watching television from other leisure activities. The observation manual is presented in Appendix 5.

For ease of presentation of cross-tabulated data, and to enable statistical analysis to be carried out, the activity categories were amalgamated into three, keeping involvement in domestic activity separate. Staff involvement in leisure with clients was distinguished from their own leisure activities when coding.

Summary codes for client activity -

No purposeful activity - no activity and inappropriate behaviour codes.

Domestic activity - domestic food-related activity and domestic non-food-related activity codes.

Other activity - all other codes (eat/drink, TV¹, leisure, client personal, client other, administration, phone², other).

Summary codes for staff activity -

No work activity - no activity, TV, leisure without client involvement and staff personal activity codes.

Domestic activity - domestic food-related activity and domestic non-food-related activity codes.

Other activity - all other codes (eat/drink, client personal, client other, administration, phone, other).

1-20 sec:	note time, number and status of people in the room
21-30 sec:	observe/code any interaction/activity of participants and others
30 sec:	if no interaction, observe/code activity
31-60 sec:	time for any adjustments, moving after target staff.

Figure 6.1: The observation procedure.

3.3.2 Reactivity.

The observer protocol was the same as in Studies 1 and 2, with an avoidance of interactions as far as possible and an assurance to staff that they would not be individually identified. The use of a familiarisation period for both observer and the people in the houses may have also helped to counter some initial reactivity difficulties as in the first two studies. However, given the concerns about reactivity, and the paucity of studies of reactivity in community based services for people with learning difficulties, the opportunity was taken to ask staff their views about the presence of the observer. An anonymous questionnaire (see Appendix 6) given to staff at the end of the data collection period asked whether the presence of the observer had affected staff and client behaviour, and if so, how. Staff were also invited to give suggestions to minimise observer effect. (This part of the research is reported separately in Chapter 9.)

¹ Note that TV was counted as an activity for the clients but not for staff.

² The inclusions of time spent on the telephone makes no difference to patterns of activity and interaction as under this code, people would not be interacting with anyone in the setting.

3.3.3 Interobserver reliability.

Following discussion of the coding scheme, practice observation sessions of two 15 minute sessions in vivo were conducted in House A and four 15 minute sessions in House B during the main data collection period. The same reliability observer was used as in Study 1. Reliability observations were then carried out for four 15 minute periods in House A and five 15 minute periods in House B following discussion of the practice periods. As before, agreement was calculated as the number of agreements divided by the sum of agreements and disagreements, multiplied by 100. Reliability figures are shown for the unamalgamated activity codes.

In House A, agreement for the number and identity of people in the same room as the target staff member was 96.7%. Agreement for activity, counting agreement for every individual rather than on observation intervals was 84.5%.

In House B, agreement for the number and identity of people in the room was 90.4%. Agreement for the activity of the people in the room, was 81.3%.

4. Results.

Results are presented for each area of investigation. Where missing data occurred, these were excluded from the calculations.

4.1 Distribution of staff-client configurations across the day.

Numbers of staff were tabulated against numbers of clients for all observations keeping morning, afternoon and evening periods separate. This is shown in Figure 6.2, where the first column of each pair refers to House A, the second to House B.

The graphs show variations in the staff-client configurations observed both across different parts of the day, and within settings. This suggests that the particular social ecology of a community setting fluctuates quite considerably across the day. In both houses, morning periods had the greatest percentage of intervals where staff were observed without clients present, with a similar level across both houses (40.7% and 39.8% of observations for House A and B respectively). House A had a greater incidence of one-to-one staff:client ratio (23.0%) than House B (10.1%), and House B also showed a much higher level of large staff-client groups (2 or more staff, 3 or more clients) at this time.

In the afternoon observation periods, staff were observed without clients for a level similar to that in the morning in House A (39.8%), whereas this was observed at a lower level in House B (21.6% of observations), again suggesting different patterns, although despite this, one-to-one staff:client levels were similar across both houses (16.1% and 13.4% of observations, respectively).

The evening observation periods had the lowest levels of staff being observed without clients (6.1% and 11.0% of observations, respectively), which was expected as clients were most likely to be at home. The levels of a one-to-one staff:client ratio across both houses were similar to those seen in both houses in the afternoon periods (12.7% and 12.1% of observations, respectively). The most common grouping in the evenings for both houses was the large staff and client group.

The data show different levels of staff presence with clients across different parts of the day. In the morning observation periods, staff were observed without clients for similar levels across the two settings. In the afternoon periods, staff in the house serving more able people were almost twice as likely to be observed without clients as those in the house serving less able people. In the evenings, staff were least likely to be observed without clients, this being a time when large staff-client groups were

to dominate in both houses. As there were more clients in House B and fewer attending outside activities it was less likely for staff to be alone, hence time spent without clients there was of greater relative proportion than in the smaller service.

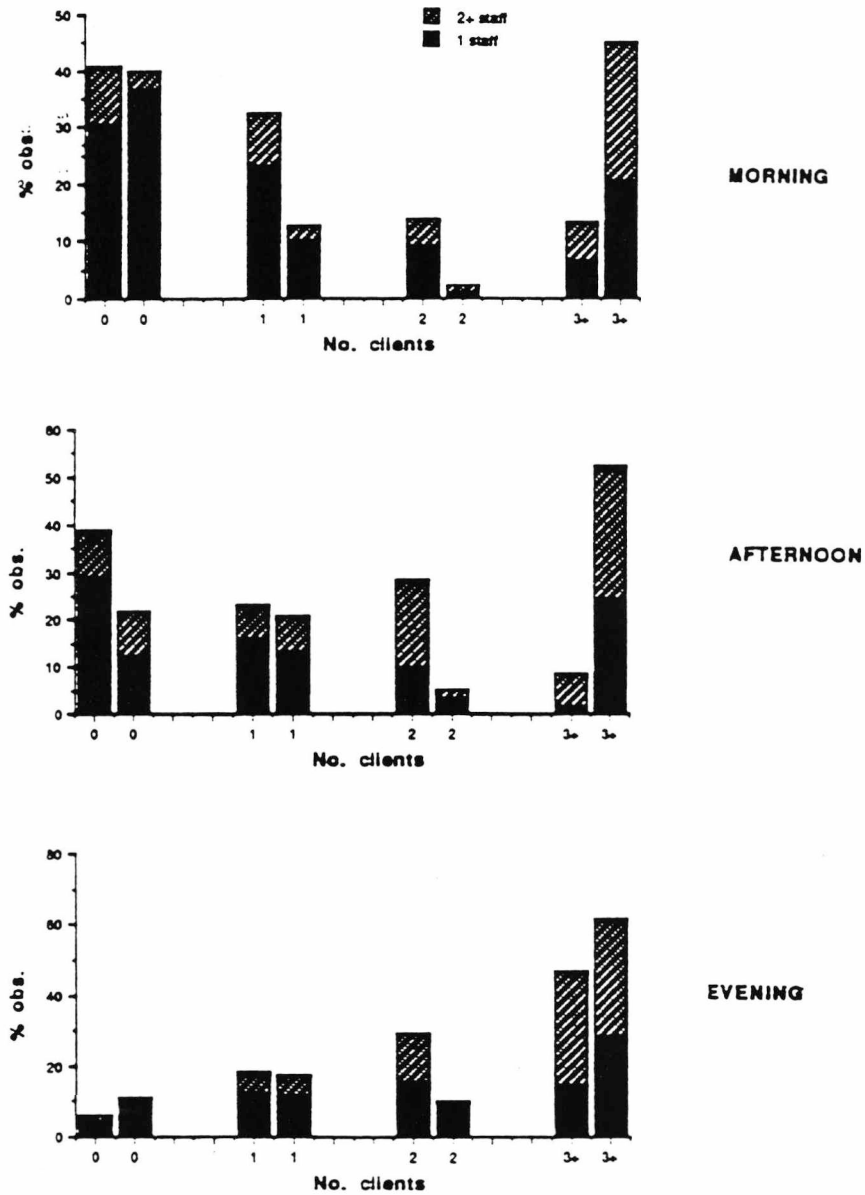


Figure 6.2: Staff and client numbers in morning, afternoon and evening observation periods in House A and House B.

4.2 Client presence and participation at staff domestic activity.

In order to assess opportunities for client involvement in domestic activity, an assumption was made that this would be related to staff activity. Although some clients were able to do tasks alone, this would potentially leave staff able to work with another client who could not do so, allowing the assumption to hold. The period of most domestic activity was assessed by calculating the percentage of observations within the morning, afternoon and evening sessions with no staff, one or more than one staff member involved in domestic activity.

Number of staff in domestic activity.	Morning		Afternoon		Evening	
	N	%	N	%	N	%
None	227	57.3	184	61.5	340	86.3
1 staff	161	40.7	115	38.5	51	12.9
2 or more staff	8	2.0	-		3	0.8
Total	396	100.0	299	100.0	394	100.0

Table 6.2: Occurrence of staff domestic activity by time of day in House A.

Number of staff in domestic activity	Morning		Afternoon		Evening	
	N	%	N	%	N	%
None	169	41.7	259	60.9	286	80.8
1 staff	215	53.1	142	33.4	65	18.4
2 or more	21	5.2	24	5.6	3	0.8
Total	405	100.0	425	99.9	354	100.0

Table 6.3: Occurrence of staff domestic activity by time of day in House B.

In each house, staff were most likely to be observed in domestic activity during the morning observation periods, this being more marked in House B. Taken in conjunction with the data on client presence, it would appear that the morning period

is also the time when staff are most likely to be observed *without* client presence suggesting some exclusion of clients from domestic activities in both houses.

In order to examine this, client presence when the target staff member or another staff member was involved in domestic work in the two houses was examined. In House A no clients were present for 112/169 (66.3%) of morning intervals, 69/115 (60.0%) of afternoon intervals and 5/54 (9.3%) of evening intervals. Thus when most domestic work was available, clients were least likely to be present. In House B no clients were present for 139/236 (58.9%) of morning intervals, 68/166 (41.0%) of afternoon intervals and 23/68 (33.8%) of evening intervals. Thus staff were more likely to have clients present when doing domestic work in House B. However, this could again be an artefact of the numbers of clients in House B and fewer of them being likely to be out during the day.

This possibility was examined by excluding staff domestic activity in the lounge/dining rooms at which clients in both houses were likely to be present by default. Presence and client participation as a function of staff domestic activity were calculated and the results are shown in Table 6.4.

		Morning	Afternoon	Evening
House A	Client presence (%)	28.6	38.4	90.5
House A	Client participation ratio	0.10	0.22	0.76
House B	Client presence (%)	31.5	51.4	62.7
House B	Client participation ratio	0.15	0.25	0.36

Table 6.4: Client presence and participation at staff domestic activities outside the lounges and dining rooms.

Having excluded this, in House A clients were present at 44/154 (28.6%) of staff domestic activity in the mornings, at 43/112 (38.4%) of staff domestic activity in the afternoons and at 38/42 (90.5%) of staff domestic activity in the evenings. In House

B, the corresponding figures were clients present for 64/203 (31.5%) of morning periods, 71/138 (51.4%) of afternoon periods, and 37/59 (62.7%) of evening periods. In both settings, the client participation ratio increased as the amount of available domestic work decreased.

Taking the three times of the day together, and continuing to exclude domestic activity in lounges and dining rooms, this gives a total client presence at domestic activity of 125/308 (40.6%) for House A and 172/400 (43.0%) for House B. The client participation ratios are 0.24 and 0.22, respectively. Thus even in a house with clients of different ability, levels of client presence and involvement in domestic activity taking place outside the lounge and dining room were similar. However, calculating a ratio of client engagement given client presence, rather than given staff domestic activity, the clients in House A were a little more likely to be engaged than those in House B (0.58 and 0.51 respectively), which is consistent with their greater overall ability.

5. Discussion.

5.1 Observation method.

The use of the same form of observation procedure was without difficulty. As with Studies 1 and 2, the potential difficulties of interpretation of the partial interval measure associated with a momentary time sampling element were likely to be small as the majority of the data reported here are concerned with staff and client numbers and the existence, rather than duration of activity.

5.2 Findings.

Varied staff-client configurations were seen across different times of the day. This suggests that overall descriptions of configurations in settings, such as those by Felce *et al.* (1991), whilst providing general levels, do not give an indication of the

changing ecology in settings during the course of the day. Felce et al. (1991) found that variations in social ecology between settings of different types were marked. This study suggests that even when times of natural congregation of people are excluded (as Felce et al. (1991) did), there is considerable variation in individual settings during the course of the day. Although this is not unexpected in smaller scale settings, where clients may attend a variety of activities outside the house and are not permanently at home, such finer grain analysis of the social ecology suggests that there are times of the day in services serving several people in which conditions of one-to-one staff and client numbers exist. The onus then is on service managers and staff to make the most effective use of the opportunities that this provides for teaching and socialising. There appeared to be fewer differences than expected between the two settings, despite the differences in client numbers and client activities outside the houses. Similar levels of one-to-one ratios were observed in afternoon and evening periods, though not morning periods across both settings, which is encouraging, particularly in the setting for less able people, where the greater numbers of clients made this more difficult to achieve. However, the lack of identification of individual clients made it impossible to assess whether particular clients had one-to-one contact with staff more than others.

The times when staff were most likely to be observed alone were morning periods in both houses, which were also associated with the greatest amounts of domestic activity. Staff doing domestic activity removes opportunities for client involvement in this part of their environment. When domestic activity in lounges and dining areas was excluded, clients in both settings were most likely to present at the small amount of domestic activity in the evenings (perhaps not enough to be representative) and least likely to be present when most domestic activity occurred in the mornings. Client engagement also followed this pattern. Overall levels of presence and participation at domestic activity outside these communal areas were similar across the settings. The client participation as a function of staff domestic activity ratio suggests that overall, clients in the setting for less able people (House B) were involved about as much as

the clients in House A. This is encouraging given the wide range of abilities of clients in House B, although, as individual client identities were not recorded, any systematic bias towards presence and involvement of more able clients in this setting was impossible to determine.

5.3 Implications.

In community settings, where specialist staff may not be employed, domestic activity may be taken out of the hands of clients by staff doing this on their own. Levels of client presence and participation in activity for particular settings cannot be assumed simply by client ability as the similar levels of client domestic activity outside lounges and dining rooms showed in houses where clients were of different ability as measured by the Behavior Development Survey. Calculation of the domestic activity of clients as a function of the domestic activity of staff is a useful measure, particularly in settings for less able clients, where they may need support in engaging with their environment, and may provide a quick, though not very sophisticated way of assessing the quality of a setting for clients who need support than detailed observation of staff prompts and guidance. In settings for more able clients, staff may need only to set up domestic activity, rather than being present with clients, so the applicability of such a measure would be restricted.

6. Further directions.

Study 4 returns to the finding of Study 2 that staff-client interaction occurred when both staff and clients were engaged. This was investigated in both settings, to check the robustness of this finding. In addition, the content of interaction was examined in relation to ongoing activity to see how much activity did provide a context for staff-client interaction.

Chapter 7: Study 4: Activity as a context for staff-client interaction - a comparative study.

1. Introduction.

Study 2 suggested that staff to client interaction was associated with the engagement in activity of both staff and client. This is an important finding as client interaction and engagement are both stressed in high quality care. Client involvement in meaningful, age-appropriate activity is enshrined in the principle of normalization and social role valorization (Wolfensberger, 1972, 1983) and applies to activities across the range of everyday experience, both within the residential setting and outside. A stress on staff involving clients in activity may have corresponding effects on staff-client interaction as supporting the activity of a client, particularly when they are not able to carry it out without help, provides a reason for staying in close proximity to them. This study aimed to investigate whether the finding of Study 2 held in other settings, comparing settings for people with different levels of ability.

Several institutionally based studies have examined staff-client interaction in itself. This may have been suitable where much potential for age-appropriate activity beyond personal care was removed by the centralisation of services and the employment of specialist staff. In community based services where there may be no specialist staff, more activity is potentially available for client involvement, although it is still possible for clients to be excluded.

Research looking at the conditions under which interaction takes place has taken several perspectives: numerical/staff:client ratio (e.g. Dalglish and Matthews, 1981, Mansell, Felce, Jenkins and de Kock, 1982), examination of what client behaviours staff respond to (e.g. Warren and Mondy, 1971) and one where overall environmental

conditions prevailing at the time of the interaction are recorded. Among researchers who used the latter approach, Veit, Allen and Chinsky (1976) found different likelihoods of interactions from staff and from children in different contexts. The context of staff interaction was most likely to be 'ward activity' (moving clients and maintaining order), followed by child care (physical needs of the clients), social play and formal training. Child to staff interactions were most likely to occur during social play. Prior, et al (1979) found structured situations (occupational therapy, dining room) were more likely have staff to client interactions than unstructured ones (day recreation room, outdoor activities). They suggested that the "*...structured, organised and purposeful situation is the optimal one for encouraging use of language of retarded people....*" (Prior et al, 1979:68). Yet, the overall structure of a situation does not necessarily mean that individuals within it are engaged. As argued earlier, a client may be present at an activity session yet unengaged.

Both the studies described above were institutionally based and looked predominantly at the activity of the interacting staff member. Client participation in some daily activities such as domestic work may be less likely in such settings due to the organisation of care or, in the case of the Veit, Allen and Chinsky (1976) study, the age of the clients. Further, respect for privacy which is an important part of client life would preclude the observation of personal care tasks and interactions taking place within this context. In community-based services, where there is an increased likelihood of emphasis on participation in daily life, particularly where specialist catering and domestic staff are not employed, 'structure' may more appropriately be described on an individual level, using the engagement or otherwise of the participants at the time surrounding the interaction.

As argued in Study 2, activity as a context for staff-client interaction may be especially useful when staff work with people with profound or multiple disabilities where interactions with no over-arching context may be difficult to sustain, possibly leading

to brief single words or short phrases to clients; what might be termed the 'all right?' school of conversation. However, against this is the argument that activity may be difficult for some clients with profound or multiple disabilities to sustain.

2. Aim of the study.

The study aimed to investigate an area carried over from Study 2. The first part of the study re-examined the engagement in activity of participants in dyadic staff-client interaction in two settings, after which the content of this interaction was examined, to examine to what extent activity provided a topic for the interaction. Emphasis continued to be placed on the importance of domestic activity, with subsidiary analysis of the results on this basis. Two houses of similar size, serving clients of different abilities were chosen, so that the effect of client ability could be examined.

Two hypotheses were proposed.

1a. Staff to client interaction was expected to occur when both staff and client were engaged in some form of activity, particularly in a setting serving less able clients, as staff-client interaction under other conditions may be more difficult to sustain.

1b. Client to staff interaction was expected to occur when both staff and client were engaged in some form of activity particularly in a setting serving less able clients.

2. The content of staff-client interactions was expected to be related to an ongoing activity in the room, whether of the staff member, client or another person.

3. Method.

The same settings were studied as in Study 3. In terms of timing, interaction and activity were coded on the same basis as in Study 2 using prepared data observation sheets designed to simplify recording.

3.1 Coding scheme for activity and interaction.

Activity.

The coding scheme for activity was that used in Study 3, and dyadic interactions only were subjected to analysis by activity of the participants. In addition, the topics of staff-client interaction were coded according to whether they were related to the activity of a person in the room.

Activity related - related to the ongoing, just finished or just about to start activity of someone in the same room as the participants in interaction; including teaching the client how to do a task, praising and correcting them, as well as more general comments about the activity.

Not activity-related - any other conversation, including more distant experiences of the client and staff member, general conversation, jokes.

A separate code identified whose activity was being talked about - that of the client, the staff, joint client/staff or the activity of another person in the room.

1-20 sec:	note time, number and status of people in the room
21-30 sec:	observe/code any interaction/activity of participants and others
30 sec:	if no interaction, observe/code activity
31-60 sec:	time for any adjustments, moving after target staff.

Figure 7.1: The observation procedure.

3.2. Interobserver reliability.

Reliability observations were carried out as for Study 3. In House A, agreement for the existence of interaction was 95.0%, and within that 98.2% for whether it was with a staff member or a client and 87.7% for the direction. Agreement for the activity of the people in the room, counting agreement for every individual rather than on each observation interval, was 84.5% . Agreement on whether the interaction was related to an ongoing activity was 92.3%, but this was calculated on only 13 intervals - of the 24 staff to client interactions recorded, 11 were inaudible to one or both observers. (The client and joint staff/client categories were amalgamated as this distinction introduced the most error.)

In House B, agreement for the existence of interaction was 84.9%, and within that 97.6% for whether it was with a staff member or a client and 90.5% for the direction. Agreement for the activity of the people in the room, was 81.3%. Agreement on whether staff-client interaction was related to ongoing activity was 75.6%, and within that 80.6% on whether it was related to the activity of client or staff/client or to staff or another person.

4. Results.

Results are presented for each of the areas of investigation and where missing data occur, these are excluded from the calculations.

4.1 Hypothesis 1a.

Staff to client interaction was expected to occur when both staff and client were engaged in some form of activity, particularly in a setting serving less able clients, as staff-client interaction under other conditions may be more difficult to sustain.

The numbers of interactions from staff to client under different combinations of staff and client activity (based on the amalgamating domestic and 'other' activity codes) are shown in the following tables.

STAFF ACTIVITY	CLIENT		ACTIVITY	
	No activity/inapp.		Other activity	
	N	%	N	%
No work activity	54	22.9	37	15.7
Other activity	34	14.4	111	47.0

Table 7.1: Participant activity in staff to client interaction in House A.

During staff to client interactions in House A, both participants were likely to be engaged (Chi-square= 30.8 $p < .00001$ 1 d.f.). When only client engagement is considered, clients were twice as likely to receive interaction from staff when engaged (62.7%) as when they were unengaged (37.3%). If equal distribution is expected, this difference is significant (Chi-square= 15.25, 1 d.f., $p < .005$).

Selecting the 78 intervals in which staff and/or client were engaged in *domestic activity*, 47.4% of interactions took place when both were so engaged, 30.8% when only the staff member was engaged and 21.8% when only the client was engaged, suggesting that both interactants engaged in domestic activity was a potentially important context for staff to client interaction.

Table 7.2 shows the engagement of participants during staff to client interaction in House B.

STAFF ACTIVITY	CLIENT		ACTIVITY	
	No activity/inapp.		Other activity	
	N	%	N	%
No work activity	59	20.6	34	11.9
Other activity	72	25.2	121	42.3

Table 7.2: Participant activity in staff to client interaction in House B.

During staff to client interactions in House B, both participants were also likely to be engaged (Chi-square = 17.3 $p < .00003$ 1 d.f.). However, the finding is more significant in House A, counter to the predicted direction. When only client engagement is considered, clients were as likely to receive interaction from staff when engaged (54.2%) as when they were unengaged (45.7%), (Chi-square= 2.01, 1 d.f., NS).

Selecting the 87 intervals in which staff and/or client were engaged in *domestic activity*, 48.3% of interactions took place when both were so engaged, 41.4% when only the staff member was engaged and 10.3% when only the client was engaged. Although both interactants being engaged in domestic activity was a potentially important context for staff to client interaction, the greater number of interactions when only the target staff member was so engaged in comparison with House A may reflect the lower general ability of the clients in this house.

4.2 Hypothesis 1b.

Client to staff interaction was expected to occur when both staff and clients were engaged in some form of activity, particularly in a setting serving less able clients.

Data for client to staff interaction were cross-tabulated in the same way.

STAFF ACTIVITY	CLIENT		ACTIVITY	
	No activity/inapp.		Other activity	
	N	%	N	%
No work activity	31	24.0	31	24.0
Other activity	23	17.8	44	34.1

Table 7.3: Participant activity in client to staff interaction in House A.

Client to staff interaction, unlike staff to client interaction, was not associated with a clear pattern of client or staff activity (Chi-square = 3.3, $p = .07$, 1 d.f.).

Selecting the 39 intervals in which staff and/or client were engaged in *domestic activity*, 43.6% of interactions took place when both were so engaged, 38.5% when only the staff member was engaged and 17.9% when only the client was engaged, suggesting staff and client domestic activity as a potentially important context for client to staff interaction.

In House B, as in House A, client to staff interaction, unlike staff to client interaction, was not associated with a clear pattern of client or staff activity (Chi-square = 0.05, $p=.82$, 1 d.f.), with interactions being fairly evenly distributed across possible combinations of activity of the interactants in both settings.

STAFF ACTIVITY	CLIENT		ACTIVITY	
	No activity/inapp.		Other activity	
	N	%	N	%
No work activity	25	31.6	19	24.1
Other activity	19	24.1	16	20.2

Table 7.4: Participant activity in client to staff interaction in House B.

Selecting the 22 intervals in which staff and/or client were engaged in *domestic activity*, 31.8% of interactions took place when both were so engaged, 59.1% when only the staff member was engaged and 9.1% when only the client was engaged. Using these limited data, the greatest likelihood was for the staff member to be engaged in domestic activity in this setting, again possibly reflecting the lower general ability of the clients in this house.

The hypothesis of interaction during activity for client to staff interaction was not supported in either setting, although it approached significance in House A in which the mean score of the clients on cognition and communication using the BDS was similar to that of the 6 permanent clients in the house in Studies 1 and 2 [mean 5.7, s.d. 3.4 and mean 5.9, s.d. 2.9, respectively]. This may be responsible for the

similar pattern between the house in Studies 1 and 2 and House A in this study. The results for House B may be accounted for by the lower verbal ability of the clients whose mean score on the cognition and communication item was 2.7 (s.d. 2.7). It should also be remembered that the initiator of an interaction under the coding scheme was the first person to communicate within a given 10 second interval, an artificial definition to simplify the observation procedure.

4.3 Hypothesis 2.

The content of staff-client interaction was expected to be related to an ongoing activity in the room, whether of the staff, client or another person.

Staff-client interaction was coded by whether it was related to an ongoing activity in the room excluding missing data (content not heard¹).

CLIENT ACTIVITY	INTERACTION TOPIC			
	Activity related.		Not related	
	N	%	N	%
None	16	7.4	62	28.8
Active	110	51.2	27	12.6

Table 7.5: Relationship of staff to client interaction topic to client activity in House A.

In House A, most staff to client interaction that occurred was related to an ongoing activity in the room or one about to start and directed to an already active client (Chi-square = 73.2, $p < .00001$, 1 d.f.). When clients were active (only 19.7% of interactions (27/137)) were *unrelated* to activity. The topic was most likely to be related to the activity of the client or joint staff/client activity as shown in Table 7.6, (Chi-square = 35.4, $p < .00001$, 1 d.f.).

¹ Sometimes it was possible to code that an interaction was related to an ongoing activity but not to whose.

CLIENT ACTIVITY	WHOSE ACTIVITY			
	Staff or other		Client or staff/client	
	N	%	N	%
None	11	8.8	5	4.0
Active	10	8.0	99	79.2

Table 7.6: Whose activity was talked about in House A.

The same analysis was performed for House B.

CLIENT ACTIVITY	INTERACTION TOPIC			
	Activity related.		Not related	
	N	%	N	%
None	46	16.9	84	30.9
Active	124	45.6	21	7.7

Table 7.7: Relationship of staff to client interaction topic to client activity in House B.

In House B, most staff-client interaction that occurred was related to an activity in the room or one just about to start and directed to an already active client (Chi-square = 73.0, $p < .00001$, 1 d.f.). When clients were active, again, only a small amount of interaction (21/145 (14.5%)) was *unrelated* to activity. The topic of interaction was most likely to be related to the activity of the client or joint staff/client activity as shown in Table 7.8 below (Chi-square = 121.4, $p < .00001$, 1 d.f.).

CLIENT ACTIVITY	WHOSE ACTIVITY			
	Staff or other		Client or staff/client	
	N	%	N	%
None	44	26.0	2	1.2
Active	9	5.3	114	64.5

Table 7.8: Whose activity was talked about in House B.

The hypothesis of staff-client interaction being related to ongoing or just about to start activity was supported in both houses, with most of the interaction related to activity of the client or joint staff/client activity.

5. Discussion.

5.1 Observation method.

The simplified coding of interaction made coding more manageable. The potential difficulties of interpretation of the partial interval measure associated with a momentary time sampling element were likely to be small as the data reported here are concerned with co-existing activity and interaction, and the topic of interaction, rather than the duration of activity or interaction.

5.2 Findings.

Hypothesis 1, on the basis of the finding in Study 2, that staff to client interaction occurs when the participants were also engaged in activity was supported in both houses in this study, despite the difference in levels of ability of the clients in the two settings. This suggests that activity of some form is an important contextual variable for interaction regardless of client ability. However, there was not a marked difference in the extent to which this held across the two settings, despite the prediction. In addition, the finding that interaction from staff was not in fact restricted to times when clients were engaged may be seen as encouraging in that at least if clients were not engaged or had difficulty doing so, some interaction was likely. Client to staff interaction was not as clearly distributed, counter to the prediction of the hypothesis. This may reflect the levels of verbal ability of the clients in the two settings, and indicates that an activity may not serve as a context for client interactions.

Although there was no formal teaching code used in this study, the obvious explanation is that activity provides an opportunity for teaching which involves both

interaction and client activity. This is supported by the both staff and client being engaged, and the dominance of staff and client activity related topics when the client was active. However, the informality with which joint activity was often undertaken did not appear to correspond with the use of formal teaching programmes, being more participative than instructive for clients.

Although in both houses staff to client interactions were most likely to be observed when both staff and client were engaged, differences emerged when the interactions are examined by whether the client was engaged regardless of staff engagement. Only in House A, where more able clients lived, were clients more likely to receive interaction from staff when engaged. This may be seen as consistent with the practice advocated by Porterfield, Blunden and Blewitt (1980) in their room management procedure of selectively attending to engaged clients, but on a more varied basis than an 'activity period' in an institutional or day care setting. In House B, the activity of clients in itself was not associated with more contact from staff, which could again reflect the lower ability of clients in this setting.

5.3 Implications.

The implications of this study are that an emphasis on staff and clients doing activities, whether this is called teaching or not, is likely to be associated with staff to client interaction, thus combining two aspects of high quality care. This occurred in two settings serving clients of different levels of ability, but as the identity of individual clients was not recorded, the results must remain speculative in terms of who in each setting was involved. Further, the quality of the interaction was not assessed; leaving open the area of possible differences between staff-client interaction to clients who are engaged or disengaged.

Staff cannot be expected to involve clients of low assessed ability in a wide range of activities without some form of training or support. Indeed, for clients with special

needs, training in how best to interact with them is important in itself. However, on a general level, the results suggest that asking staff to involve clients in activity (if this is carried out) may be more likely to be associated with increases in interaction than just asking staff to interact more with clients.

6. Further directions.

Study 5 returns to the area of staff-staff interaction, examining the conditions of participant activity under which this occurs, and also examining its content.

Chapter 8: Study 5: Activity as a context for staff-staff interaction - a comparative study.

1. Introduction.

Study 2 suggested that dyadic staff-staff interaction, unlike staff-to-client interaction, occurred predominantly at times when both participants were not engaged in activity. The content of staff-staff interaction is of particular interest when it is not an accompaniment to ongoing work activity, which may provide context and content. Topics of staff-staff interaction either when staff are not engaged in work-related activity, or when they are so engaged and not talking about ongoing activity may be at particular risk of being dismissed as gossip, despite the importance of staff interaction to the exchange of information and the smooth running of services, as well as to morale functions. Although there has been some investigation of supervisor speech in services for people with learning difficulties (e.g. Cherniss, 1986), and some investigation of the content of speech at formal times in services (e.g. Bailey, Thiele, Ware and Helsel-de Wert, 1985), there is little information available about the content of the speech of direct care staff at informal times.

2. Aim of the study.

The study aimed to investigate an area carried over from Study 2. The first part of this study revisited the activity of both staff involved in dyadic interaction to examine under what activity conditions staff interact with each other, and the second part examined the content of staff-staff interaction when they were not talking about ongoing work-related activity. Two houses of similar size serving clients of different abilities were chosen, so that the effect of client ability on the distribution of staff-staff interaction could be examined.

For staff-staff interactions, the 'structure' of activity of the participants was not expected to be important with interactions occurring over a variety of patterns of engagement of the participants. Staff-staff interaction was of particular interest at times when staff were not engaged in work-related activity or not talking about it, when it may risk being described as 'gossip'. Although seemingly work-related topics may be little related to work, a simple behavioural framework does not allow this to be easily examined as this would require imposing values on what is heard. Despite these caveats, it was expected that topics related to work would dominate in both settings when staff were not talking about ongoing activity in the house.

Two hypotheses were proposed.

1. Staff-staff interaction was expected to occur whether or not staff were engaged in activity.
2. When not related to ongoing activity, staff-staff interaction in both houses was expected to be work-related.

3. Method.

The same settings were studied as in Studies 3 and 4. In terms of timing, interaction and activity were coded on the same basis as in Studies 3 and 4 using prepared data sheets designed to simplify recording. Meals, meetings and changeovers were not observed, thus all staff-staff interaction was observed at informal times during the course of the staff working day.

3.1 Coding scheme for staff activity and interaction.

Activity.

The coding scheme for activity was similar to that used in Study 2, with the exception of separating watching television from other leisure activities.

For ease of presentation of cross-tabulated data, and to enable statistical analysis to be carried out, the activity categories were amalgamated into two.

Summary codes for staff activity -

No work activity - no activity, TV, leisure without client involvement and staff personal activity codes.

Domestic or other activity - domestic food-related activity and domestic non-food-related activity codes, eating/drinking, client personal, client other, administration, phone, other.

Staff-staff interaction.

The content coding scheme for interaction used in Study 1 was too detailed for use given the range of other factors coded, hence the categories in this study were simplified to deal more directly with the hypotheses. Further details of coding and examples are given in Appendix 5.

The interaction was first coded for its relationship to an ongoing activity.

Ongoing activity - interaction related to the activity of one or both staff or of someone else in the room (whether that activity was work or non-work-related).

The relatedness to work of the above interactions could be determined by the activity of the others in the room which was also coded. When an interaction was **not** related to an ongoing activity, the following codes were used:

Client-related - topics such as client activity and experience inside and outside the house, longer term plans, activities, client behaviour, medical condition, medical appointments.

Other work-related- topics such as household matters, shopping, cooking and meal planning, rotas, administration, policy and services in general terms

Non-work-related- topics which were not related to the work of staff, including jokes, personal experience, discussion of the news or TV.

1-20 sec:	note time, number and status of people in the room
21-30 sec:	observe/code any interaction/activity of participants and others
30 sec:	if no interaction, observe/code activity
31-60 sec:	time for any adjustments, moving after target staff.

Figure 8.1: The observation procedure.

3.2 Interobserver reliability.

Reliability observations and calculations were carried out as for Studies 3 and 4. In House A, agreement for the number and identity of people in the same room as the target staff member was 96.7%, 95.0% for the existence of interaction and within that 98.2% for whether it was with a staff member or a client and 87.7% for the direction. Agreement for the activity of the people in the room, counting agreement for every individual rather than on each observation interval, was 84.5% on the activity codes. There were not enough staff-staff interactions coded during the reliability observations to examine agreement for topics.

In House B, agreement for the number and identity of people in the same room as the target staff member was 90.4%, 84.9% for the existence of interaction, and within that 97.6% for whether it was with a staff member or a client and 90.5% for the direction. Agreement for the activity of the people in the room, was 81.3%, on the activity codes. Again, there were not enough staff-staff interactions during the reliability observations to examine agreement for topics, even when data from the two houses are combined. The data must be approached with this in mind.

4. Results.

Results are presented for each area of the hypotheses in turn, and where missing data occur, these are excluded from the calculations.

4.1 Hypothesis 1.

Staff-staff interaction was expected to occur whether or not staff were engaged in activity.

Data for interactions amongst staff were cross-tabulated in the same way as those between staff and clients in Study 4, combining interactions to and from target staff. Percentages do not add up to 100 due to rounding.

STAFF 1 ACTIVITY	STAFF 2		ACTIVITY	
	No work activity		Other activity	
	N	%	N	%
No work activity	108	63.2	18	10.5
Other activity	23	13.5	22	12.9

Table 8.1: Staff activity in staff-staff interaction in House A.

In House A, staff were most likely to be involved in interaction with each other when neither was involved in observable work-related activity (Chi-square = 22.5, 1 d.f. $p < .00001$).

The data for staff-staff interaction in House B are presented below:

STAFF 1 ACTIVITY	STAFF 2		ACTIVITY	
	No work activity		Other activity	
	N	%	N	%
No work activity	119	42.7	46	16.5
Other activity	43	15.4	71	25.4

Table 8.2: Staff activity in staff-staff interaction in House B.

In House B, staff were also most likely to be interacting with each other when neither was engaged in observable work activity (Chi-square = 32.8, 1 d.f., $p < .00001$), again running counter to the prediction of a more dispersed pattern.

When staff were interacting, the percentage of time that this occurred when *neither* staff member was involved in activity, was higher in House A (63.2%) than House B (42.7%). The higher dependency of clients, and higher number of clients in House B may have meant that staff had more work, so took the opportunity to talk to each other as they were involved in other activities.

4.2 Hypothesis 2.

When not related to ongoing activity, staff-staff interaction in both houses was expected to be work-related.

Despite the fact that it was not possible to assess levels of agreement for the topics of staff-staff interaction, there being few observed during the reliability sessions, the content of staff-staff interaction is reported as it is one which is often assumed, and less often investigated. The content of staff-staff interaction was examined for its relationship to ongoing activity. If this was a non-work related activity, then the interaction was counted as non-work. If it related to the activity of someone in the room, commenting on the activity of a client, or talking to another staff about what they were doing (when this was work-related), this was counted as work-related. If an activity was not being talked about, the coding fell into three categories as described: client-related, other work-related and non-work related. Two categories: work and non-work were created and the incidence of topics within them was compared allowing an examination of the content of staff-staff interaction to be made.

In House A, based on 116 staff-staff interactions, 55.2% were work-related. In House B, with 167 such interactions, 65.3% were work-related. If Chi-square tests are performed, assuming equal distribution of work and non-work topics, the results were not significant for House A (Chi-square = 0.62, NS, 1 d.f.), but were significant for House B (Chi-square = 7.97, $p < .02$, 1 d.f.). Thus, the hypothesis that work-related topics dominated under the conditions investigated was supported only in House B.

5. Discussion.

5.1 Observation method.

Again, the simplified coding of interaction made coding more manageable. The potential difficulties of interpretation of the partial interval measure associated with a momentary time sampling element were likely to be small as, again, the data reported here are concerned with co-existing activity and interaction and the topic of interaction, not the duration of either of these.

5.2 Findings.

Staff to staff interaction took place mostly when staff were not engaged in work-related activity in both houses, with this being more marked in House A. This was different to the more dispersed findings of Study 2. This can be seen as consistent with the suggestion that interaction amongst staff may be reinforcing in itself and not need a broader context in which to occur. Such an assumption is explored further in Chapter 10.

When the content of staff-staff interactions was examined after that related to ongoing activity was excluded, (and the study not having examined staff-staff interaction at formal times such as changeover meetings), over half of interactions related to work; whether discussing clients or household matters. Thus if interactions about ongoing work and that during meetings had been included, higher levels still of work-related content would have been found. The exclusion of talk about ongoing activities allowed the investigation of interaction to be more rigorous, although the function of staff speech in relation to their work was not assessed. Thus staff could have been talking about negative aspects of their work and not, for example, planning aspects or client progress issues. However, given the various support functions which peer staff speech could serve (see Browner, 1987), even topics functionally unrelated to work could serve useful morale functions, which was impossible to determine here. Thus

the contention of 'gossip', if this is defined as talk not functionally related to work was not effectively addressed in this study. The content of staff speech in services, at both informal and formal times, remains an area for further investigation, whether by behavioural research methods or others. A coding system such as that used by Cherniss (1986) applied to interactions amongst direct care staff would provide more detailed information. Given that there was an apparent degree of work-related interaction in both services, especially that serving less able clients, staff-staff interaction may be a variable which could be taken advantage of in staff management procedures. This will be examined in Study 7.

6. Further directions.

Before Study 7 is introduced, however, the issue of reactivity is returned to. This was an issue of potential concern, particularly given the obtrusive nature of an observer in small domestic rooms of community settings as opposed to the large areas more commonly seen in institutional settings, where larger congregations of staff and clients are likely to be present. Having experienced the presence of the observer for some 4-5 weeks, (including the initial acclimatisation period) staff in both settings were asked to give their opinions of the effect of the presence of the observer in anonymous questionnaires at the close of the study in each setting. This enabled the view of observational methods to be obtained from research subjects, and is something which has been rarely offered in the past. This part of the research is reported in Study 6.

Chapter 9: Study 6: Staff and client reactivity to direct observation.

1. Introduction.

Data collection in behavioural work relies very heavily on observation. However, the presence of the observer in the environment gives rise to concerns about the reactivity of subjects and this applies whether a formal or informal observation strategy is in operation. Reactivity refers to the suggestion that the behaviour of subjects may be modified by the experience of being observed (e.g. Sykes, 1978). In a wider context, reactivity can occur in assessments other than those using direct observation (Haynes and Horn, 1982), examples of which would be the presentation of self in psychometric tests and interviews. Zajonc (1965) suggested that some part of reactivity may be a result of the general social facilitation or inhibition produced when another person is present. If this is so, reactivity is potentially in operation when a researcher is present, whether or not they have been specifically instructed to observe.

Dubey *et al.* (1977) warned against the 'implicit assumption' that observation does not affect the behaviour of subjects. They pointed out that if there is an influence, then the validity of data suffers. Both internal and external validity can be affected (Haynes and Horn, 1982), hence the importance of minimising potential effects. In a review of the range of effects, Haynes and Horn (1982) stated that those studied have mostly been on behavioural rates. They listed increased and decreased rates of responding, different effects on different behaviours and different subjects, increased variability, systematic changes in rates, rate changes associated with demands in the situation, changes of the behaviour of others in the subjects' environment, orientation to observers and deficits in task performance. They also pointed out, however, that reactivity effects may not be restricted to rates but may also affect such factors as conditional probabilities and latencies. Such a wide range of possible effects means

that it is important to apply some caution in the interpretation of results from observational research.

Although there is a suggestion that the researcher should "*...become familiar with the reactivity literature vis a vis his or her subjects, observers, research settings and target behaviors and take whatever precautions are dictated by that literature.*" (Harris and Lahey, 1982:535), there is little reactivity literature specifically relating to research in small group settings for people with learning difficulties, and only one of the studies in Harris and Lahey's review was set in a residential service. This was a study by Hagen, Craighead and Paul (1975), which examined reactivity in a 28 place locked psychiatric unit where a milieu therapy program was in operation and where staff training to work with the clients had already exposed them to observation. The presence and absence of observers was varied during data collection, which was known to be used for staff evaluation. Concealed microphones were constantly switched on to record staff interaction. The rate and number of words spoken and the appropriateness of staff interactions were not significantly affected by the presence of the observer. The suggestion was that the previous exposure of staff to observation had accustomed them to it. In many services for people with learning difficulties where research has taken place, staff may be unfamiliar with being observed, for evaluative purposes or otherwise, so the representativeness of this study may be limited.

In a subsequent study in a psychiatric setting, Milne and Hodd (unpublished) examined the activity and reactivity of staff and clients in dayrooms. During interviews following the observations, the four staff members questioned indicated that the observer had no effect on their behaviour, and only one staff member suggested that the clients may have reacted. The observational data indicated few differences in staff and client behaviour across observation periods and that these seemed to be accounted for more by habituation than obtrusion (the positioning of the

observer in dayrooms rather than in an office from which the dayrooms were visible). The main changes for staff were a reduction in their involvement in client personal care and a reduction in rewarding client behaviour. This second change has particular relevance to studies of staff-client interaction, in that it shows a decrease, rather than an increase, in what staff may surmise is a desirable behaviour to display during observation. However, contact with the observer was limited as the daily length of observation was about 20 minutes and the frequency of observation 2 evenings a week over 5 months. Further, the observer was stationary, which may not be appropriate for all studies.

Hagen, Craighead and Paul (1975) found that reactivity decreased with increasing frequency of observation, which is consistent with the effect of habituation found by Milne and Hodd. However, Johnson and Bolstad (1975) found no evidence for this. If it is assumed that habituation does occur, then Haynes and Horn (1982) suggested that data from early observation sessions may have less external validity than subsequent data. Thus putting an observer in place before baseline data collection (e.g. Nordquist and Wahler, 1973), or treating the initial sessions of data collection as a habituation period and not using the data in the final analysis may be advisable. The latter of these options was taken in Studies 1 to 5.

Various suggestions have been made to minimise reactivity. One which is rarely made is the use of a thorough rationale, which Johnson and Bolstad (1975) suggested may reduce the guardedness and anxiety of subjects. This positive feature has to be weighed against subjects trying to present themselves in what they see as a positive light (e.g. Patterson and Sechrest, 1983). Reassurance that no individual would be identified has also been suggested as a possible means of minimising reactivity (Hagen, Craighead and Paul, 1975). Some suggestions may apply only to settings where facilities such as one-way mirrors and unobtrusive recording devices can be used. The range of options is more limited in many ordinary settings. It has been

suggested that the observer be as unobtrusive as possible (e.g. Haynes and Horn, 1982; Harris and Lahey, 1982). This means not interacting with or minimising contact with the subjects of observation (e.g. O'Leary and Kent, 1972; Kirmeyer, 1985) and indeed with others in the research setting, which is made easier by the avoidance of eye-contact (e.g. Beasley and Mansell, 1987).

The detached observer role, however, gives rise to possible ethical problems of being a stranger in people's home or workplace and not interacting. Walbran and Hile (1988) noted in their study that it was hard for observers not to become involved in the setting, particularly towards the end of the observation and pointed out that this issue is rarely discussed. There is a delicate balance to be drawn between the quest for data (the long-term consideration) and the human element in the short-term, particularly in services where the people observed may not understand why they are ignored when they approach the observer. Indeed, much research in services is concerned with low levels of response to clients, which avoidance from the observer may serve to confuse.

2. Aim of the study.

Given the relative lack of information about reactivity in small-scale settings, the aim of this study was to investigate staff opinions on the experience of being observed.

Several guidelines from the research were taken for the observational work carried out in Studies 3, 4 and 5: having an acclimatisation period from which data were not used (Haynes and Horn, 1982); some explanation to staff (though not a thorough one as suggested by Johnson and Bolstad, 1975); reassurance that no-one will be identified (Hagen, Craighead and Paul (1975); being as unobtrusive as possible by minimising contact with people in the research setting (e.g. O'Leary and Kent, 1972) and minimising eye-contact in particular (e.g. Beasley and Mansell, 1987).

Although asking about reactivity may well be subject to reactivity effects in itself, this has to be weighed against the relative lack of such work in the field in which direct observation continues to be popular. More sophisticated methods of investigation such as comparison between overt and covert observations and associated use of recording technology may be impractical and inappropriate in services which are supposed to be 'ordinary houses'. Asking staff is one of the most direct methods available and is also a rare chance for the subjects of the research to air their views.

3. Method.

The collection of reactivity information took place at the end of the research described in Chapters 6,7 and 8. Staff had been told in an introductory letter prior to the research that the observer would not be interacting with them: "*..although the presence of an observer may be a little unusual, I will try to be as unobtrusive as possible, so will not be talking to people or taking part in activities...*". However, the observer did spend time with staff and clients at the end of observation sessions and a little on arriving at the houses before telling the staff that observations were about to begin. Within the observation sessions themselves, contact with the people in the houses was minimised.

Anonymous questionnaires concerning staff characteristics were given out to direct care grade staff at the end of the study, which included a section asking for yes/no answers to whether the presence of the observer changed their own behaviour or that of clients and were asked to make comments. A final question asked staff to make suggestions "*...that would help to minimise the effect of the presence of the observer on both staff and clients in future similar research.*" Staff members completed the questionnaires in their own time and returned them in post-paid envelopes. In House A, 7 of the 8 direct-care staff observed responded and in House B, 8 of 10. Thus the

survey was informal and exploratory, and used qualitative rather than quantitative data to address reactivity.

4. Results .

Results are presented for staff opinions of whether the presence of the observer had an effect on the behaviour of the individual respondent and that of the clients, following which staff comments and suggestions are given.

	House A	House B	Total
Effect on self; no effect on clients	1	2	3
Effect on self; effect on clients	2	1	3
No effect on self; no effect on clients	2	5	7
No effect on self; effect on clients	2	0	2

Table 9.1: Reported effects of the observer on staff and client behaviour.

A range of opinion was evident on the effect of the presence of the observer (Table 9.1). Although the number of staff responding is small, this represents 15/18 of the direct care staff observed. The range of opinion was wider in House A, where clients were more able. Staff there were approximately evenly split between thinking that the presence of the observer affected and did not affect the behaviour of staff or clients. In House B, the most common answer was that both staff and client behaviour was unaffected which may suggest that the routine in the house was less amenable to disruption by an outsider; or, indeed, a desire to present the house and themselves in a 'steady' light. The answers may have been subject to reactivity themselves. It is conceivable that some staff reported effects to decrease the likelihood of the observer coming back to a setting which changed as a result of observations.

4.1 Reported effects on the behaviour of staff.

9 staff members reported that their behaviour was unaffected by the presence of the observer; and 6 staff reported effects. A further question attempted to elicit the nature of the effects, asking what staff did more of, what they did less of and what parts of their behaviour stayed the same. Of the 6 staff reporting effects, all made comments.

Of things that staff reported doing more, 4 reported doing more household chores or finding things to do, and 2 reported more work with clients (including more verbal communication, mentioned specifically by one respondent). Thus it appears, if the responses are taken as representations of what actually occurred, staff wish to appear busy while being observed and find things to do, even though, as one person pointed out, they may be unnecessary.

Of the things that staff reported doing less, 5 mentioned less 'relaxing' or sitting around; (3 in general terms and 2 with respect to relaxing with clients). In addition to this, one respondent mentioned doing fewer activities with clients, which might be seen as countering the suggestion that those observed wish to present themselves in a positive light (e.g. Patterson and Sechrest, 1983). The observer may be intruding into a very delicate staff-client relationship, where the ability to be oneself when with the clients is altered by the presence of an outsider. It may be that relaxing alone or particularly with clients, though an important part of the staff day, is not seen as sufficiently 'visible', or obvious to an outside observer, so more 'visible' activities are done by some people instead.

Staff were also asked what parts of their behaviour stayed the same. Responses here ranged from reporting that nothing stayed the same, through basic interaction with clients staying the same, an 'attitude' change when being observed talking to other staff and reporting that overall behaviour stayed the same once initial feelings of self-consciousness passed.

4.2 Reported effects on the behaviour of clients.

10 staff members reported that the presence of the observer had no effect on the behaviour of the clients. 5 staff members, however, reported some effects, 4 of which related to House A, where more able clients lived.

Of the 4 reports by staff in House A, two mentioned clients 'showing off', but one that some clients were 'more quiet than usual'. The person who thought that clients were quieter also noted that clients did not understand why their attempts at conversation with the observer were rejected and were therefore upset. This was paralleled by one staff member in House B, saying that the more able clients enjoying communicating with people "*...and when somebody comes into a home and does not speak, but only observes, they must find it difficult to understand, and I feel this will change their behaviour and confidence towards other people.*"

4.3 Suggestions from staff on minimising the effect of the presence of the observer.

10 staff members of the 15 respondents made suggestions about minimising the effect of the presence of the observer. Because, in this style of research, reactivity is such an important issue, it is felt to be worthwhile to reproduce the comments in full.

Several staff commented on the detached observation style and suggested that more involvement would have been helpful:

I feel that the student would have been better off if she got more involved with the staff and the residents.

To be able to communicate on a friendly basis with staff and residents.

I feel that the residents sense something and may easily find this uncomfortable, whereas if the person doing the research was more friendly and talkative, I think better results could be achieved as everyone would feel more relaxed and behave as they would everyday, and would not mind someone being nearby. By this way (sic) no barriers would go up.

Observing is all well and good, but the pleasantries of life should not be sacrificed. Hello, no thank you or whatever, should not detract one from observing.

Comments were also made about getting to know the people in the setting, whether deliberately, or just over time:

If possible get the staff and the residents used to your presence before you actually start your observations.

At first I felt the presence of the observer, but after a while it didn't worry me at all.

Finally, one staff member suggested participation rather than observation as a more fruitful method of research:

It would be easier if the observer was actually to work with the staff and residents. That way they can find out a lot more also be able to understand how the place runs.

As well as comments about a more participative approach being desirable from the point of view of easing general relationships between the observer and staff, some staff were also concerned that the clients did not understand what was going on and showed the concern of the staff of the effects of the observation on the clients.

I felt that your point of making yourself so inconspicuous was worthless, as we all knew you were there. This made me feel self-conscious. I also felt disturbed that the residents were in a sense ignored when they spoke. Even though we tried to explain your presence, it was very hard to make them understand why you wanted to be left alone. My suggestion is don't try to be so unobtrusive, just be a little more sociable, because we will always act differently when observed.

The clients don't understand what is going on and so I would think it is more difficult for them than the staff.

A resident was upset by the fact that you wouldn't speak to her when you were working.

I would suggest that before you start your observation, you explain to residents what your purpose is and that therefore you cannot be disturbed.

The comments of staff indicate something of their concern about the effects of observation on the clients in their care. The points raised fall outside the issues in the traditional reactivity literature; and represent the effect of the observer on the subjects' lives beyond the observation periods rather than the effect of the observer on the subjects during the observation periods and hence the validity of the observations. The points raised by staff highlight a potentially important longer term influence of researchers on clients who are observed.

5. Discussion.

Most reactivity was reported for clients in House A. This suggests that more able clients responded more to the presence of a stranger in their environment. This is not surprising as a detached observer may be seen as a potentially new member of the social environment, yet actually stays largely outside it; something which may be hard to understand, as indeed was commented on by staff. In contrast, only one staff member in House B reported an observer effect for the clients there. For staff members, there was a wider distribution of opinion, with a greater balance of response in House A. The answers can be subject to reactivity themselves, but suggest that there is no clear effect on people from the same observational procedure in the same setting.

Several themes emerged from staff comments that have parallels in the reactivity literature. The literature suggests detachment and minimising of contact which form an integral part of the objective research strategy. However, this distance was the

feature most criticised by the staff commenting on the effect of the observer and their suggestions were for more contact with people in the setting. Their comments suggest that they are not happy with a strictly non-participative detached approach; speaking both for themselves and clients. Although a detached strategy may be difficult to use when observing staff and clients in small domestic settings, this has to be balanced with involvement in limited interaction leading to difficulties for all concerned to know how much interaction is possible and when, and possible contamination of the data. The suggestion of 'getting to know' the people prior to research can be seen as reflecting some aspect of acclimatisation, although by the comments of the staff, a more interactive researcher would still be desired.

Another important area was that of explanation and respect for subjects. A strictly detached observer appears to conflict with the accordance of respect to the subjects in the research setting, by whose good will the observer is present. Minimising contact during longer term presence in someone's home may be also be argued to be in contravention of the principle of normalization and social role valorization (Wolfensberger, 1972, 1983). There is thus a delicate balance to be drawn between the value of the research and the effects it may have (see Emerson and McGill, 1989). This is not a call for abandoning observational methods, rather for sensitivity in their use, and perhaps a greater emphasis on explanation of the reasons for the procedure at the start of research. In light of the reactions and suggestions obtained from staff in this research, the potential longer term effects of the observation process should be considered. It could be that socialising periods before, or particularly after, observation sessions should be treated as an integral part of the work, rather than an aside once the main work has been done.

The implications of the investigation of reactivity on the results presented in the previous chapter are that some staff activity, particularly that when without clients, may be a result of wanting to appear 'busy' in front of the outside observer. This is

consistent with observations in a different setting in Study 2 (Chapter 5, Table 5.2), where target staff members observed when alone were almost invariably involved in some form of work-related activity.

For each staff member who reported an effect of the observer, there was at least one who did not. The total length of time of observation per staff member may have made it possible for staff members to change something of their behaviour despite the difficulties reported in effecting behaviour change in the staff training and management literature. However, some aspects of staff behaviour seemed stable across the two settings with clients of different abilities, with staff-client interaction occurring during activity and being largely activity related, and staff-staff interaction occurring when mostly when staff were not engaged.

The implications of the suggestions for subsequent research are that a more 'human face' should be put on the detached observer. Similarly, depending on the emphasis of the research, more general social involvement with the staff and client group may also be appropriate. The final study, Study 7, involved a quasi-experiment to examine the use of staff-staff speech as an ecologically sensitive staff management variable, and this provided an opportunity to attend to some of staff concerns about observer detachment by greater involvement with staff in sessions prior to observations, though not within observation sessions themselves.

Chapter 10: Study 7: Staff-staff interaction as a staff management variable.

1. Introduction.

Chapters 1 and 3 discussed the roles of direct care staff. It is clear that these are varied and demanding. It has also been suggested that staff work in what has been described as a 'limited reinforcement environment' (Richman *et al.*, 1988). Chapter 3 reviewed factors influencing staff behaviour and identified the peer staff group as a possible source of antecedents and consequences, in particular through the medium of staff-staff interaction. The operational definition of staff-staff interaction for the purposes of this study is staff speech, rather than contact using other media, such as telephone and letter. When not talking about ongoing work activity, study 5 suggested that over half of staff speech was work related, this being significant in House B, with the least able clients.

Although staff speech amongst each other occurs naturally, the research literature shows a relatively limited interest, as pointed out in Chapter 3. Staff speech tends to be reported in terms of occurrence, where it is reported at all, and negative assumptions have been made about it. Even in participative management procedures, little attention has been paid specifically to staff speech. The study reported in this chapter aimed to encourage staff speech about client involvement in domestic activity and to explore its relation to actual client involvement, and can be seen as a form of participative management procedure.

The chapter starts with a discussion of the literature concerning staff speech in care services, after which the rationale for the study and the implementation of the intervention are described. The intervention is evaluated in both traditional quantitative terms, using the likelihood of client involvement in domestic activity as a measure;

and in qualitative terms, using themes that arose in conversations and incidents that were observed. Such additional information may help to characterise the setting in which the research took place and allows the quantitative findings to be more clearly interpreted. The value of such a combination of qualitative and quantitative data is discussed in Chapter 12, with respect to the continuing calls for ecologically sensitive research.

2. Staff speech.

The speech of direct care staff amongst themselves in services for people with learning difficulties has been relatively little addressed. Staff speech tends to have been included either as a background variable in studies of staff contact with clients (e.g. Burgio, Whitman and Reid, 1983) or in vertical form, particularly supervisor feedback (e.g. Montegar, Reid, Madsen and Ewell, 1977) leaving horizontal level speech among direct care staff peers largely neglected.

Despite the neglect of peer staff speech in the mental handicap literature, the occupational psychology literature has identified speech as a variable contributing to the organisation and implementation of work activities and also to staff morale (see Chapter 3). Without denying the importance of effects on staff morale, particularly in services for people with learning difficulties, this study aimed to explore speech as directly related to the work of staff.

2.1 Neglect of peer staff speech.

There are several reasons why the area of peer staff speech may have been neglected. Firstly, the emphasis in studies of interaction (both verbal and otherwise) in facilities for people with learning difficulties has been on that between staff and client (e.g. Thomas *et al.*, 1986; Prior *et al.*, 1979). This can be seen in terms of a direct concern with the quality of client experience.

A second reason might be the assumption that if staff speak to each other, then this is in place of contact with clients; hence that staff speech is detrimental to client care. This is implied, for example, in studies such as that by Burgio, Whitman and Reid (1983), where a successful staff participative management programme was associated with decreases in the amount of 'staff-staff interaction' on all residential units studied and for 9 of 10 staff. However, most research only hints at staff speech being undesirable without much research into its content. The negative assumption surrounding staff speech was alluded to most clearly by Gunzburg (1989), who suggested that in increasing the numbers of staff "...*more opportunities for gossiping have been created...*". Although greater opportunities for staff talking to each other may well exist in such circumstances, this does not necessarily mean that they are taken, nor that the speech is gossip. Indeed use of the term 'gossip' appears to dismiss the potential importance of staff interaction to the small work group environment.

A final reason for the neglect of this area may be the difficulty of obtaining data. The practical difficulties of hearing staff speech amongst themselves without being too intrusive means that it is easier to record the existence of staff speech, rather than its content. This lack of information may help to maintain some of the negative assumptions surrounding staff speech in services for people with learning difficulties.

2.2 Staff speech in the occupational psychology literature.

Despite the neglect of peer staff speech in the learning difficulties literature, there is no doubt that staff speech at work, as part of a wider network of communication is important. Organisations have been described as essentially social structures, and communication as vital for their continued existence (Katz and Kahn, 1966). These authors also point out that the accomplishment of work depends upon communication between people in each organisational subsystem and between subsystems. Their discussion concerns mostly vertical communication, which has *downward* functions

including the transmission of job instructions, procedures and practices and performance feedback; and *upward* functions including communication about the performance and problems of the speaker. However, Katz and Kahn (1966) also held lateral communication to be essential, and identified two main functions: task co-ordination and the provision of social and emotional support.

In contrast to industry, many tasks in the human services are not a function of mechanical rules. Indeed, Katz and Kahn (1966:243) pointed out that "*...many tasks cannot be so completely specified as to rule out co-ordination between peers in the work process...*". Thus peer communication (whether by speech or other means) is important, but they go on to warn that if no such co-ordination tasks are left to the group, "*... the content of their communication can take forms which are irrelevant to or destructive of organisational functioning.*" (p. 244). This destruction of organisational functioning can be considered as the manifestation of 'subculture' which, using the work of Wolfgang and Ferracuti (1967), Turner (1973:647) described as "*...a distinctive set of meanings, shared by a group of people whose forms of behaviour differ to some extent from those of the wider society...*" . In its behavioural manifestation "*...the pre-existence of institutional patterns of behaviour to which newcomers naturally tend to conform, unless they have reason not to...*" (Turner, 1973:71), subculture can be a powerful means of control. Turner went on to suggest that the shared meanings "*...can only be acquired by communicative exchanges.*" (p.72). Although not restricted to lateral communication, it might be that the effects of a subculture are particularly evident on this level as shared meanings and communication can occur on a more day-to-day basis than in vertical structures. It is clear that communication can include speech as well as other forms such as written material, but it may be that on a day to day basis, speech may be the dominant mode of communication, particularly in groups of people in an environment in which noise or scheduling do not preclude it.

2.3 Staff communication in human services research.

There has been little work specifically on peer speech at informal times. The literature on communication amongst human services staff is largely in the medical or nursing areas, and often related to meetings or reports.

Sanson-Fisher, Poole and Thompson (1979) found that the proportions of time in discussion on wards of medical, sociotherapeutic and psychotherapeutic orientations in a psychiatric unit were not consistent with the ideal distribution of these orientations as perceived by staff. A similar imbalance between actual and ideal content of discussion was found by Rintala, Hanover, Alexander, Sanson-Fisher, Willems and Halstead (1986) in a rehabilitation hospital. These researchers also noted that physicians dominated the discussion. Such professional domination was found in interdisciplinary meetings in institutions for people with learning difficulties (Bailey, Thiele, Ware and Helsel-de Wert, 1985), where non-professional care staff members, arguably those with most contact with the clients, showed the overall lowest levels of participation, including the lowest levels of goal suggestion for clients.

More specifically on a lateral level, Chapman (1987) studied the professional discourse of nurses in written reports and daily changeover meetings in a therapeutic community, which were found to consist largely of routine domestic descriptions with occasional unusual events. This was held to be in keeping with the philosophy of the therapeutic community. As communication is a central part of the organisation in the organisational literature, it can reasonably be expected to reflect something of the environment in which it occurs. The studies of ward rounds and meetings considered above suggest that their content reflects the care ideologies used and the hierarchy of staff. Landesman-Dwyer and Knowles (1987) made this more explicit, suggesting an assumption that one of the determinants of staff behaviour is the social environment (which they interpreted very widely) in which it occurs. One way in which the social environment manifests can be argued to be staff speech, in which case the assumption

of Landesman-Dwyer and Knowles (1987) may suggest the functioning of a feedback loop of staff speech and work environment, one reflecting and influencing the other.

Study 5 suggested that in at least one house, staff speech was by no means unrelated to work. As well as talking about personal concerns such as family and more general items such as news, staff spoke about house and client matters, this when comment about ongoing work matters and changeover meetings were excluded. As well as showing something of service ethos at formal times, informal staff communication may also reflect this. For example, where there are few activities with clients, work-related speech may be limited to essential client topics such as health, rather than client progress and participation. Similarly, a broader range of topics may be covered in community residences, where staff may be responsible for the organisation of a wider range of factors than staff in a hospital ward.

Despite the variety of ways in which staff speech in human services has been studied, and the fact that it reflects and can possibly influence the atmosphere of a service, peer speech amongst direct care staff in services for people with learning difficulties has not been subject to much attention. The next section will consider it in the context of the group home or other facility for people with learning difficulties. It is suggested that it may be possible to use staff speech to positively influence their work with service users. Further, instead of locating the function of provision of prompts or reinforcers solely within a supervisor, these functions are considered amongst the direct care staff themselves.

3. Speech in the work environment of direct care staff in services for people with learning difficulties.

In order to consider the reinforcement available to staff, the environment in which they work needs to be examined. It has been suggested that it is one in which there is

"...little or no obvious naturally occurring reinforcement..." (Richman *et al.* 1988:21) and is demonstrated by a research literature in which staff response to clients is often little and indiscriminate, and environments in which the maintenance of interventions may be hampered by factors over which researchers may have little control.

It seems that, instead of making the most of the staff as a *group*, supervisors, systems and staff as individuals have been turned to in order to attempt to control the behaviour of direct care staff. Although this is not surprising, interventions which require staff to interact with each other may be worth investigating as another source of staff management (both antecedents and consequences). Loeber and Weisman (1975) reviewed contingencies of trainer performance. Antecedents from other staff (other than program protocols) were not considered, and they noted that most studies overlook the possibility of 'trainers' reinforcing each other. Their section on supervisor's and colleagues' responses as reinforcers mentioned only one study (Wagner, 1968) in which parents and relatives reinforced each other for the correct reinforcement of a child.

However, since that review, several studies of the effects of supervisor behaviour have taken place and some of staff participation in their own behaviour management. Chapter 3 discussed some of these studies, noting that an emphasis on self-monitoring exists. However, this does not take account of the *social* context of staff work and could ignore some of the antecedents and consequences available from each other. This is particularly important in view of evidence (e.g. Woods and Cullen, 1983), that staff maintain or abandon interventions with clients regardless of their effect. As well as poor management, little or no interest from peers and poor communication between them may encourage such haphazard application of interventions.

The use of a non-directive participative approach, such as that used with teachers by Peck, Killen and Baumgart (1989) which was described in Chapter 3, may be worth developing from an individual level to a group level in residential services. Although a participative process, it differs somewhat from some others that have been described in Chapter 3. Unlike Burgio, Whitman and Reid (1983), training procedures did not precede use of participative management, and unlike Parsons *et al.* (1987), supervisors were not used as prompts. Like some work without a stress on participation, it included daily discussions (e.g. Seys and Duker, 1988), but did not attempt to manipulate the composition or specific responsibilities of the staff group.

4. Rationale for an intervention using group staff discussions.

There were several reasons for the choice of staff involvement in discussions with each other as an intervention procedure: the availability of social reinforcement, staff control during the intervention and the natural way of intervening on the environment that a speech-based intervention provides. Firstly, staff speech amongst each other is an important part of their social environment while at work. This leads to the possibility of social reinforcement being in operation. Skinner (1953:299) pointed out that many reinforcements require the presence of other people [social reinforcements] Skinner (1953:299) went on to say that in social behaviour, "*...special emphasis is laid upon reinforcement with attention, approval, affection, and submission*". All these can occur through the medium of speech; so on this basis, staff speech is potentially reinforcing. Skinner also pointed out that available reinforcement is increased by joining a group, although work groups were not specifically considered. The specific use of peer staff speech rather than that from supervisors is a potential strength as it may be less likely to have been associated with punitive contact in the past and is likely to occur on a more regular basis.

Although social reinforcement may also come from clients, previous research on levels of staff and client contact has implied that staff contact with clients is not very reinforcing. Study 1 suggested that interaction with staff was more reinforcing than interaction with clients as in a configuration of one client and several staff, the target staff member was more likely to have been observed interacting with other staff than with the client. However, stress on the importance of staff discussion is not new. The importance of communication between peer level staff on the same level in non-routine situations was stressed in the occupational psychology literature by Perrow (1972). Increased frequencies of group discussions were found to be associated with greater staff support for new activities in a psychiatric hospital (Etzioni, 1960) and Mansell, *et al.* (1987) suggested that opportunities for staff discussions should be built into service design, with (formal) staff meetings where staff can 'discuss' and give each other feedback seen as a vital part of inservice training. Staff may be able to discuss and give each other feedback outside formal meetings, indeed it is important to be able to respond to situations as they arise rather than wait for a weekly meeting.

Secondly, an intervention involving staff in a participative procedure allows them some control over what is happening. The existence of control has been described as important as it lowers the risk of counter-control (Skinner, 1953); and as Thoresen and Mahoney (1974) suggested, staff may be best placed to change their own performance as they have most access to it. Participative and self-management procedures have been successful in the past, both with individual staff working with researchers (e.g. Richman *et al.* 1988; Peck, Killen and Baumgart, 1989) and on a group level (e.g. Burgio, Whitman and Reid, 1983), suggesting that this is a powerful method to adopt. However, the discussion aspect of these procedures was only stressed by Peck, Killen and Baumgart (1989) with Burgio, Whitman and Reid (1983) holding a discussion with staff only at the start of their multicomponent process.

Lastly, intervening on staff by using a naturally occurring feature of their environment provides a more subtle way of intervening in the setting ecology than introducing 'special contingencies in special environments' (Holland, 1978) for which behavioural research has been criticised in the past. Such an approach, using *naturally occurring contingencies*, if successful, may be more likely to be maintained and generalised than interventions which take little regard of the ecology of a setting and introduce novel contingencies, which though powerful, may not be maintained. The use of intervention on naturally occurring aspects of the social ecology also allows an intervention to be flexible and evolve in response to the situation, rather than impose structure on it from an overarching experimental design. This is an additional strength.

Several staff were informally asked about their views on the value to them of acknowledgement of their work from other staff several months before the study began. There was a limited amount of support for this, some staff pointing to the enjoyment of the interest of other staff in their work, although others had doubts about whether talking about work would have practical benefits in the carry over from speech to action. However, the potential advantages of such an intervention (use of a potentially powerful naturally occurring reinforcement, low cost, some staff control, and low interference in the existing environment as it did not require staff to complete additional paperwork or formally manipulate their work) outweighed the concerns.

5. The study.

5.1 Aim of the study.

The aim of the study was to encourage staff in a community group home to discuss their work particularly as it related to client involvement, in order to examine whether they subsequently involved the clients in domestic tasks. Rather than intervening on the way in which staff work together, for instance separating them, or assigning

duties to them, this study focussed on the social environment, and aimed to utilise the existence of staff speech to build on existing routines in the service. Domestic work is an immediately available source of learning opportunities and meaningful, age-appropriate activity for clients. The patterns of everyday life are stressed in the principle of normalization and social role valorization (Wolfensberger, 1972, 1983) and domestic involvement is an important part of various service options (e.g. Felce, 1989). Client involvement in domestic activity is also an easily observable measure of the operation of a setting.

Two additional assumptions were made in the operation and planning of this intervention: that staff had the potential to encourage more client participation than they did already, and that the staff could be seen as a group. As discussed above, staff talking together was considered to be potentially reinforcing, particularly when senior staff were not involved. The discussion amongst staff of client participation in domestic activity may help to set up domestic activity as a discriminative stimulus for staff, where client involvement would reliably follow staff starting to do domestic work. The discussion amongst staff might help to make 'staff activity with client' into a 'rule'. Skinner (1974) pointed out that rules can be learned more quickly than the behaviour shaped by the contingencies they describe. Thus even if staff work with clients is slow to modify staff behaviour, which might be assumed to be the case (e.g. Woods and Cullen, 1983), informal staff production of a 'rule' in discussions, whereby they associate their own domestic work with real opportunities for client participation, might be more effective for the modification of staff behaviour. As client participation may not be sufficiently reinforcing for staff, further discussions amongst staff may serve both a prompting function in the form of mutual encouragement, and reinforcement function in the form of attention and approval.

5.2 The service.

5.2.1. Choice of setting.

The service studied was one of the houses in Studies 3, 4 and 5 (House B) and was home for 6 men and 3 women. The ability levels of the clients enabled the assumption to be made that if clients were to do domestic tasks, staff are more likely to have to do them together with clients rather than asking them to do tasks alone.

Observer presence in the house during the previous studies provided some knowledge about the household routine. Most domestic activity took place after breakfast, when washing up, hoovering, cleaning of bathrooms and toilets, laundry and the beginning of lunch preparation were seen. (Clients were involved in domestic activity for 17.8% of the morning observation periods in which staff were engaged in domestic activity in Study 3). After breakfast, staff had a cup of tea and chat with clients and amongst themselves, and divided household duties between them, leaving one staff member to help those clients who needed it with personal care tasks. Choosing the time when staff were most likely to be observed in domestic activity ensured that there was plenty of activity available for client involvement. The intervention was thus targetted for the period just after breakfast.

5.2.2. Staff and clients.

There was 24 hour staff cover (waking night duty): 3 staff plus a Youth Training Scheme staff member (who had been employed since the time of Studies 3, 4 and 5) generally on duty during the day. Although staff in post at the end of the study were asked to complete anonymous questionnaires concerning demographic details and perceptions of the research, only 3 did so¹. Thus the staffing data from Studies 3, 4 and 5 carried out approximately 10 months earlier are the only data available. The House Leader and (new) Deputy were qualified nurses and of the other staff, several

¹ This behaviour may show a reaction to having 6 months of observer presence.

had social care certificates and two were attending a City and Guilds course: *Teaching people with special needs*.

The description of 8 of the 9 clients in terms of the Behaviour Development Survey (BDS) can be found in Appendix 7. One man who had lived at the house during the earlier studies had moved out and another man moved in for whom the BDS was not completed. However, he was ambulant, had sight, hearing, limited and repetitive speech and a reputation for violent behaviour. Thus all clients were ambulant, had sight and hearing. Levels of speech varied from use and comprehension of complex speech to very limited social response and withdrawal. Levels of continence varied from double incontinence to full continence. 3 of the 9 clients (the most able men) attended the Social Education Centre (SEC) twice a week. Another client began day-care during the course of the research for one day a week and another person visited home one day a week.

5.3 Method.

The researcher arrived towards the end of the breakfast period (though breakfast times varied) and was often present in the room while staff chatted with each other and clients following breakfast. As staff began to do domestic work following breakfast individual staff members were observed for 10 minute periods for a total duration of approximately an hour or until the mid-morning tea break which generally occurred near 11 o'clock. On occasion, the break occurred later or the researcher stayed in order to obtain more data depending on how much had been obtained in the preceding time. The 10 minute periods were stopped short when staff were no longer involved in domestic activity, accompanied clients out or went to do personal care tasks with clients. Although rotational observation was used as much as possible, the priority was to observe staff members engaged in domestic activity in order to make maximum use of the time when clients could potentially be involved. Further, whoever was on duty was observed - there was no attempt made to balance observations on individual

staff members. One staff member worked part time, and staffing schedules were altered by staff sickness, with staff from other settings (who were not observed) sometimes working at the house. Although the lack of balance of observations on different staff members can be seen as a drawback, it can be (and is) taken into account in considering the results as individual staff identities were recorded.

5.3.1. Observational procedure.

The observer maintained a relatively detached stance during the formal observation periods. Given the confines of a small house, however, unobtrusive movement was difficult. Further, in response to the suggestions of staff in Study 6, some basic communication was used and clients were told 'I'm sorry, I'm busy' if they tried to make contact during the times of observation, and simple 'yes' and 'no' and 'excuse me' were also used. The observer had two roles within the study, being involved in talking with the staff in the intervention phases and then drawing back from involvement so that quantitative observations could be made. This made the role neither pure participant, nor pure observer; but a hybrid.

The criterion for observing a staff member was that they were doing domestic activity. If there was a choice of two or more staff, the observer would try to target someone who had not just been observed in order to give staff a break from observations. However, this was not always possible. Target staff were observed on a similar basis to that in Study 3, using the same behavioural definitions and procedural definitions, coding the activity of all clients and staff in the same room as the target staff member every minute initially, coding activity immediately before interaction if one occurred, or at the 30 second mark if not. Following the first intervention period, the timing of observations was altered to every 30 seconds, with the final 10 seconds being used as the window of observation in the same manner as before. This provided a larger data set without expanding the time that the researcher spent at the house.

Staff and Client Activity:

Although initially staff and client activity were coded using a greater number of categories, the final analysis used only domestic activity as it was the variable of interest. In common with the previous studies, this was defined as involvement in food-preparation, clearing away, household work such as cleaning, dusting, gardening, laundry, putting out rubbish, carrying items between place of storage and use and also included using fixtures such as opening doors and windows. Further, a 'joint' activity code was also used for domestic activity - that is being in close proximity and supporting, guiding or watching closely while a client did a task themselves (both staff and client coded as engaged under these conditions).

The dependent variable was a measure of client participation in available domestic activity. This was the percentage of intervals of staff involvement in domestic activity where one or more clients were also engaged in domestic activity in the same room and was calculated across all the observations made on each day. Using such a measure (client behaviour as a function of relevant staff behaviour) meant that the varying amounts of time staff were observed in domestic activity could be taken into account. No weights were attached to one or more clients being engaged as examination of the data for Study 3 suggested that the likelihood of two or more clients in the same room being engaged in activities that were not leisure or eating was small. Further, in a small group home, multiple involvement in domestic work in a small sized room may not be appropriate. The quality of client activity was not assessed as there were clients of a wide range of abilities in the house. Some concession was made for the least able people, where minimal participation was deemed to be involvement. In this way, the research is as much a measure of staff attempts to involve people rather than a measure of the quality of these attempts.

The identity of the target staff member and the clients was recorded, which allowed for individual effects to be examined. Other factors were also recorded on the days of

observation and enabled a post-hoc examination of their possible effects on client involvement to be made: a) day of the week - as several clients had outside activities on certain days; b) whether or not the House Leader or Deputy was on duty; c) whether or not the YTS trainee was present; and d) whether there was anything unusual in the staffing (defined as being short-staffed and staff from another service covering or the first week of work of a new staff member). Any available time and gaps between observing individual staff members were used to make qualitative notes. These were a vital part of the study and are discussed in Chapter 11.

5.3.2. Stages of the research.

Table 10.1 (overleaf) shows the stages of the research. These evolved in response to the ongoing situation and flexibility was important, as argued in the section describing the rationale for the study, above.

Baseline.

Following four days of familiarising the staff with the presence of the observer, where observation took place for approximately 1.5 hours on each occasion, a baseline period was implemented for a period of 19 days (data collection taking place on 4-5 weekdays each week) until the wide initial variation in the data had subsided. Obtaining stability in the baseline period is an important part of the initial stages of research (Hersen and Barlow, 1984), and a decreasing trend for client involvement in this case (see Figure 10.1) was also possible to interpret, as any effect of the intervention would have to overturn this trend rather than maintain an existing trend. During the baseline period, the researcher was present at about the time of breakfast but did not sit with staff or engage them in work related conversation. Following breakfast, observations of staff members took place as described.

Acclimatisation.

Following the baseline period the researcher sat with staff during their morning conversations and began to introduce themes of client involvement. As the intervention was flexible by design, there was no standard format to this (indeed this may have been counter-productive once seen through) so the conversations are difficult to describe for the purposes of replication. The conversations were started very informally, with no announcement of purpose and the researcher did not try to influence the times that staff spent together, which varied considerably. The first 5 days of this were an acclimatisation period, so that as many staff as possible had experienced the discussions. This was not possible for all staff without lengthening this period due to staff sickness and annual leave. This period was not included with the intervention stages in the analysis of the results.

STAGE	Length
1. Baseline	19 days ²
2. Acclimatisation period	5 days
3. Intervention (1)	17 days
4. Intervention (2)	6 days
5. Post-incident period	7 days
6. Intervention (3)	13 days
7. Post-low period	4 days
8. Intervention (4) plus feedback	16 days

Table 10.1: Summary of the stages of the research.

Intervention (1).

The discussions continued on the same basis following the acclimatisation period. The researcher tried to find a way in to the staff conversation (this was not always easy). Comments or questions about some aspect of the service or staff work often provided

² One day of observation was excluded as only 17 observations of staff in domestic activity were made. The routine was disrupted as new carpets were being laid, and observations finished early.

a starting point, aiming to result in staff considering client participation in a relatively non-threatening context. The House Leader was rarely present and conversations moved away from areas the staff found difficult when he was. Staff were asked what made them do things with clients and how they saw their job. The use of domestic tasks as an activity in which clients could participate was explored. Alongside these themes, a variety of topics emerged concerning perception of relationships with management both within and beyond the house, relationships within the group of direct care staff and how 'care in the community' was seen, all of which provide some background to the work of staff. As the conversations continued with different combinations of staff themes re-emerged and it became possible to raise and comment on examples of domestic tasks that staff had carried out with clients, in as non-directive a manner as possible. The evolving nature of the research strategy was an important feature. It was thus possible (and indeed necessary) to respond to situations developing in the house as they arose and to modify the existence of the conversations with staff accordingly. The intervention period continued over 17 days

Intervention (2).

Following the intervention period, several of the clients had a weeks' summer holiday away from the house (June), the other clients having a series of day trips. Observations were thus suspended for a week, after which the intervention was reinstated for a period of 6 days. It was more difficult to introduce themes of client involvement into the discussions following this break for staff, and there was a little more flexibility about discussions than before, to avoid too much repetition of what had been said already. The researcher tried to be more sensitive to whether staff were interested in talking about client participation and their work, as it was not the aim to push or force staff into the conversations. The position of the researcher was dependent partly on the good will and co-operation of the staff.

Post-incident period.

The flexible form of the intervention continued until the everyday life of the service was punctuated by two serious incidents of client aggression against staff which ultimately resulted in the 2 affected staff leaving the house and the client concerned being moved back to hospital. This was a time of stress for staff which left a choice of options for the researcher of whether or not to continue with the observations. It was decided that a withdrawal from the house at this point might be associated with difficulty of return and a break of the rapport which had been established. Near daily visits occurred, rather than leaving staff at this time, but the conversations were of a more general nature and activities with clients were not stressed. This continued for 7 days and may be seen as a withdrawal phase.

Intervention (3).

When staff seemed to be talking about the incidents less, the flexible conversations with staff where work-related themes were more directly explored were reintroduced for 13 days. After 9 days there was a week's break in observations and the intervention continued after this time. This intervention phase ended when on one occasion no client participation was seen during the observation period, to examine what happened to the level of participation without daily discussions, although of course, the level could only go up.

Post-low period.

In order to examine the aftermath of such low client involvement, the same strategy as after the incidents of aggression was maintained for 4 days, with the researcher talking to staff, but backing off from emphasis on client involvement. This was designed as a brief 'withdrawal phase'.

Intervention (4) plus feedback.

Following the increase from the zero level, the final phase of the research reinstated discussions with staff. In an attempt to strengthen the effect of the intervention, graphed feedback was provided to staff showing intervals of staff activity in which at least one client was also engaged. This was chosen as the use of feedback presented in a variety of ways has been found to have effects on staff performance in services for people with learning difficulties (e.g. Panyan, Boozer and Morris, 1970; Quilitch, 1975; Burgio, Whitman and Reid, 1983; Richman, et al. 1989), although Anderson (1987) pointed out that long-term effects of performance feedback need to be investigated. Staff were shown data of the involvement of clients in domestic activity from the whole study (continuously, and not indicating changes in strategy) and were told how this was calculated. At the end of the observation period, the researcher calculated that day's data point (for the staff as a group) and added it into the graph, trying to find a suitable time to show staff. However, the graph was not left at the house, and on some occasions staff had left the house with a client, so not all staff had immediate feedback. This was carried out for 16 days.

As the research came to an end, the withdrawal of the researcher was planned to be gradual. Observations decreased in frequency moving from near daily on weekdays to 3/4 weekdays to twice a week.

5.3.3 Design.

Due to the evolving nature of the research strategy, the stages originally designed were the baseline and intervention. Withdrawal strategies were not specified in the design as if the strategy worked, to move away from it may have been counterproductive. However, several 'backing off' phases did occur in response to the internal dynamics of the house, as described. The feedback to staff was added as this has often been a powerful variable in other studies. The formal design of the study is thus difficult to describe other than as an A - A' - B - B' - A' - B' - A' - B'C

design. The flexibility of response to the situation was thus associated with an error in experimental design, with the final phase reintroducing conversations with staff and introducing feedback. This means that the separate effects of these variables cannot be determined. However, the study did not aim to evaluate the effects of different elements of the intervention, rather to strengthen the use of staff speech as a management variable by the additional use of feedback. The first few days of the intervention, what is described as the acclimatisation phase (Phase 2), enabled most of the staff group to be introduced to the conversations focussing on client involvement, and may be seen as a parallel to training sessions in other interventions which do not count as part of the formal evaluation. For this reason, it was counted as another baseline phase. The periods of withdrawal from focus on client involvement in the conversations (Phases 5 and 7) are also counted as non-intervention phases. Once conversations had begun, it was less disruptive to minimise focus on client involvement than to remove the conversations only to reintroduce them. The different B phases of intervention were counted together as flexibility was an important part of the process. An advantage of the design (despite the error) was that the intervention plus feedback was in operation in the last phase of the research.

5.3.4 Maintenance, generalisation and reliability.

There was no attempt made to look at the maintenance of any effects of the intervention. By the end of research period there had been a lot of staff turnover, so examining maintenance with new staff was not appropriate. Generalisation to other times was not assessed for several reasons. As discussed in Chapter 2, generalisation across situations cannot merely be expected as a passive result of interventions at other times, and should be deliberately programmed. Secondly, the time in which most domestic activity took place had already been chosen for the intervention, giving less opportunity for assessment of domestic involvement at other periods.

Reliability of the measure was not assessed. Although it can be argued that this is a serious omission, the earlier studies showed acceptable levels of reliability for activity across a more complex coding system, including a study in the same setting. Indeed, in their study of settings of various sizes, Thomas et al. (1986) commented that reliability observations were considered too intrusive in small community settings (for 5 people). Further, an important part of the involvement of the researcher was the establishment of a rapport with the staff. Introduction of a new person or persons into the setting at several stages in the research in order to carry out reliability observations may have been particularly disruptive given the form of the intervention. Although there are dangers associated with not carrying out reliability assessments, such as observer bias and observer drift; the wide variety of client involvement during all the phases of this study goes some way to suggesting that systematic errors of this sort were not as high as might be feared.

6. Results.

The results are presented in 2 sections. The first, in this chapter, deals with the quantitative data of client involvement in domestic activity. The next chapter contains the qualitative results in which themes from the conversations with staff and events and images recorded over the period of the intervention are described to provide a context against which the intervention can be further examined.

6.1. Client participation in domestic activities.

The dependent variable was the percentage of intervals when a staff member was involved in a domestic activity that one or more clients were engaged in domestic activity in the same room. Figure 10.1, overleaf, shows the daily variation of client engagement in domestic activity under these conditions. (The lines through each phase are discussed separately later in this section.)

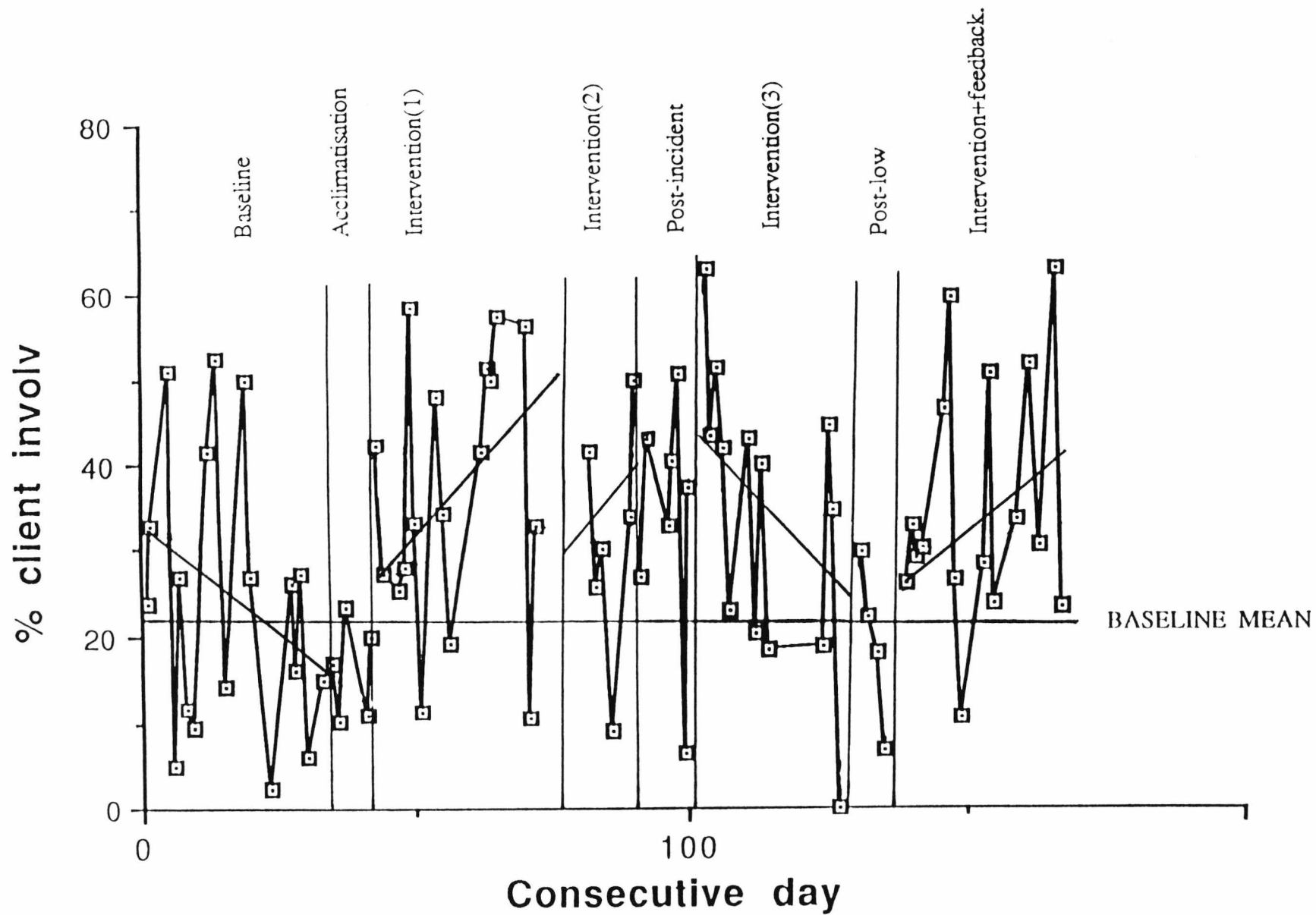


Figure 10.1: Client involvement in domestic activity across the course of the study.

Figure 10.1 shows a striking daily variation in client participation in domestic activity. Over the course of the study, client involvement varied from 0% of observed time periods to 63.2%.

Rather than examining the data 'by eye', which can be associated with a wide variety of errors of interpretation (Ottenbacher, 1990), the split middle technique (White, 1974) allows such graphed data to be described in a more formal manner. For each phase, a 'celeration' line is drawn (see also Barlow and Hersen (1984) for details). This has equal numbers of data points above and below it and shows the trend in the data. The slopes and levels of the lines across phases enable the trends in the phases to be compared. Separate lines show the trends for client participation in the main phases of the intervention (1,3,4,5,6 and 8). A celeration line was not drawn for Phase 2, the acclimatisation phase, as this was between stages of the intervention, nor for Phase 7 as there were only 4 data points.

Using the 'split middle' technique, the baseline period (Phase 1) had a decreasing slope, -0.5. The intervention phase (Phase 3) had an increasing slope, +1.0, suggesting that the introduction of the intervention was associated with an increase in client involvement in domestic activity. This can be subjected to statistical appraisal. If the slope of the baseline celeration line is extended into the intervention phase, maintenance of baseline levels would result in half of the observation points in Phase 3 being on or above the baseline celeration line. However, all points of Phase 3 lie above this level. Applying the binomial test gives a value of $p < .00001$ for the likelihood of this happening. Although, as Barlow and Hersen (1984) pointed out, a significant finding does not indicate whether the level or slope account for the difference, in this case it is likely that the change in the direction of the slope gives greater confidence in the result that the intervention was associated with a positive change in client participation in domestic activity.

The first period of intervention (Phase 3) may be compared with the second (Phase 4). All the observation points in Phase 4 lie below the level of the celeration line of Phase 3 ($p=.016$) suggesting a decrease on the levels of client engagement seen in Phase 3. However, comparison of Phase 4 with Phase 1 shows that Phase 4 was still associated with an increase on the levels seen in baseline observations. Looking at the other two intervention phases (phases 6 and 8) gives a decreasing slope³ for Phase 6 (-0.9) where there was a clear drop in client engagement levels in comparison with the first two stages of intervention and a positive slope for Phase 8 (+0.8). This suggests that the reintroduction of conversations along with feedback was associated with increases in client involvement levels, although the combination of these two management elements after a withdrawal phase makes the individual effects impossible to determine. Further, comparison of the final phase of the study (Phase 8) with the baseline period (Phase 1) suggests that the levels of client involvement seen in Phase 8 were higher than those seen in Phase 1. In Phase 8, none of the 13 observations fell below the level of the negatively sloping celeration line from Phase 1 ($p=.0001$) and the direction of change was also reversed from the negative slope in Phase 1. Further, only one data point fell below the level of the baseline mean.

The results suggest that the introduction of client related conversations with staff was associated with an increase in the likelihood of clients being engaged in domestic activity. This was particularly strong at the start of the intervention (from Phase 1 to Phase 3). The levels of client engagement also stayed higher than those of baseline levels in Phase 4, a second intervention period. However, further into the study, the third intervention phase was associated with a drop in client participation, although this phase had the second highest (63.0%) and lowest (0.0%) levels of observed client participation. The effects of the introduction of feedback (if any) cannot be assessed as this was confounded with the reintroduction of conversations with staff.

³ There was a downward trend even before the week's break in observation.

The results may also be summarised by means across the phases, which are shown in Table 10.2, below.

STAGE	% client involvement
1. Baseline	23.0
2. Acclimatisation	17.1
3. Intervention (1)	37.3
4. Intervention (2)	32.8
5. Post-incident period	32.8
6. Intervention (3)	35.5
7. Post-low period	19.7
8. Intervention (4) plus feedback	35.8

Table 10.2: Mean percentage client participation across the phases of the study.

In the baseline and acclimatisation periods, the level of client engagement in domestic activity as a function of staff domestic activity was similar to the 17.8% for morning periods observed in this setting in Study 3. This suggests some stability for this level of client involvement, although the level in Study 3 was calculated over only 3 days. Over the other phases, the mean levels of client participation in domestic activity rose to between 32.3% and 37.3% with the exception of Phase 7, a withdrawal phase following a particularly low level of client involvement at the end of Phase 6, in which levels returned to ones similar to those observed in Phases 1 and 2. Examination of means does not identify Phase 6 as having such a departure from the previous pattern as the decreasing trend identified by the 'split middle technique' does. The reintroduction of the intervention with the addition of feedback to staff in Phase 8 was not associated with any marked departure from previously seen participation levels, as if some sort of ceiling level had been obtained. However, at this stage, observation frequency was decreasing and there was increasing fluctuation in the staff group making any naturally occurring differences hard to detect and conclusions difficult to draw.

The initial suggestions of the results are that the intervention was associated with favourable increases in the levels of client participation in domestic activities, from 23.0% in baseline to a level of 35.8% in the final phase of the research, an increase of almost two-thirds on the original level. This is very encouraging, although the time period of the research, approximately an hour means that the increase is of the order of 7-8 minutes per hour of housework - from client participation in 13.8 minutes of every hour of housework to 21.5 minutes. Although in these terms the increase appears to be more modest, it is a move in the desired direction.

As observations were not evenly distributed across staff, and staff were differentially present across different days of the study, it may be argued that the results reflect the natural working patterns of particular combinations of staff on duty on different days and not the intervention. This can be addressed by calculating the likelihood of each staff member having one or more clients involved in domestic work in the same room as themselves at baseline and subsequent phases and comparing observed levels of client involvement with the levels expected on the basis of levels observed for individual staff in the baseline phase.

The levels of domestic activity used in the calculations above (Figure 10.1 and Table 10.2) included the domestic activity any staff member in the room. Thus if the target staff member was not involved in domestic activity but another staff member was, this was counted towards the results in order to obtain as much data as possible. In order to address the contention that patterns of staff on duty and observed were responsible for the effect, only observations when the target staff member was involved in domestic activity were used (the identity of other staff was not recorded), thus decreasing the number of observation points used in these calculations.

For each staff member observed in domestic activity in the baseline phase, the likelihood of them having one or more clients in the room also engaged in domestic

activity was calculated. Although the domestic activity may have been originally started by another staff member, the observation procedure did not allow for determining this. Baseline levels of client involvement by staff member are shown in Table 10.3, below.

Staff member	% client involvement in baseline	Staff member	% client involvement in baseline
1.	34.4	7.	23.6
2.	20.0	8.	8.9
3.	10.2	9.	24.1
4.	34.5	10.	11.5
5.	30.0	11.	28.4
6.	18.8	12.	29.9

Table 10.3: Client involvement in domestic activity by individual staff during baseline

It is clear from this table that the levels of client involvement in domestic activity for different members of staff varied considerably, from 8.9% to 34.5% and the contention that the intervention is accounted for by different combinations of staff on duty is one which needs to be taken seriously. The ranges of staff involvement were not calculated as staff were observed for varying lengths of time on each day, depending on whether they were involved in domestic activity. The use of a few intervals of observation on a staff member from a given day might not be representative of their activity when more intervals were observed. Thus the levels of client involvement associated with individual staff were calculated on the data of the total baseline period.

On the basis of the observed baseline levels of staff having clients involved in domestic activity around them, expected levels were calculated for each day of the intervention phases, Phase 3,4,6 and 8 by weighting the number of times staff were observed in domestic activity on each day in these phases. Thus, if on a given day

staff member 4 was observed in domestic activity for 25 intervals and staff member 6 for 35 intervals, the expected levels of client involvement (taking actual involvement levels from Table 10.3) would be $25/60 (34.5) + 35/60 (18.8) = 25.3\%$.

Table 10.4 shows the expected and actual levels of client involvement for Phase 3.

Day of Phase 3.	No. observations of target staff domestic activity.	Expected client involvement	Actual client involvement	Actual minus expected level
1.	45	23.6	42.2	+ 18.6
2.	88	22.6	27.3	+ 4.7
3.	58	16.4	25.9	+ 9.5
4.	42	30.9	26.2	- 4.7
5.	45	22.8	55.6	+ 32.8
6.	51	23.1	33.3	+ 10.2
7.	44	24.8	11.4	- 13.4
8.	51	25.8	47.1	+ 21.3
9.	62	17.7	35.5	+ 17.8
10.	55	17.7	20.0	+ 2.3
11.	77	18.1	41.6	+ 23.5
12.	76	31.2	51.3	+ 20.1
13.	50	17.0	52.0	+ 35.0
14.	61	30.2	57.4	+ 27.2
15.	38	16.1	57.9	+ 41.8
16.	34	18.1	11.8	- 6.3
17.	48	22.7	33.3	+ 10.6

Table 4: Expected and actual levels of client involvement between Phases 1 and 3.

A 2-tailed Wilcoxon matched pairs signed ranks test (see Siegel, 1956) gives a value of T of 14.5, N=17, $p < .009$, confirming that Phase 3 of the intervention was indeed associated with greater client involvement, which was not an artefact of the individual staff members who were observed.

A similar process was carried out for Phase 4, which is shown in Table 10.5, below.

Day of Phase 4.	No. observations of target staff domestic activity.	Expected client involvement	Actual client involvement	Actual minus expected level
1.	85	23.8	42.4	+ 18.6
2.	87	25.1	25.3	+ 0.2
3.	113	12.2	38.1	+ 25.9
4.	98	24.7	12.2	- 12.5
5.	100	24.9	35.0	+ 10.1
6.	68	38.8	50.0	+ 11.2

Table 10.5: Expected and actual levels of client involvement between Phases 1 and 4.

A 2-tailed Wilcoxon matched pairs signed ranks test is non-significant, (T= 4, N=6, NS) suggesting that levels of client involvement in this phase were not significantly different to those in Phase 1.

By Phase 5, 3 new staff had been employed and in order to calculate 'baseline' levels for them, their levels of client involvement in Phase 5 were calculated and used in the calculation of expected values in Phase 6, using the levels calculated for the baseline for the other staff. A fourth new staff member was employed during this phase and days 6, 8 and 9 include their actual involvement of clients weighted by the number of times they were observed as there was no baseline level for them from previous phases. The data for Phase 6 are shown in Table 10.6, overleaf.

Table 10.6 shows that for the 13 days of Phase 6, 3 days had actual levels of client involvement below those expected on the basis of baseline levels. Applying a 2-tailed Wilcoxon matched pairs signed ranks test gives a value of $T = 17$, $N = 13$, $p < .05$, again suggesting that the increase in levels from baseline was not an artefact of different staff combinations on duty. Thus although a decreasing trend was shown by the split-middle technique in Figure 10.2, the levels of client involvement were still clearly above those expected on the basis of baseline levels.

Day of Phase 6.	No. observations of target staff domestic activity.	Expected client involvement	Actual client involvement	Direction of change
1.	118	33.5	63.6	+ 30.1
2.	83	27.1	43.4	+ 16.3
3.	79	16.0	49.4	+ 33.4
4.	78	18.7	39.7	+ 21.0
5.	56	16.6	23.2	+ 6.6
6.	72	20.6	43.1	+ 22.5
7.	78	35.8	20.5	- 15.3
8.	37.5	37.6	40.2	+ 2.6
9.	97	17.9	18.6	+ 0.7
10.	84	17.7	19.0	+ 1.3
11.	110	29.3	43.6	+ 14.3
12.	66	20.2	34.8	+ 14.6
13.	77	22.1	0.0	- 22.1

Table 10.6: Expected and actual levels of client involvement between Phases 1 and 6.

Finally, comparison of Phase 8 with Phase 1 is shown in Table 10.7, overleaf. On the one day that a staff member that had been employed in Phase 6 was observed, the level of client involvement associated with them for that day was weighted and included in the calculations.

A 2-tailed Wilcoxon matched pairs signed-ranks test gives a value of $T = 12$, $N=16$, $p<.01$ suggesting that this stage of the intervention was also associated with an increase on baseline levels. However, by this time, several new staff had been employed and the situation in the house could not be seen as comparable to that at baseline. Indeed 7 of 16 levels of client engagement were within 5% of those expected, whereas there were bigger differences between the actual and expected levels in Phases 3 and 4.

Day of Phase 8.	No. observations of target staff domestic activity.	Expected client involvement	Actual client involvement	Actual minus expected level
1.	56	14.7	25.0	+ 10.3
2.	111	19.2	33.3	+ 14.1
3.	92	25.9	27.2	+ 1.3
4.	121	28.3	30.6	+ 2.3
5.	115	27.1	45.2	+ 18.1
6.	82	34.7	59.8	+ 25.1
7.	55	25.9	25.5	- 0.4
8.	104	25.7	11.5	- 14.2
9.	103	24.2	29.1	+ 4.9
10.	90	28.2	52.2	+ 24.0
11.	76	21.3	22.4	+ 1.1
12.	101	17.0	32.7	+ 15.7
13.	77	42.0	46.8	+ 4.8
14.	107	21.8	31.8	+ 10.0
15.	113	20.5	62.8	+ 42.3
16.	88	21.4	23.9	+ 2.5

Table 10.7: Expected and observed client involvement in domestic activity between Phase 8 and Phase 1.

Over all the intervention phases 3, 4, 6 and 8, three were associated with increases on baseline levels. A 2-tailed Wilcoxon matched pairs signed ranks test for the combined data gives a value of $T= 174.5$, $N=52$, $p<.01$, confirming that the effect of the intervention was not a spurious result of observing different staff combinations.

6.2 Other factors.

The following sections examine, post-hoc, the effect of other factors on the levels of client participation. In order to simplify the presentation of data, the phases of the research are collapsed according to the form and function of the behaviour of the researcher, as above. Phases 1,2,5 and 7, where there was no specific client activity related talk (Phase 1), only the beginnings of it (Phase 2) or backing off from it once the intervention had begun (Phases 5 and 7) were amalgamated. Phases where the intervention took place with varying levels of flexibility (Phases 3, 4 and 6) were also collapsed. Phase 8 was added into this last stage as mean levels of client involvement in it, as shown in Table 10.2, were, similar to the other intervention phases. Phases 1,2,5 and 7 are renamed A phases and phases 3,4,6 and 8 B phases. The rest of this section is presented in the form of A and B results. The central measure of client participation in domestic activity relative to that of staff involvement is used throughout, with similar calculation of client presence at domestic activity.

6.2.1 One-to-one working patterns.

The level of one-to-one work given that at least one staff member and at least one client were engaged in domestic activity was examined across A and B phases. Such a staff-client ratio in domestic activity occurred for 57.3% of the A phases and 56.3% of the B phases suggesting that the intervention had no effect on this.

6.2.2. Individual staff factors.

Although it was not a part of the design to assess formally the work of individual staff, the data allow for post-hoc examination of the levels of client involvement associated with individual staff. Table 10.8 shows the percentage of intervals when individual target staff were engaged in domestic activity in which one or more clients were also engaged in domestic activity in the same room: the same central measure but targetted on individual staff, rather than on the day of the study. This can be seen as a

broad indicator of staff involvement of clients, as staff almost invariably controlled access to materials and activities in the house.

The results presented here must remain suggestive, however, as there was no attempt to balance the observations on individuals, nor to take account of different staff duty patterns. Further, if two staff were in a room with one engaged client, the data do not show which staff may have been responsible for the activity of the client (if either). An arbitrary level of 60 observations (1 hour of data on the original timing, half an hour subsequently) was chosen before levels of client involvement were calculated.

Staff member	%client involvement A phases	No. obs	%client involvement B phases	No. obs	Direction of change
1.	36.7	90	insuff. data	31	N/A
2.	13.4	67	45.0	200	+ 31.6
3.	insuff. data	59	left service	0	N/A
4.	29.1	103	57.1	126	+ 28.0
5.	15.3	215	41.7	300	+ 26.4
6.	20.4	191	37.4	447	+ 17.0
7.	18.9	74	37.2	293	+ 18.3
8.	24.8	161	37.8	357	+ 13.0
9.	32.2	261	36.2	356	+ 4.0
10.	16.5	139	53.1	239	+ 36.6
11.	17.7	243	16.9	308	- 0.8
12.	34.9	312	35.6	331	+ 0.7
13. ⁴	31.1	167	40.0	467	+ 8.9
14. ⁵	18.7	91	11.4	422	- 7.3
15. ⁶	insuff. data	49	40.9	66	N/A
16. ⁷	not in post	0	30.8	104	N/A

Table 10.8: Involvement of clients in domestic activity by individual staff members.

⁴ First observed in Phase 3.

⁵ First observed in Phase 5.

⁶ First observed in Phase 5.

⁷ First observed in Phase 6.

The A phases show a wide variation in staff involving clients in domestic activity, with a range of 13.4% to 36.7%. The first 12 staff are of particular interest as they were present for most of the research intervention: staff 13-16 starting work part way through. Of these 12, there were insufficient data for assessment in the B phase (staff members 1 and 3). Of the 10 staff members who worked in both A and B phases and for whom there are sufficient data, a 2 tailed Wilcoxon matched pairs signed ranks test supports the finding that overall, staff involved clients more in the B phases than in the A phases ($T = 6$, $N=10$, $p<.028$).

Looking at these 10 staff members individually, 2 staff showed no change (11 and 12) - one being a staff member who involved clients little to start with, and one was among the highest involving staff in the A phases. Staff member 9 showed a small increase, but on an originally high value. The other 7 staff showed increases from 1.5 to 3.3 times their original involvement. This suggests that the intervention may have had different effects for different staff who displayed a wide variety of original work patterns (see also Table 10.3).

Of the staff members who showed the largest increases on their original client involvement (staff members 2,4,5,7 and 10), staff member 2 left, reporting disillusionment with the job, staff members 4 and 7 left following episodes of client aggression and staff 10 worked part-time.

6.2.3 Days of the week and client participation.

Staff mentioned that day of the week might be related to the pattern of their work as 3 of the more able clients went to the Social Education Centre on most Thursdays and Fridays. This left a better staff-client ratio (as staff did not accompany them) but with less able clients. However, as the most able people were out, the suggestion was that there would be less client involvement.

Days of the week.	A phases %	A phases N	B phases %	B phases N	Direction of change
Mondays	35.7	417	42.8	724	+ 7.1
Tuesdays	23.6	348	36.8	984	+ 13.2
Wednesdays	26.6	418	43.1	942	+ 16.5
Thursdays	19.4	617	29.3	662	+ 9.9
Fridays	21.0	491	24.4	837	+ 3.4

Table 10.9: Percentage client involvement by weekday.

The suggestion of staff was borne out, with Thursdays and Fridays being associated with lower levels of client participation in both A and B phases. The effect of the intervention appeared to apply across all days of the week, although Fridays had the least change. Although the figures of client participation remained lower on Thursdays and Fridays than on other days, it is encouraging that an increase occurred on Thursdays. However, the data do not take into account the occasional presence of one or more of clients usually attending the Adult Training Centre on some Thursdays and Fridays.

6.2.4. Presence of senior house staff and client involvement.

Some staff spoke of a different routine when the House Leader was on duty with breakfast being over earlier and the housework begun sooner. As well as counting regular duties, one occasion on which the House Leader was to come to the house in the morning to take some clients swimming was also included as his presence would have been at a time associated with breakfast and the start of the domestic routine.

Duty of Senior Staff.	A phases %	A phases N	B phases %	B phases N	Direction of change
House Leader.	33.7	593	41.7	1038	+ 8.0
Deputy.	11.7	298	34.4	1162	+ 22.7
Neither.	23.6	1400	33.0	1949	+ 9.4

Table 10.10: Percentage client involvement by duties of senior staff.

In both A and B phases, the presence of the House Leader on duty was associated with increased client participation in comparison with times when neither House Leader nor Deputy were present. However, the effect of the House Leader is interesting as a large proportion of the time was actually spent in the office attending to administrative tasks or out of the house. Times when the Deputy was on duty were associated with least client participation in the A phases. The B phases showed increases for all three possible combinations, particularly for times when the Deputy was on duty, with these times becoming indistinguishable from the work of direct-care staff alone. This is consistent with the impression gained during the study that the Deputy appeared to be seen by staff more as 'one of us' than 'one of them', although it does not explain the low levels seen in the A phases.

6.2.5. Presence of the YTS staff and client involvement.

Several staff mentioned that when the YTS staff member was present, it was possible to take some of the clients out. This may have meant that domestic work was done more quickly or without clients in order to take advantage of this possibility.

YTS staff duty.	A phases %	A phases N	B phases %	B phases N*	Direction of change
No YTS staff.	28.1	1135	38.8	1716	+ 10.7
YTS staff.	21.3	1156	33.3	2329	+ 12.0

* For 104 observations, presence of YTS staff was not determined.

Table 10.11: Percentage client involvement by duties of YTS staff.

When the YTS staff member was on duty, there was less client involvement in domestic tasks, in both phases, although overall, there was an increase between phases A and B. This could be seen as consistent with staff taking clients out and rushing through housework with lower client involvement in order that they could go out earlier.

6.2.6. Unusual staffing and client involvement.

Unusual staffing was defined as having staff from another service working shifts to cover staff shortage, or the first week of work of a new staff member. Although new permanent staff were observed, staff covering from other services were not. Unusual staffing was investigated as people unfamiliar with the household routine might need direction and supervision and hence disrupt any pattern of staff work within the house.

Staffing.	A phases %	A phases N	B phases %	B phases N	Direction of change
Not unusual.	26.5	1519	35.0	3384	+ 8.5
Unusual.	21.2	730	37.9	765	+ 16.7

Table 10.12: Percentage client involvement by staffing pattern.

The A phases suggest a little more client participation when there was no unusual staffing. The B phases reverse this direction. There may be an explanation that the staff who joined the setting had experience of other services for people with learning difficulties and hence did not detract from existing client involvement within the house.

6.3 Presence and participation of individual clients.

As individual clients were also identified during the course of the observations, it was possible to examine their broad patterns of presence and participation in domestic activity. As observations were not focussed on individual clients, only a suggestion can be made as to their relative involvement. Clients 5, 6 and 7 attended the Adult Education Centre 2 days a week, clients 3 and 9 went home one day a week and client 3 started to attend a day service for a day a week part way through the study. However, possible effects of this should be evened out as comparison is made only on the levels of participation, which are calculated as a proportion of presence in the

room with the target staff member. Further, the observations were not targeted on individual clients hence can only be suggestive of broader patterns.

Client	A phases		A phases		B phases		Change in particip	Rank
	Presence	N obs (presence)	Particip. as % of presence	Presence	N obs (presence)	Particip as % of presence		BDS score (from Study 3)
1.	6.3	144	7.6	10.0	413	14.8	+ 7.2	2
2.	7.4	169	21.3	6.5	270	38.9	+ 17.6	4.5
3.	5.0	114	4.4	6.5	268	22.0	+ 17.6	1
4.	30.2	691	31.3	27.4	1137	35.8	+ 4.5	3
5.	10.3	236	32.6	20.8	863	53.7	+ 21.1	7.5
6.	5.5	127	46.5	8.6	357	53.5	+ 7.0	7.5
7.	5.5	125	72.8	6.8	284	68.7	- 4.1	6
8.	10.6	243	27.6	9.9	409	38.1	+ 10.3	4.5
9.	6.6	150	19.3	6.0	248	12.9	- 6.4	Not avail.

Table 10.13: Percentage individual client presence and participation in domestic activity.

Data are presented in Table 10.13 showing the presence and participation of individual clients when staff were involved in domestic activity. Comparisons are restricted to participation levels calculated as a proportion of presence. The figures for involvement in the A phases show a range from 4.4% to 72.8%, and in the B phases from 12.9 to 68.7%. A 2-tailed Wilcoxon matched pairs signed rank test on client participation across the 2 phases gives a value of $T = 4$, $p=0.027$, again suggesting that an increase in levels of client involvement occurred from A to B phases. Despite the caution with which these results must be interpreted, there was an increase in participation as a function of presence for 7 of the 9 clients in the B phases compared with A phases. Of the 8 clients for whom BDS assessments had been completed for Study a Spearman rank correlation of participation as a function of presence and the total BDS score showed high correlation of ability with participation: the least able clients being

least involved, which held across both A and B phases ($r_s = .845$, $p < .01$ and $r_s = .893$, $p < .01$, respectively).

The three people who also attended the Social Education Centre 2 days a week, clients 5, 6 and 7 had amongst the highest levels of involvement in both A and B phases. Not only did these people have activities outside, but also within the house. Their higher participation than other clients was maintained in the intervention phases, with two of the three showing increases on already relatively high levels. One of these was client 5, who left the house following attacks on staff. His participation increase may have been partly accounted for by the use of domestic activity as a 'punishment'. This was specifically mentioned by staff and the use of domestic activity in this way is discussed later. 2 clients showed decreases, one of whom was a highly-involved client, the other a new client. In the early part of the research, staff had said that the new person had settled into the house from his previous placement and that they could begin to involve him more. This was a positive step as staff had been wary of his violent reputation and were unwilling to do things which may provoke this. However, the figures suggest that this may not in fact have occurred. Of the other clients, all showed some level of increase, which was encouraging given the low BDS scores of clients 1 and 3.

Taken overall, the client level results suggest that those people who were the most able were most involved around the house and that this maintained across the intervention.

6.4. Summary of client involvement results.

1. The introduction of conversations with staff in which attempts were made to discuss staff work, and client involvement in particular, appeared to be associated with an increase in client involvement in household activity. The later addition of

2. As far as the data are able to show this, they suggest that there was a wide variation in the levels at which individual staff involved clients. However, from A to B phases, only one of the 10 staff employed throughout the period of the study and for whom there are phase A and phase B data showed a decrease. Some staff showed marked increases in client involvement over the period of the intervention. This is particularly encouraging as the increases also occurred in staff with low levels of client involvement in the A phases.

3. Days when the most able clients were usually out had lower client involvement despite a better staff-client ratio. This maintained in the B phases, though increases occurred for all days of the week.

4. Days with the House Leader on duty were associated with greater client involvement in comparison to times when neither House Leader nor Deputy were on duty. This maintained in the B phases where increases in the level of involvement occurred at all times, and duties of the Deputy became more associated with client involvement than in the A phases.

5. Days when the YTS staff member was present were associated with lower client involvement in both phases.

6. Unusual staffing did not appear to be associated with a consistent difference in levels of client involvement in the two phases.

7. Although observation periods did not specifically target individual clients, the available data suggest that the most able clients were involved most .

7. Discussion.

7.1 The intervention.

A paper which was not available at the time of the research (Ager, 1991) offers a tough behavioural framework against which to assess an intervention for its likelihood of being able to produce sustainable change. His framework provides a clear way of assessing the intervention, and will be followed in this section.

7.1.1 Consequent conditions for sustained change.

Consequent conditions for sustained change were described by Ager (1991) as consisting of functional reinforcers, appropriately scheduled reinforcers, natural reinforcers and degree of response cost.

The use of staff-staff interaction as a potential reinforcer for each other corresponds to the concern with the choice of functional reinforcers, given the discussion of the reinforcing nature of social contact discussed in the introduction to this study. However, it was not contingent on changed working practices. The scheduling of reinforcers was not addressed on a formal basis in the study until the feedback period, where group-level graphed feedback was given to those staff present at the end of the observation sessions. The use of natural reinforcers was addressed by the use of staff speech to each other, which had been assumed and justified to be a reinforcer to staff at a general level. However, specific client involvement topics may not have been as reinforcing as more general social topics. In keeping with an ecologically sensitive approach, contrived contingencies were not used. Lastly, the degree of response cost was small in terms of the continuation of staff post-breakfast opportunities for talking with each other, although a greater emphasis was placed in the intervention on discussing their work in general and client participation in particular. However, in comparison with the low response cost of talking to fellow staff, actually working

with clients may have been associated with a high response cost: work taking longer and being harder when trying to involve a client.

7.1.2. Antecedent conditions for sustained change.

Antecedent conditions for sustained change were described as consisting of environmental reliability, the appropriate functional control of behaviour and minimal sources of competing control.

Ager (1991:359) pointed out that "*...when environments are in a state of flux, maintenance of change will inevitably be difficult to secure...*". The level of staff turnover is an area over which the researcher had no control. Ager also stressed the importance of identifying features of the environment which are likely to be constant, for instance the pattern of daily routine. This was addressed in the study, with the intervention targetted on staff discussions which were found to be a regular part of the morning routine. The extent to which aspects of the environment exerted appropriate functional control was not assessed. Although staff were assumed to have some influence over each other in terms of their work with clients, the qualitative data presented in the next chapter show a complex environment where this was unlikely to have been the case. Although Ager (1991) argued that change was more likely to be sustainable where features of the environment do not have strong associations with previous repertoires which are incompatible with the change, it is hard to conceive of such dramatic change in a group home. However, a smaller possibility of change might have been to restructure the household activities list to state activities-with-clients, giving staff a choice of activities, but associating them with clients. However, such 'imposition' may not have been effective.

7.1.3. Summary.

Although Ager (1991:361) pointed out that such post-hoc discussions are of "*...little utility unless they suggest means in which future interventions may be more sensibly*

framed..." , the rationale for the study had been developed with attention to both theoretical and practical aspects of what sort of research was feasible in the particular setting and is consistent with many of the aspects of Ager's (1991) framework for creating interventions capable of generating sustained change.

7.2 The implementation of the intervention.

The description of what was done appears relatively straightforward. However, a lot of practical difficulties were involved in trying to encourage discussions of client engagement in domestic activity rather than of staff difficulties with their work, relationships with senior staff or clients, trying to avoid repetition, and aiming to be as encouraging as possible, and sometimes entering discussions with staff into the merits of client involvement in domestic activity at all. Although it may have been an advantage that the observer had nothing to do with local services as staff may have been more willing to discuss some frustrations, it was also difficult to go into a setting and to attempt to influence the practices of this group of people as a student with no experience of having worked as a staff member in such settings. Some of my questions and comments may have been simple, but staff were generally willing to answer and both staff and clients were patient about observations taking place over approximately 6 months.

The nature of the intervention was simple in appearance, although it was supported by a range of theoretical and practical reasons. As a researcher, there was little power over the staff group and more sophisticated manipulations such as assigning extra staff or extra responsibilities were deemed impractical in terms of the existing staffing shortages in the house. The researcher was also not in a position to offer staff training. The flexible nature of the intervention meant that there was also a lack of the security of a mapped-out daily procedure. Despite this apparent lack of researcher control, the results suggest that the incorporation of staff talking about what they are doing rather than merely being expected to do it may be linked with a modest positive

change in staff work patterns. Further, as a low-cost, low-disruption procedure, it is easily adoptable by other settings as an approach to follow staff training initiatives.

Although it is important in research of this nature to specify the independent variable and to adhere to it, the nature of the intervention process described above was inherently flexible, and relied on its sensitivity and responsiveness to evolving situations. This makes precise replication difficult. In a large scale application of a staff management procedure, Parsons *et al.* (1987) suggest that research would be useful to examine to what extent variation from a procedure can occur without affecting its effectiveness. Procedures which are designed to be flexible allow for this to occur naturally. Even where procedures are described in the literature, some which do not rely so much on flexibility would be difficult to replicate from the descriptions given, where workshops or training procedures are described but their contents left relatively unspecified. To some extent, flexible and participative procedures offer less control for the researcher and thus may be aversive for the researcher for these reasons. However, they are a potentially important body of management techniques and should not be overlooked. It is important to allow staff who work with devalued people (and who may be at risk of being devalued themselves) a significant part in intervention procedures about their work, so that 'ownership' of interventions is established, difficulties they face acknowledged and their situation responded to, rather than implementing interventions above their heads. Such an approach may help to encourage staff to feel that intervention procedures are a support rather than an inconvenience.

The aim of the intervention in this study was to encourage staff to discuss client involvement and to generate suggestions of who could do what with whom - this rarely happened so clearly, the discussion often being on a more general level, sometimes of talking about why they could not do things rather than how they could. The effect of the intervention may have been partly connected with having an outside

listener to whom some staff felt able to express frustrations and dissatisfactions. However, if only this were the case, it would be unlikely for the intervention to have such an effect on client engagement in domestic activity.

Although feedback to staff has been identified as important in previous research, with staff in some studies asking for information about what was happening, the effect here was impossible to determine given the design of the study. However, some comment about it can be made. Reactions to it ranged from interest to mild derision. Although it was felt to be important to give feedback about level of client engagement in domestic activity (on a group level), particularly in such a participative procedure, using informal times after observation may have been counterproductive, with not all staff being in the house and there not being as much room for discussion. However, at least the staff who got feedback on the day's client involvement had been on duty that day, rather than waiting till the following day's conversation when a different set of staff may have been working.

Although in the conduct of such research, formal debriefing of participants is a desirable and important part, this was not carried out. However, staff were aware of the interest in client involvement in domestic work with staff members by the time of the feedback sessions, in which the graph shown was explained to them by the observer. In addition the intervention was a gentle one and built on existing routines. In retrospect, however, a formal debriefing should have been carried out.

7.3. Data collection.

The observation process was relatively straightforward. However, a lot of data were collected which were not used (information about interactions) and which took up observer time. It would have been better to exclude coding of interaction and to have a 20 or 30 second data collection interval throughout the study, allowing for more data

to be obtained in the same time span, enabling more precise assessment of the effects of the intervention.

The data collection procedure was carried over from the previous studies, using a hybrid of a partial interval and momentary time sampling approach because an original intention was to also examine staff-client interaction⁸. This would have enabled the co-occurrence of interaction and engagement to be assessed as before. However, for the data reported here, the area of interest was in estimating relative change for which a partial interval procedure is recommended (Harrop and Daniels, 1986). The hybrid used here is likely to have underestimated the amount of engagement: coding intervals with no activity just before an interaction, even if activity subsequently occurred, and coding intervals with activity at the start, no interaction and then no activity were both coded with activity not occurring, in keeping with the observation process designed to take into account interaction-activity relationships developed for the previous studies. Only coding intervals where no interaction occurred and the people observed were engaged at that point, where activity occurred just before interaction, or during the whole interval were coded. Although this is not satisfactory, and a partial interval measure without attention to staff interactions during this study would have been preferable, as this occurred in all phases of the study, the effect would be consistent underestimation, so the interpretation of the results can stand.

7.4 The findings.

The results suggest that there was a modest gain in clients being engaged in domestic activity when staff were so engaged associated with the introduction of the intervention. This increase was evident even when the levels of client engagement in domestic activity associated with individual staff members in the baseline phase were taken into account, hence was not a spurious result of observing different staff combinations in the different phases. However, neither the range of domestic

⁸ Data collected but not reported.

activities in which clients were involved nor the quality of their participation was examined. Impressions gained during the study were that certain people tended to be chosen for certain tasks, and that some client involvement was at the level of fetching and carrying, with the use of electrical equipment being rare. A task-based data collection method would have allowed this to be better investigated.

The results on the effects of the intervention on individual staff members (although they must be treated with caution as this was not a formal part of the study) indicate that most staff increased the level of client engagement when they were involved in domestic activity. However, the definition of the category could mean that clients initiated their own domestic activity, which some clients were capable of doing, or were left a task by another staff member, not fully reflecting the work of the individual staff member who was the target of the observation. These cautions aside, the variation in the effects of the intervention across individuals which is suggested by the data is consistent with the finding of Burgio, Whitman and Reid (1983) who reported 'considerable individual variation' in the results of an intervention process on staff. Indeed, this is to be expected given the different reinforcement histories with which staff come to a behavioural intervention.

Of the other factors several were also associated with differences in level of client involvement and the pattern of these was maintained over A and B phases. There was more client involvement when the House Leader was on duty, on days when the most able clients were at home and when the Youth Training Scheme staff member was not on duty.

More client involvement in domestic activity was seen when the House Leader was on duty than when he was not. The House Leader was not specifically involved in the intervention and did not naturally appear to monitor staff work with clients at these times, so reasons for this finding can only be hypothesised. Each client had a folder

of 'opportunity plans' whereby staff were expected to check off activities that they had done, some of which were domestic tasks. So despite the lack of formal expectations on the job description of supporting clients in domestic activities, there was some expectation on staff of this sort of work, which may have been heightened by the presence of the House Leader. However, the poor order, duplication and omission seen in some of these folders did not suggest that these were seen as an important job aid for staff.

The days of the week when the most able clients were out had the lowest levels of client engagement in domestic activity across both phases. This was despite the better staff-client ratio on these days, as staff did not accompany clients to the Social Education Centre which they attended. The finding is consistent with the trend in previous research that less able clients are less involved: 'the less you have, the less you get' (Raynes, 1980).

Times when the Youth Training Scheme staff member was on duty were significantly associated with lower observed client engagement in domestic activity, which could be accounted for by more opportunity of going out for a walk, particularly as the intervention was carried out from spring to summer. Staff occasionally spoke of the numbers of times that clients had been out and having the YTS staff member on duty may have enabled this to occur, although it was not formally assessed. Further, the YTS staff member may have been on duty at times of short-staffing of the permanent staff. The finding may be compared with the findings of previous research in which an extra person was assigned to a client group and where effects were not proportionally greater (e.g. Seys and Duker, 1988 (unless specific duties were assigned to that person) and Mansell, Felce, Jenkins and de Kock, 1982), although here a very precise feature of staff work was being assessed, rather than the more general patterns or interactions respectively in these studies.

Insofar as the intervention was targetted on an aspect of the social environment of staff, in a limited way this supports the assumption of Landesman-Dwyer and Knowles (1987) that the social environment has influences on staff behaviour. In that the procedure was participative, it supports the use of this type of strategy. Although staff discussions about their work and client engagement are potentially useful staff management variables and merit further investigation, several words of caution must be offered.

Firstly, any such intervention cannot take the place of a comprehensive training strategy for staff, in which they learn the skills effectively to support people with learning difficulties in a variety of age-appropriate tasks. It may be more appropriate to use such strategies following such training, allowing staff to serve as additional prompts and reinforcers for each other once training had taken place, so that the involvement of clients could stay high on the staff agenda.

Secondly, the lack of a formal role for the House Leader in the intervention was part of the participative strategy employed, and may have been useful given the apparently limited working relationship between the direct care staff and the House Leader (see Chapter 11 for informal descriptions of the setting). It allowed the direct care staff to talk in as free an environment as possible, giving them room to discuss their concerns about their work in a forum in which there were no recriminations. However, on a longer term basis, the pros and cons of this sort of intervention need more careful examination, as it may serve to fragment the relationship between care staff and house-level senior staff. It may be possible to build in daily discussions as were used here into a service routine, but a way of organising them so that they are relatively non-hierarchical and take place regardless of House Leader duties needs to be investigated.

Thirdly, there was some assumption of the willingness of staff to discuss their work with each other. However, this may not have been the case. Whereas the assumption of staff speech being reinforcing may have held, the particular content of discussing their work and client involvement may have been less so. Staff come to an intervention, particularly to such a participative strategy, with existing histories of working with each other and different histories of the effectiveness of speaking out (see Chapter 11). They may not feel that they are able to participate in such discussion (indeed some staff, especially the YTS staff member, showed very little participation), despite the atmosphere being as non-threatening as possible. The changes in the composition of the staff complement as the study progressed may have disrupted any atmosphere for discussion.

Generalisation and maintenance were not assessed. The study was planned for the time when there was most domestic activity, but it is clear that other domestic work was also available at other times, notably meal-preparation. The study may thus be criticised, along with various other studies in residential facilities, for focussing on only a part of the staff day. Although the lack of assessment of maintenance is a drawback, there was turnover in the staff team, so that by the end of the study, the intervention was running with several different staff. The turnover of staff is part of many such service settings and it is important to look at ways in which new staff may be more effectively integrated into the staff team. It may be that the daily involvement of staff in brief discussions of what they are going to do may support new staff in their work as their training progresses.

7.5 Summary and future directions.

The intervention appeared to be associated with positive change in the work of staff, with more client involvement as a function of staff engagement in domestic activities being seen after the baseline phase. The quality of client involvement was not being assessed, however, the changes can still be seen in a positive light due to the levels of

ability of the clients in the house. The flexible nature of the intervention was seen as an advantage to its operation, and it is suggested that this sort of discussion amongst staff is encouraged, particularly in services aiming for high quality, rather than fearing only negative effects of staff talking to each other. As direct-care staff work in a demanding job, the importance of mutual discussion and support of their work cannot be underestimated.

8. Interpretability of the quantitative results.

Over the course of the research carried out in the studies reported in this and previous chapters, I became increasingly dissatisfied with the relative isolation of the quantitative data as commonly reported in the behavioural tradition from the experiences of the people in the settings. Although the interpretation of the quantitative results is relatively straightforward, in common with much such research, there is no real picture of the environment in which the intervention took place.

During the course of the intervention reported in this study, informal qualitative notes were also obtained, taking in elements of what staff said in the discussions and incidents that were observed in the house. This allows a fuller account of the setting in which the intervention took place to be given and for the quantitative results to be discussed in the context of this wider description. However, as there was no attempt to be systematic about this data collection, (notes being made as time permitted during the collection of the quantitative data), the contention of selection bias cannot be countered. Despite this caveat, in that the descriptions may help to see the whole rather than the parts, the qualitative data are offered under several themes in Chapter 11. The value of using multiple types of data is then discussed with respect to the calls for greater ecological sensitivity in behavioural research in the general conclusion in Chapter 12.

Chapter 11: Qualitative data in ecobehavioural research: Study 7 revisited.

1. Introduction.

Chapter 10 reported an intervention in a community based staffed house for 9 people with learning difficulties. It was designed taking both theoretical and pragmatic issues into account and was aimed at increasing the levels of client participation in domestic activity. The quantitative data suggested that the intervention had a modest effect, although there was a wide range of client involvement in all phases. The reporting of the results followed the behavioural tradition, where quantitative data were confined to the observational categories used.

However, there can be a variety of other factors which may affect outcomes, but which are not prespecified in the research procedure, such as crises, staff turnover and management initiatives in the service, as well as more ordinary features of a service in which an intervention is placed such as the way in which work is allocated and how staff see their role. If factors such as these are not described, and an effort to understand them is not made, then research may get no closer to building effective and lasting interventions. It may be that a process similar to that of describing 'side-effects' (c.f. Sajwaj, Twardosz and Burke, 1972) can occur in the description of the contexts in which interventions are carried out, eventually leading to more knowledge about *environment-intervention* interrelationships, as well as environment-behaviour interrelationships. Qualitative data allow access to these other ecological variables which may be an important part of the environment but which are not taken into account by many studies. Although at present there is a lot of knowledge about the effects of different types of interventions, there is a need to understand the environments on which they are placed.

In their ecological model of staff training, Landesman-Dwyer and Knowles (1987) pointed out that the effects of any factor or intervention may be direct or indirect, immediate or long-term, quantitative or qualitative. The behavioural approach looks at relatively direct, relatively immediate (long-term follow ups being quite rare) and quantifiable effects. As was argued in Chapter 2, this approach has proved itself in both individual and larger-scale applications in human services. However, expansion of the field of applied behaviour analysis in particular has been called for with Baer, Wolf and Risley (1987) considering the formulation of constructs from areas such as education and developmental psychology in behavioural terms, although they stressed that sources of data common in other disciplines such as self-reports and participant observation cannot be *substituted* for the data of direct observation used in behavioural research (my stress). Such alternative sources are already being used in *parallel*, however, for example in social validation research. The stress of Baer, Wolf and Risley (1987) on the context of interventions and the identification of setting events, their call for the analysis of the effects of the natural variations in some procedures and more (empirical) investigation of the contexts in which strict adherence to procedures or flexibility is appropriate, as well as their call for the assessment of social validity of interventions may be addressed, in the short-term at least, by greater use of qualitative data alongside quantitative data. Indeed, as Burdett and Milne (1985) pointed out, 'soft data' such as verbal information may be useful for generating future hypotheses.

Within the behavioural approach, qualitative accounts (written descriptions of the research situation) have been described as a preliminary stage of the research process (e.g. Bijou, Peterson and Ault, 1968). Whether for reasons of space, time or theoretical purity, qualitative data are not reported in most behavioural research, yet their use can be consistent with the emphasis on the observable and the ecological; describing things that are seen and heard and not relying on internal constructs for

explanation. Thus, there is room for using them in or alongside other parts of the data collection process.

Qualitative data were gathered alongside quantitative data in order to give a fuller account of the setting for the intervention reported in Chapter 10, in terms of issues that staff discussed and faced in their daily work. This makes the service in which the intervention took place more accessible to the reader, puts the results in context and allows the appropriateness of the intervention in the setting to be assessed using this means as well as the quantitative data reported in the previous chapter. The emphasis on the use of qualitative data grew with the study, where increasingly it became clear that the use of these data would add to the interpretation of the results, despite the fact that the collection of qualitative data was not a central aspect of the research design.

2. Method.

2.1 Data collection.

The intervention reported in the previous chapter consisted of staff being encouraged to participate in discussions about their work in general and client involvement in domestic activity in particular. Although the conversations aimed to focus on these issues, it was also recognised that some flexibility was required, as it may have been counterproductive to push staff to discuss given topics. Hammersley and Atkinson (1983:82) although not referring to informal discussions indicated that, "*It may be very threatening to hosts if one pumps them constantly about matters relating directly to research interests*" (authors' stress).

The researcher introduced research related themes into the conversations with staff and often asked questions to clarify matters. Thus, although the conversations cannot be seen as representative of conversations staff might have had amongst themselves without the researcher present, some attempt was made to achieve a natural style.

Thus the researcher did not attempt to influence the length of time that staff spoke together, there being variation throughout the study. Some staff were very eager participants and gave opinions and examples readily; others were more reluctant to participate, so the views of all staff are not equally represented.

Qualitative data were collected alongside the quantitative data during the research described in the previous chapter. Notes relating to the conversations with staff were written as the researcher found time just before starting observations. Notes were not taken during the conversations themselves, to avoid reducing staff willingness to contribute if their words were potentially attributable back to them. For similar reasons, a tape-recorder was not used. Further, it would have been more difficult for the researcher to both participate in the conversation and to make notes. Additional notes of comments and incidents that occurred during the collection of the quantitative data collection were made on the observation coding sheets. It was possible to record the sense of what staff said and occasionally a verbatim account if a particularly striking comment was made. Such an approach was used in a study of a domiciliary support service by Evans, Felce, de Paiva and Todd (in press).

No claim is made for the representativeness of what is reported here, nor for the adherence to any theoretical model which may have guided the interpretation of what was seen. The presence of the researcher in the setting over a six month period led to a greater awareness of what was happening in the service, particularly of aspects which may have had an impact on the intervention. This immersion in the setting and the variety of issues that were raised by staff and incidents that happened during the course of the intervention study suggested that the use of qualitative data might assist the interpretation of the findings of Study 7. Interviews with the House Leader and Senior Nurse were arranged at the close of the research to investigate further some of the areas which had been raised from their perspective. Thus, the qualitative data gathered go beyond the focus on domestic activity that was stressed in the intervention

(where neither range nor quality were assessed) to look at the setting and what was happening on a broader level.

2.2 The role of the researcher.

Behavioural research, in which the researcher is often assumed to be unobtrusive, is not often reported with a description of the difficulties of data collection. Hammersley and Atkinson (1983), however, discussed the anxieties and stresses of fieldwork which several anthropologists have described. Some such feelings were also experienced during the research process in this study: feelings of anxiety about the role of researcher/observer and the perceived position as an outsider and one with little power in the lives of the staff, anxieties about how the intervention could be introduced and some feelings of apprehension about who was on duty, and the effect of this on the intervention. However, the concern about being an outsider must be tempered with the fact that staff may have been more willing to talk and be themselves in front of an outsider who was not part of a management structure with which, as it emerged, staff relationships were not positive.

Despite the potential difficulties of mixing the roles of the researcher as participant in the conversations, and subsequently as detached observer, this was achieved without great difficulty in practice, there being a natural boundary between sitting at the table with staff and later observing them in household tasks. Although it was sometimes awkward to follow staff around a relatively small setting, staff did not object to the presence of the researcher. The researcher also was involved in conversations with staff on arriving and leaving, which covered a range of topics outside work concerns as well as some work issues. No claim is made for the researcher having been seen as 'one of the staff', indeed, some staff appeared cautious about what they said, but the general impression was one of welcome and acceptance.

Some of the incidents that were witnessed and which are described, support the view that the researcher was relatively well accepted by the staff group (although by the end of the research some people were beginning to ask when it was finishing) and that staff were not just 'putting on a show' while being observed. In particular, some of the ways in which clients were treated and addressed may not have been seen by management, and may have only been accessible to fellow staff or to an accepted researcher who did not threaten the position of staff.

2.3 Presentation of the information.

In presenting the qualitative data, the extraordinary may be easier to report than the mundane. Thus there is a danger of perpetuating a negative image of services as exists in much of the quantitative research where low levels of often inappropriately targeted staff interaction with service users have been described. Whereas this is a real concern, the direct care staff themselves also often chose to concentrate on negative aspects of the service, sometimes appearing to want to express their frustrations concerning their work and some of the clients. Staff are often expected to be 'superhuman' (Ryan with Thomas, 1987), and they work in a low status, poorly paid job with often devalued people. Descriptions of their work in community based services are relatively rare, particularly in combination with quantitative data. It can be argued that it is important to present difficult issues that staff and clients experience so that the stresses that staff may work under and their possible effects are better understood and can be more explicitly addressed in subsequent work.

After a short description of the organisational and environmental features of the service, five themes relevant to the research are presented. The first three themes are staff relationships with clients, incidence of challenging behaviour and staff views on community care. These provide a basic description of the service and some of the views encountered. Following this, two themes which are of central importance to the intervention are presented: the work of staff (including staff role, training and

descriptions of client involvement in the house), and staff relationships with each other and others in the hierarchy. A final section summarises the description of the service and assesses the value of the intervention in this setting on the basis of these additional data. The contribution qualitative data can make to behavioural research is discussed more fully in the final chapter.

3. Brief description of service features.

Despite being located within 'the community', the location of a house and its size do not necessarily indicate anything about the organisation of the service nor the experience of clients within it. This section provides a brief description of general service features.

The house was home for nine, later eight adults. All but one resident shared rooms, which were kept tidy and decorated in light colours. Two people had televisions in their rooms and several people had radios, but generally there were few personal possessions visible aside from toiletries and soft toys. Wardrobes were locked and the keys kept in the office. The living rooms were organised informally into the 'men's lounge' and the 'women's lounge'; the women being the least able of the clients. When not otherwise working, staff spent time during the periods of observation in the women's lounge supervising the clients and ensuring that two of the women did not move outside their living/dining area unless specifically prompted.

There was a clear demarcation of staff and clients in the house such as has been described in institutional services by Goffman (1961). Staff had a separate toilet with a towel marked 'staff'. Staff had china mugs whereas the clients had children's plastic mugs with motifs such as 'My Little Pony', 'Thomas the Tank Engine' and 'Ghostbusters'. On one occasion when a client stepped across this demarcation and began to pour out some tea for himself into a china mug, a staff member told him to

get one of 'his' cups. During the course of the research, mid-morning tea breaks became increasingly segregated with staff often having their own drinks first.

The finances of the house were quite strictly controlled with a weekly visit from a bookkeeper to check on the accounts. Staff were expected to obtain receipts for every purchase, including small purchases such as ice-creams. They said that when shopkeepers realised who the receipts were for, there was little problem. However, this is likely to have drawn attention to clients and staff. Clothes were mostly purchased by staff and, apart from shoes, only the more able of the clients were ever reported to shop for clothes with staff. Staff put in a purchase order to a local administrative base listing the items needed, after which only the specified items from the specified store could be purchased. Although understanding that the system minimised theft, staff were dissatisfied - wanting the option of using a local market or of choosing alternative items spotted while shopping. On the whole, apart from the occasional wearing of white ankle socks by adult women, and one client wearing shabby clothes for some time after he moved from a hospital, the clients were mostly dressed as fitted their age, in modern clothing. Some staff made a point of trying to choose modern clothes for the residents which sometimes differed from the clothes that the parents chose which were not 'age-appropriate', a term staff used themselves in this context, but less across other aspects of the lives of the residents.

Housework was mostly routinised and done *en bloc*, with a weekly chore list detailing what tasks should be done when. All toilets and bathrooms were cleaned daily after breakfast, and when floors were cleaned or hoovered, all were done together. Laundry was largely put away for all clients together and ironing was done by the night staff. Client presence at activity and access to materials was further limited as not all clients were allowed to go around the house at will. Though clean and bright, the dining rooms and lounges in which the clients spent most of their time had little available to occupy the clients. Shop catalogues, several children's books,

puzzles and building blocks were available as well as the television, video and stereo, all of which were used at some point, with some clients having favourite items such as a comedy video or a shop catalogue. The only client to express a preference for a radio station (Radio 2) was overruled several times by staff.

Staff occasionally told clients that they should not be in the kitchen during cooking, apparently a directive they had received. Client presence at such times was deemed to be dangerous, and staff pointed out that they would be responsible if they spilled something on a client. Some clients were also said to 'steal' from the kitchen and during the research one client took and ate raw meat and vegetables. Although some clients participated in making drinks, and to a more limited extent in helping to take pots and ingredients out of cupboards, they could not freely help themselves to snacks and food preparation was largely excluded from their experience.

4. Main qualitative themes.

4.1 Staff relationships with clients.

Without wishing to deny the importance of relationships between clients, the data collected focused on staff. Relationships with staff and other disabled people may be the only relationships that some clients have (Evans, Beyer and Todd, 1988). The way that clients are talked to and about, and the way that clients are treated can be considered as a partial reflection of the ethos of the service.

There was a range of responses to clients, ranging from affection to lack of respect, and the way that clients were spoken about varied, with what might be seen as negative or disrespectful ways of talking about them coming mainly from two staff members, although on occasion other staff contributed. Staff conversations about clients covered a wide range of topics from physical and emotional health, concern about lack of appetite, suitable clothing to minimise self-injurious behaviour and client

toileting. Client health and behaviour seemed to be the most common topics. Client activities were less commonly discussed, but on occasion staff told others which client had participated in particular activities, commented on unusual behaviours for people such as making the choice to stay in the garden rather than watch television, and on occasion suggested to other staff what clients liked doing. The implications of this limited discussion of client activities are explored in a later section.

The sexuality of residents was occasionally discussed by staff. One woman, whom some staff suspected had been sexually abused, was thought to be sexually aware. Only one of the men was thought to be sexually aware. Staff once mentioned the potential embarrassment (maybe more to themselves) of male clients needing help from female staff at public toilets. However, in response to one staff member's view that more male staff might be good company for the male clients, another thought that all but one of the men did not know that they were men and that the staff were women. As the house was in a period of high staff turnover, the researcher asked if it was difficult for the clients to get used to new people. One staff thought this made little difference and that a staff member would have to be cruel before a client shied away.

Clients were seen as a nuisance by some staff. Comments which might be considered disrespectful came mainly from two staff members, although at various times other staff also contributed. When asked what they considered as a good day, one staff member replied that it was when the clients were 'quiet' and one particular client was out. There were also several mentions of traffic and roads in connection with clients: *'push him off a bridge'* or to clients *'go play with some traffic and do us all a favour'*. There was also impatience with some clients. One client in particular (who hit out at two staff part way through the research) was considered something of a nuisance and his topics of conversation were very repetitive. He once waved a floor brush at a staff member in a manner which the staff assumed to be aggressive. The

staff member threatened him with an injection (PRN medication) and made a 'joke' to the researcher that *'that'll make him run'*. One example of staff interaction with a client was when this particular client was talking about his brother and suggests that the client did not accept the staff view of his family.

Client: *my brother...*

Staff: *I don't care about your brother, he doesn't care about you. When has he come to visit you in 3 years?*

Client: *He's my brother, not yours.*

Other examples of staff speech to clients included lack of respect or animal imagery. On one occasion a client approached a new staff member. She was dribbling and was told to *'go and slobber on someone else'*. This client twisted her arms in her clothes and pulled at the collars, so her clothes needed replacing more frequently than those of other people. One staff told her *'nothing lasts you, ... stick you in a padded cell and you'd break out'*. A client who had taken a hand of bananas and was eating fruit with skins was told *'you're an animal,, I hope you get indigestion'*. On another occasion staff were talking about giving medication to one client, who according to her was like a dog *'clamp their mouth together and they still spit it out'*. One staff member occasionally called clients by their names and then whistled.

These comments came mainly from two staff: a long standing staff member and a new member of staff and were largely confined to three of the clients in the house, two of whom were also treated with affection at other times. While some of the staff looked uncomfortable when their colleagues shouted at clients, they did not comment on the remarks of other staff. Some of the staff comments to clients were made when there were no other staff present. As some clients were not able to speak out, this aspect of their experience may thus become invisible within the service structure and, if unnoticed and where such comments have no negative consequences for staff, may be more likely to continue.

Some staff actions too indicated lack of respect for clients. One staff member was said by others to tease a client by taking away the soft toys that he always sat with and on two or three occasions some clients were treated as if they were not there with staff moving armchairs in which they were sitting in order to clean around them. One staff asked a client to move her chair into the table and when she did not comply, the chair was kicked hard with her still sitting in it in order to move it in the required direction. A striking factor was lack of respect for client privacy. On at least one occasion, staff entered a room where a client was getting changed without knocking and on at least three occasions, entered the toilet or bathroom, to clean or pass on a message to the staff member assisting a client who was using the toilet.

In contrast to these examples, there was also a lot of affection with some clients, even those who were deemed most difficult to work with and who had been the focus of negative comments. Hugs were common and clients frequently sat on staff laps and had their hair stroked. Although this may not be age-appropriate as all the clients were adults, there appeared to be affectionate intent. Staff were not happy when the Senior Nurse, on seeing such affection, asked if a client was a baby. Some staff interpreted this as being the result of him having been away from closer contact with clients for too long.

4.2. Challenging behaviour.

Several clients were seen by the researcher as having, or reported by staff to have, challenging behaviour. Part of the ambiguity with which clients were treated by staff may have been due to the apparent lack of staff training to work with people with challenging behaviours. This may have resulted in inconsistent approaches by staff to individual clients (such as giving in to client demands after a period of refusal) and thus possible maintenance of client behaviours. Although it is important to look at the client in terms of their wider experiences and abilities and not just their challenging behaviours, for the purposes of this section, a more restricted view is taken, based on

observations and staff accounts. This should be kept in mind when reading the account, and its limitations in terms of not describing clients in broader terms such as their likes, dislikes, history and family, are acknowledged.

Of the 3 women, one appeared to show little challenge to staff, being quiet, compliant and having ready smiles. Some staff felt that she was being '*dragged down*' by the other two women, both of whom had obvious challenging behaviours.

The second woman was very withdrawn and periodically dug at a point on her neck, drawing blood and causing a scar and she also wound her arms into her clothing. On occasion she removed part of her clothing and staff said that she had been known to put her clothes in the toilet. Staff had bought several all-in-one jumpsuits as one response strategy for dealing with her behaviour. Staff also spent a lot of time trying to make sure that she did not get more to drink than she was given (as they thought she would not stop if allowed free access to drinks). It was reported that she had drunk from the toilet in the past. Staff also watched to make sure she did not get into the kitchen, although she evaded them several times. She was expected to pull her chair up close to the table before being given breakfast and was able to leave the table when she had finished, but not to return. Staff tried to enforce this by pushing her away and sometimes shouting when she tried to approach the table once she had left. On occasion, her subsequent self-injury by kicking her ankle against a chair led to staff eventually letting her sit by the table, when her distress appeared to stop. During the study, she began to eat soil and some plant matter from the garden (something she had apparently done in the past). She also took and ate food (raw meat on one occasion) and once was reported to have eaten dog faeces on a walk.

Seclusion was observed in use with this client in Study 3, staff locking her into the space between two fire doors in the hall. The locks had been removed by the time of this study, but she was still secluded from other people. On one occasion after taking

a pint of milk, she had been put into the garden where she had stripped - following this she was locked into the laundry room. The YTS staff was once asked to '*stick her on the loo for me and shut her in there*' - then the staff thought better of it as she thought she may put her clothes in the toilet bowl. On a particularly chaotic day in the house staff put this client in what they described as the '*quiet room*' for 9 minutes, although the reason for this was unclear to the researcher who was downstairs but who had been observing staff and not the behaviour of the client.

The third woman also self-injured - biting her hand, and when distressed made loud sounds. She was described by one staff as '*vicious*' after having attacked her roommate, which had apparently occurred several times. Staff found her vocalisations particularly difficult to deal with. As the weather improved, she was put into the garden. She liked leafing through books or magazines, turning the pages without looking at them but also tore some pages in the process. Staff had given her a book full of clear plastic pages and took other books or magazines away from her when she managed to get hold of them, sometimes shouting at her.

Of the six men, three showed some obvious form of inappropriate or challenging behaviour. One person appeared to be the favourite client as he was often chosen to accompany staff as they did domestic work and liked tickling and other physical games. He was reported as being stubborn when out of the house - sometimes sitting on the ground and refusing to get up. One incident of aggression was mentioned but this appeared to be isolated and staff did not fear being with him. He often was involved in stereotyped behaviour of turning objects in front of him, hand-weaving and rocking.

A second man was expected to have aggressive outbursts from accounts of his behaviour in his previous residential service. Staff were wary of pushing him to be involved in the house. Although he had hit several clients and a member of staff, this

had been less often than expected. During the research visits, he was asleep or in bed mid-morning on 4 occasions and the staff said he had received PRN medication. On one occasion when he was still in bed at 11.00 am staff appeared to the researcher not to be sure whether or not he had been given PRN medication, saying that no-one had mentioned it. Whether this was true or an evasion of the topic was unclear.

The greatest challenge came from the third man whose aggression against staff led to two staff members leaving as well as his eventual transfer back to hospital. Despite his verbal and general ability, his frequent conversations about his family were a source of irritation for the staff. During the study, shortly after returning from a house holiday, he hit a staff member on night duty on the head, apparently with no provocation. The staff member was later described as being on painkillers and mildly concussed. Four days later, he attacked another staff member during a research visit. The staff member reported that she had asked him to turn the television down, which he did so much that he lost the sound. When she went to turn it up, he threw a magazine rack, attempted to bite her hand, then hit her on the back and face as she tried to get away, causing a nose bleed and later swelling. Both staff who were attacked had time off work, and other staff carried on working night duties alone, with no extra support, a fact which some of them resented. Most staff thought that the best thing would be to send the client back to the hospital, although they expressed some doubt as to whether this would happen as it would be an admission of defeat for management of having placed him in a community home. Initially attempts were made to get the co-operation of his family in having him for visits according to his behaviour. A medication review, as well as some changes in his morning routine were also considered. In the two months after these incidents, staff mentioned him making several verbal and physical threats to staff and a client, and also described an attempt to take some money from the taxi in which he was going to the Social Education Centre. He was taken out of the car by a staff member, threatened with an injection and given a lot of housework - this being referred to by staff as a 'punishment'. Staff

later mentioned that the House Leader had taken him to outside the Police Station. Two and a half months after the initial incident he moved back to the hospital. One staff member felt that there was less worry in the house without him and that in the hospital he would have his freedom and his cigarettes, another said that it was a shame he was back as there he would just wander around with his radio and cigarettes - different interpretations of the same situation.

These descriptions show something of the experience of the challenging behaviour of clients that staff reported and the researcher saw. Whilst in no way condoning the negative way in which some clients were treated as described in the previous section, it is important to consider whether staff have adequate knowledge and support in their work with people with challenging behaviours and whether they can recognise possible triggers and work to avoid them. The support in the house appeared to be reactive rather than proactive. Even when reactive, the speed with which things were done, both on an immediate basis in terms of the varying length of time taken for the emergency call-out system to work, nights shifts continuing to be done on a solo basis after several serious incidents of client aggression and, in staff view, a longer period of time before the client involved was moved out of the houses than in other settings where incidents had occurred suggested that staff saw limited external support available to them. However, support amongst the direct care staff themselves appeared to be available.

Having described some basic elements of the service and the people in it, the next section examines staff views of 'community care', which can now be seen in greater context.

4.3 Staff views of community care.

'Community care' is a phrase which is surrounded by much political and service rhetoric. It is important also to present information on how staff themselves interpret

'community care', as they are at the interface of service policies and client care, and not to assume that staff hold any particular set of views. During the conversations with staff, some of their views about 'community care' emerged and interviews with the House Leader and Senior Nurse also explored this topic.

The staff view of a community home was one in which clients could do a lot for themselves already, and that clients '*should be capable*' of doing things. One staff member stressed that community homes were places where clients are trained to ultimately live on their own, others spoke of somewhere '*where people learn and move on*', and a place where people can come and go and where '*higher grade (sic) mentally handicapped residents live*' and where staff '*train, no.... assist them to wash themselves, clean their shoes, make toast*'. Being able to go out independently was also thought to be important. One staff member thought that clients should not be locked into a community home whereas the front doors and garden gates were almost always locked and clients closely watched in this service.

Some staff pointed out that the service was not a community home or was as much of one as it could be with the clients they had. When staff were asked what would make it more of a community home, an answer received was to '*get rid of some of the residents*'. This referred in particular to the less able clients, although even the more able clients had been unfavourably compared to a group of clients met during the house holiday who could apparently do everything for themselves. Several staff, including the House Leader thought that the two least able women should not be in the house and that they were holding the others back. One staff member was at pains to point out that these clients were not 'inferior' but that it would be '*denying who they were*' to make them do domestic work. The effect of the two least able women was thought to go beyond the house. One staff thought that they '*spoil it [acceptance of community care] for other people*'.

The idea of it being 'unfair' on the public to be with some clients emerged again when reporting complaints that had been made by neighbours about a client at the house being noisy at night. Staff also listed various incidents they thought that the public should not have to see - a client sitting on the ground and refusing to get up, another eating dog faeces and a third swearing. A place was seen for non-integrated service settings: one staff suggested small services '*out of the way*' so that the clients did not meet the public so much, which runs counter to the community presence and participation (O'Brien, 1987) advocated in contemporary client-centred services. One staff member felt that the clients had been happier in the hospital and that the life of one of the more able clients had not changed much when he had moved to the house, only that people were pushing him to do more.

Clients went out for trips to the shops and cafes in the nearby town and walks to the local playing fields, and as summer approached, outings were mentioned. However, some staff pointed out '*...we haven't got the right residents*'. One staff member said that Chessington Zoo would be '*wasted on the likes of...*' and that the ideal places would be somewhere where '*...without being funny, you can get away from the main crowds*'. This appeared to be related to the behaviours of some of the clients and tied in with staff views of there being certain things that the public should not have to experience. This may be paralleled with staff feeling safer in 'backstage' regions (c.f. Goffman, 1959) where there was less pressure to 'manage' the clients and the impression presented to the public.

The direct care staff had their own ideas about the nature of community care and the clients who should receive this. The service that they were working in did not appear to fit into this view. Staff mentioned that placing clients into community homes looked good on paper, but questioned whether it was good in practice. Whether staff disillusionment was due to lack of input to staff at the start and during the course of their employment or a preconceived attitude which would be hard to alter is unclear.

However, the Senior Nurse recognised some of the difficulties that existed and suggested that in order to improve staff performance it *'would be nice to make clear and emphasise what the job is, what we ask and expect of them... no-one reiterates why they were employed so develop their own idea of why they are there'*.

As well as discussing the theme of 'community care' with the direct care staff during the course of the research, the House Leader and Senior Nurse were specifically asked about this in interviews at the close of the research. The House Leader described community care as *'... to bring them back home, which includes a place as a home, community presence in the area, would be like a family unit, although consider it as a big family as 8 residents. ...whereby everyday living activities are same as in a home, plus teaching of people within the unit, to help and develop their potential to whatever their limit is. ...look after themselves, help with housework, encourage them as this is their home, encourage them to use facilities which are in the community - whatever is available that could possibly use that is within their limits.'* A lot of current thinking about services went into the answer in terms of teaching, participation and potential - however in practice, there seemed to be little in the way of concrete action behind this. The House Leader's view of his role as a *'father substitute'* and the women staff as *'mother substitutes'*, the clients as children, thus using a family rhetoric may have indicated more closely his model of community based staff houses.

Although the house was said to be in an *'ideal setting in the community'*, by the House Leader, he also said that it was not centrally located and mentioned public antagonism. He went on to say *'...another drawback is the type of residents; severely mentally impaired with behaviour problems - it is difficult to cater for their needs'*. Indeed, the house was described by him as two units, the division being for more and less able clients, perhaps clients who should and should not be there. He also spoke of available facilities in the community but asked *'have you got the right residents to*

use them?'. These views tie in with the views expressed by direct care staff that some of the clients should not live at the house.

The Senior Nurse was also asked his views. He described community care as '*...living outside of institution, small group, not more than 3/4... Share facilities of general community, option of who live with, flexibility of meals, baths, some rules as in a family... Not going out of their way to be good neighbours yet doing their share for the neighbourhood... Drawing on specialist services if needed but use generic services so don't get rid of specialist services if there is a demand*' This statement was high on 'rights' but low on lifestyle within the house, other than getting away from some facets of institutional routine. In common with some of the direct staff a clear place was reserved for the existence of specialist services and the ability of some people to use generic facilities was questioned: '*...how much they are used or able to use them is another matter*'. In terms of the service meeting his view of community care, he said that the house was '*an anomaly in a number of ways*' and felt that there were '*more reasons why the house doesn't meet this [view of community care] than does - it's very sad really*' and said it was not a service he was proud of. This implied that other staffed houses in the area did not have the extent of difficulties that this service appeared to have.

The mix of clients at the house, where all but one were described by him as having some sort of [additional] problem was said to make community care '*difficult to achieve*'. The mixture of abilities was described as '*totally wrong*', the history of the house being part of a ward closure plan where people with a range of problems were '*picked up*'. Again this tied in with the views of the direct care staff in the house. The House Leader, staff and Senior Nurse all had concern about the challenges some of the clients posed and whether the service was appropriate for them and actually functioning as a community house in terms of community integration and

participation. Although the sharing of views may be seen as encouraging, what was shared was not enthusiasm for the service and all the clients it served.

Having presented basic information about the service, and discussed staff relationships with clients, the challenging behaviour which some clients displayed and staff views on 'community care', the setting is less of an abstract service environment and more of a unique location. Information on the work of staff and on their relationships with each other is now presented. This is of more direct relevance to the intervention, but now can be seen in the context of the basic descriptions provided above.

4.4 The work of staff.

The views of direct care staff about their jobs were explored during the intervention. Staff responses to the idea of client involvement in domestic activity and views on what affected their work with clients are discussed here in combination with observed incidents and interview responses of the House Leader and Senior Nurse concerning the role of direct staff in order to give a multi-sided perspective.

4.4.1 Expectations of staff and the view of their job.

The job description of care staff covered a range of areas including physical care of the clients, (seemingly informal) observation of client behaviour and incidents, health and safety issues and participation in multi-disciplinary discussions concerning clients and their training programmes and participating with them in a '*... full social, recreational and training programme*' (see Appendix 8). Although these training programmes could relate to a wide variety of areas, there was nothing *specific* which could relate to client involvement in domestic work. Most of this was done by the staff and one staff member described the role of staff as '*glorified domestics*'. This term was also used by Leedham (1988) to describe how staff in a variety of community services saw themselves. Although each client had a range of activities

(including domestic, self-care and leisure) on 'opportunity programmes', there were some periods where nothing had been recorded in the documentation for 1 or 2 weeks, and the occasional poor order, repetition and inconsistency did not inspire confidence in this information. Some clients also had a programme to teach them a particular household task or self-care activity. A long-standing staff member could identify only two clients and their objectives, later pointing out (in mitigation perhaps) that the clients have achieved their goals and that there was to be a review. A client who had a programme to teach him to make toast, was not seen to make this when clients had toast for breakfast, missing a natural opportunity. After the house holiday, a self-service style breakfast system operated for a few days for the more able clients, instituted by an enthusiastic staff member, although she said that she did not know whether the other staff would go along with it. However, even during the first day or two, staff poured out tea and buttered bread for the clients, having changed the location rather than the nature of what they did. Breakfast returned to being prepared and given out by staff.

During the course of the research, following some of the comments of the researcher and the discussions that were had, some staff said that the clients should participate in the housework as it was their home and that staff were not there to wait on them. One staff member said that they were there to train the clients and stressed the importance of one-to-one work, something that the researcher had suggested might be possible if staff did chores with clients. Another spoke of standing back and seeing how much the clients could do for themselves. However, the reality did not always match this, and some of these comments may have been driven by trying to please the researcher. As one staff member put it '*as long as they are fed and watered... I know it sounds callous*', which implied a minimalist approach to care at least at times.

The views of senior staff concerning the role of care staff were obtained for 'an ideal world' and also in reality. The House Leader answered: '*Ideally, I would see them as*

having more time to spend with the residents. The idea of all the staff to do all the work including the gardening is too much to expect, including to look after the residents and to see to their welfare. Ideal...full-time cook, full-time gardener'. This seemed to be vague as to what staff were to do with clients if specialist staff did much of the work. The view of the Senior Nurse was: 'Help residents look after personal needs, secondly assist residents in general; to train, to develop skills in self-help, survival skills like a bit of cooking, helping residents arrange/choose activities both occupational and recreational and participate with them. Decisions to be made by residents but staff there - help choose clothes and personal bits. Help keep contact with friends and family, letters etc. Holidays with residents, taking them out'. This seemed to put staff in a facilitating role for client skills in contrast to the physical and emotional care of clients which seemed to be stressed by the House Leader.

Comparing the 'ideal' role of direct care staff to the reality, both senior staff thought that there was a difference. The House Leader said staff *'spend more time with the housework and less time with residents. Do involve them as much as you can but at the end of the day some people just want to get the job done as you end up out of time. Far more jobs than just the direct care of the residents.'* The view of the Senior Nurse was that *'staff have to do too many things for residents rather than helping them do things for themselves. A lot of things can't be done spontaneously... got to think of the mood of the residents, number of staff. Staff do a lot more containing than helping the residents do things.'* Whereas the House Leader stressed the involvement of staff in things that perhaps were seen to detract from 'spending time with' the clients, the Senior Nurse was concerned about the things that the staff were *not* doing in relation to client skills. The Senior Nurse was thus more aware of the distance between the ideal and the reality of the work of staff in terms of client development.

4.4.2 Staff training.

When staff started their jobs, they were given various policy documents concerning the service. However, reading written material concerning largely administrative matters such as fire regulations and complaints procedures, in the absence of ready guidance and training may have served to highlight the ambivalence of the service about client participation.

Although there was an induction programme for staff, it had not operated for several months due to the sickness of the staff trainer for the area. The House Leader pointed out that having only one person responsible for the courses and training was ridiculous, adding that the *'principle is there but the commitment isn't'*. He felt very strongly that staff should have induction *before* they go into a community setting and that they should *'...be told exactly what they are letting themselves in for'*. During the period of the research and just afterwards, several new staff members were employed, at least one of whom had not had experience of working with people with learning difficulties before. The absence of induction training at a time of change in staffing complement may have helped to maintain existing household routines and client behaviours in the setting. When courses were available, they were at external venues and at times of short staffing, it was hard for the House Leader to release staff to attend.

As described earlier, challenging behaviour was an issue of particular importance in the house. The Senior Nurse thought that the staff should be helped to understand challenging behaviour and broad principles of behaviour management. He felt that though staff showed a grasp of the principles verbally, this was not always carried through to action. *'[They] can't relate keeping of A-B-C records with what they are supposed to do'*. He acknowledged that staff needed to be updated, but he was concerned about there being enough time and privacy to remind them. The House Leader indicated that there were written guidelines as to how to deal with certain

situations and gave examples such as client aggression and noise in public. He had also discussed client problems with their keyworkers '*and come up with a set of programmes to deal with that problem, to meet their needs in some respect*'. Both senior staff thought that the training input was insufficient for this aspect of staff work. Direct care staff in their turn were cynical about the amount of support that they would get from external bodies for working with clients with challenging behaviour once they had been on a course. Some thought that if they asked for help after having attended such a course, they would be told they should know what to do. The House Leader in his turn wanted more face to face help. The situation in the house thus seemed to go from day to day as far as challenging behaviours were concerned with little in the way of longer-term strategy.

4.4.3 Task allocation and client involvement.

Having discussed the role of staff from the perspectives of direct care staff and senior staff, staff daily work, with emphasis on client involvement is explored in this section.

It became clear that 'doing things' with clients did not always have the same meaning for the researcher as it did for the staff. For staff, the meaning seemed to be more in the context of social and leisure activities or possibly small jobs around the house that did not matter much. This was illustrated when a new Hoover was bought; one staff suggested that if staff hoovered every other day, the clients could use the old Hoover and the quality of their work would not matter. Some staff pointed out that in their own lives housework was not something that they enjoyed doing so some wondered why the clients should do such work. In an otherwise busy and varied life, it may well be that housework is of little priority. Yet in the service studied, it was often the case that the clients were busy neither inside nor outside the house. Elements of institutional organisation were suggested by some staff - having a domestic and a cook, thereby freeing the staff to '*do things with the residents*' - though this would

take a lot of the everyday work and associated teaching opportunities out of the hands of the remaining staff. A variation of this suggestion was that one staff member could take on special responsibility for the housework each morning, again, leaving the other staff to do tasks which did not need so much attention with the clients. This is almost a reversal of the room management approach (Porterfield, Blunden and Blewitt, 1980) where one staff is designated to attend to personal care tasks so that other staff are free to concentrate on the activity in progress.

Allocation of tasks amongst staff was not very formal. There was a daily chore sheet which staff referred to and then they allocated jobs amongst themselves. However, there was no specification of doing chores with any of the clients, although one staff member thought that this might be a good idea. Staff on occasion said that they would 'take someone with them' when they went to do a particular chore. This did not always result in great participation on the part of the client, indicating the value of observation rather than self-report in such research. On occasion, the client was literally taken upstairs and just present in the vicinity of the bathroom, or sitting in the bedroom while a staff member got on with the task. A new staff member, about whom the others had made complaints and who was eventually moved, took a client upstairs, placed a stool in the corridor just outside the bathroom and told him 'sit'. When the staff member had completed the cleaning he asked the client to carry the cleaning materials to the next bathroom and told him to 'stay there' by the airing cupboard, asking the researcher to tell him if the client moved.

Staff regarded themselves as responsible for the completion of tasks. In a conversation with a client when he was hoovering a staff member told him: '*...you can't fiddle about as I'm responsible for the work - if you can't do it then I'll do it*', also telling him: '*you were given the opportunity to do it [hoover] but you didn't do it properly*'. Another client was offered the opportunity of cleaning the bathroom sink but was not enthusiastic - she was told if she couldn't help then she should sit

downstairs. Comments such as these together with the fact that staff said they would not be acknowledged by senior staff for having done a task with a client were not indicative of support for a culture of client participation within the house. This reflects the finding of Murphy (1983) that (qualified) staff rated client-related activities below administrative and nursing tasks in terms of consequences for not carrying them out and career progress. Household, administrative and client care tasks are more visible than client participation; staff then having something more immediate to show for their work, and for managers to assess.

Although domestic work is advocated as offering a wide source of age-appropriate activity for clients (e.g. Mansell *et al.*, 1987, Felce, 1989), it became clear that client involvement in domestic activity was sometimes used as 'punishment' in this service. One staff explicitly told a client that he was '*on punishment*' when he was cleaning patio chairs with her in the garden after a incident earlier in the day: '*you've got to do it properly when you're on punishment else you'll have to do it again and you won't like that*'. This is in contrast to the somewhat limited expectations staff made of the quality of client activity in other circumstances. When the researcher remarked on the participation of this client on another occasion one staff member said that he had an ultimatum: if he didn't behave, and by implication get involved, that he would not go on a visit home. It had not been envisaged that the use of domestic activity would occur in this way, and it is an important point to bear in mind when interpreting the data from this and other such studies. As interaction occurred between staff and clients when both were engaged in activity (see Studies 2 and 4), for clients whose unwanted behaviour was maintained by staff social engagement, using domestic work as a 'punishment' for it in this way may have served the opposite function to that intended.

When they were involved in domestic work, clients were observed in certain aspects of staff work, with the exception of cooking. The more able people helped to wash

and dry up, most people carried up laundry, took out rubbish bags and milk bottles, wiped the tables, took their plates and cups to the kitchen. Some people helped with sweeping and hoovering, and one or two clients were consistently selected for particular tasks such as helping to clean the bathrooms and toilets. Less commonly, clients helped to put clothes and powder in the washing machine, put their *own* laundry away and were involved in limited aspects of food preparation, such as making cold drinks and taking food out of cupboards. Tasks observed only once or twice were helping to change bed linen, folding sheets and putting clothes on hangers. Tasks that the clients were never seen doing were putting food on the cooker, ironing (which was done by night staff) and serving breakfast.

On some occasions it was clear that the staff member was working very hard to involve a client and trying alternate means of prompting and encouragement. This led to even some of the least frequently involved clients doing things like putting linen in the airing cupboard, taking milk bottles out and doing a little hoovering. The staff were capable of involving people though they sometimes seemed to be unaware of the importance of this, and as a result, this element of their work was one which was liable to be neglected. However, the expectations of some staff were not high; a new staff once complaining that *'they [clients] get bored after about 10 seconds'*.

As well as staff giving clients some opportunity to be involved, there were also occasions when clients approached materials or staff doing a particular task or began to do part of it themselves. This did not always result in being encouraged to continue. One client started to pour out the last bit of tea from the pot for himself very slowly and carefully. A staff member saw this and told him that he might hurt himself, poured some of his cup out into the sink and made the rest herself. Another client reached towards a pile of laundry that a staff member had brought into the lounge, but the staff member moved it away and sorted it with another member of staff.

When the feedback stage was ongoing, staff were asked what they felt was a good figure for client participation. One staff suggested 40%, another 60-65% for the most able clients and 45-50% for the house as a whole. Although these figures are higher than the mean client participation in any phase, they are not beyond the bounds of possibility as seen by the wide range in client participation in domestic activity across the study. Although there was a range of domestic activity available, the participation on a general level was limited to non-risky activities and the impression was that the involvement of clients was sometimes seen as more of a hindrance than a help.

4.4.4 Factors affecting staff work with clients.

Staff were asked what made them 'do things' with clients and identified several factors influencing their work. Time pressure was mentioned in various ways, stressing that there was a lot of housework to get through each day before the next shift came on duty; also pointing out that if there was staff sickness, short-staffing and when the staff had been working a lot of duties, they 'can't be bothered' to do things with clients. This is consistent with previous institutional research on staff interactions with clients (e.g. Burgio, Whitman and Reid, 1983; Duker, Seys, van Leeuwe and Prins, 1991). Some staff pointed out that doing a task with a client could take twice as long as doing it themselves or that staff would have to go over what the client did. Once when a client was encouraged to wash the floor with verbal and physical prompts, the staff member washed the floor again once the client had finished. One staff member pointed out that it is easier to start on a task while a client was using the toilet rather than waiting for them. Another said that it would be possible to do everything with the clients but then the staff would be there all day.

One staff mentioned that she did not like to take a client away when they were 'doing something' to help her with a task. However, the chances of there being no clients in the house who were not otherwise engaged were small. The Deputy once said that work with clients had been tried but that '*...it's easier said than done*'.

The morning routine of getting up, how clients had behaved and how breakfast went were also thought to be important by staff - one staff member saying that if breakfast went well then it set up the rest of the day. Thus, staff behaviour during the day may be seen as a response to temporally distant setting factors of client behaviour. A break from the house was held to result in some enthusiasm for work, although people also said that this tends to '*fizzle out*' after a week or so. The combination of staff on duty was also thought to have an effect - several pointed out that if the House Leader was on duty, there would be an earlier start to breakfast and clearing up. Although staff did not mention the specific effects of this on client participation, the quantitative results suggested somewhat greater client involvement in housework at these times.

Staff also considered the effect of client characteristics on their work, paralleling findings in traditional quantitative research (e.g. Grant and Moores, 1977). Some staff thought there were no advantages to the two least able women doing tasks as they thought that they got nothing out of it. Staff said that one of the women bites herself when asked to do something so that it was easier not to try. If a client was 'difficult' then there was less willingness to work with them. What staff '*got back*' from the clients also mattered; eye contact and smiles as signs of client enjoyment and willingness. One client who showed very little eye-contact and was offered little opportunity for participation led to one staff saying that she doesn't enjoy doing things so the staff member didn't see why she '*should bother*' trying to encourage her. Some staff felt that another one or two clients could '*come forward*' a bit more. However, the examples given where clients expressed interest and were not encouraged suggest that there may be a vicious circle of staff not encouraging people to come forward, clients not coming forward, hence staff not encouraging them, which might be very difficult to break out of. Further, one client was described as '*too helpful*', touching things that he shouldn't. It is almost as if the clients had to be able to strike a delicate balance between being responsive to staff initiatives yet not initiating much activity themselves.

At one point a staff member admitted that it is easier to do housework alone, even though staff 'moan' about it, than doing it with clients. Doing housework alone was also seen by one person as a time to collect her thoughts and she pointed out that the staff do not have breaks. Staff also mentioned their own '*frame of mind*' or '*mood*' or if they had come in to work '*on a high*' - concepts which it is hard to define. This suggests that there is a carry over from personal life to work and is a factor which cannot be controlled. However, in a demanding job such as caring for clients in a group home, the influence of personal factors should not be denied.

The influences staff gave for working with clients can be summarised as time pressure, client characteristics (such as ability and recent behaviour) and mood. These influences, however, tended to be used as excuses for not working with people, rather than as factors encouraging them. Staff did not mention encouragement from each other or senior staff affecting their work; indeed they said that if they did tasks with clients this would not be acknowledged but that the standard of the visible work would take precedence. This suggests that some of the reasoning behind the intervention, of staff acting as a source of prompts and reinforcers for each other was not applicable to this service. This is discussed in more detail in the final section.

4.5 Relationships between staff in the service.

The relationships of staff with their peers and with senior staff at both house level and beyond are now considered. The first section on contact with senior staff locates the direct care staff in a wider service context, the second on contact with the House Leader and Deputy takes a more immediate look at management support and the final section describes contact amongst staff themselves.

4.5.1. Contact with the Senior Nurse and other professionals.

Cherniss (1986) argued that if supervisors are seen as supportive and sympathetic, this could have a beneficial effect on staff performance. In the setting studied, staff

did not appear to see the Senior Nurse in this light. He visited every week as a matter of routine, to look at records and to do '*walkabout management*', also to show round prospective staff and in response to being called in by staff when there was sickness, short staffing, aggression or some other difficulty. Some of these reasons fall into the category of crisis-contact and '*crisis management*' was how the Senior Nurse once described his job. There was the impression that some staff preferred to avoid him.

Some staff mentioned their initial contact with the Senior Nurse at interview and felt that they were not made fully aware of the nature of the job for which they had applied. Several spoke of a little cooking and housework being mentioned at the interview, but not to the extent that they did in practice; also some toileting 'accidents' rather than the four people with double incontinence who lived in the service.

Staff perception of the view of the Senior Nurse about client participation emerged: one staff thought that clients were only involved when '*someone gets onto the Senior Nurse's back about it*'. Staff mentioned some activities sheets that they had been asked to complete several months previously to provide a fortnight's diary of client time, which had not been looked at since. Indeed one staff commented that what the Senior Nurse had been interested in once was the toileting charts. Some staff thought that the Senior Nurse had been away from working with clients too long. However, the contact with the Senior Nurse was not all negative, though this seemed to be the perception of the direct care staff. He had praised some staff for their work of the house as a client was having fewer aggressive outbursts than had originally been anticipated. When staff began to talk about this amongst themselves it became clear that the praise had not been passed on. As one staff member said, '*a little praise goes a long way*'. Although the accounts staff gave may be distorted and unrepresentative, staff perception of contact with management as well as the actual nature of such contact is important.

There was little contact with people higher up in the hierarchy, and staff relations with and trust in the hierarchy may have been particularly affected by the employment of a new member of staff with management connections. Some staff felt that the new staff was employed by reason of the contact, and one wondered if this person had been sent to 'spy' on what was going on in the house in view of earlier difficulties. An on-call system was available, but staff had varying opinions as to its efficiency and envisaged situations in which it would not work. They also suspected management of having displayed favouritism to other houses, discussing how they had had no extra support for their solo waking night duties after several episodes of client aggression whereas other services were described as having received more help at times of difficulty.

Contact with other professionals was limited: a speech therapist saw one of the clients every 3-6 months, clients visited their GPs and a dietician gave some advice, however, most contact with others seemed to occur in emergencies. Involvement with the clinical psychologist occurred when the house was set up and when decisions were being made about which clients to send back to the local mental handicap hospital and during the study when a client was being moved back to the hospital. The psychologist seemed to be frustrated by the lack of apparent capacity for self-help within the house and the House Leader saw him as difficult to contact.

Overall, it seemed that there was little contact with those above the immediate level of House Leader and staff perception of what occurred was that of criticism and lack of support. More generally, one staff member spoke of large employers like the National Health Service, where the managers are not always immediately available, having a lot to learn from private enterprise where she thought that more attention was given to staff. She felt that a lack of managerial presence, which she qualified with '*not that it's happening here*' might mean that staff only do their bit, '*no more and no less as why should they*'. Staff recalled or stressed the negative contact above the positive.

This in turn may feed the poor sense of cohesion and communication and contribute to a reactive and fragmented service for clients.

4.5.2. Contact with the House Leader and Deputy.

On a daily basis the House Leader and Deputy were the senior staff most commonly encountered by direct care staff. However, both were involved in a lot of administrative work and various tasks outside the house such as meetings, dealing with finances and some collecting of supplies which they largely did alone. The relationship between the House Leader and Deputy did not appear to be cohesive. This may have been partly due to logistical reasons - as they were the only qualified staff they rarely worked shifts together, so would be together only during staff changeover and at the occasional house meetings. The staff seemed to react differently to them, with the Deputy being seen as more of one of the staff than the House Leader.

The staff did not describe their contact with the House Leader very positively. Several spoke of difficulties. One staff thought that it would be nice if the ideas of staff were acknowledged and if they were treated as if they [the staff] '*had a brain*' and knew something about the needs of the clients. This lack of being listened to also occurred in the report of a specific training meeting. A staff member who was not present had heard that the staff were not able to have their say or contradict. From his perspective, the House Leader said that decisions which should be made by the whole staff team at house meetings were only made by about half and that staff did not accept his invitation to put things on the agenda, suggesting a vicious circle. Staff commented that if they missed a house meeting they '*hadn't missed much*' and mentioned that the topics were items like whether the cooker is clean and other matters of '*such importance*', supporting the finding of a routine approach to housework. A process seemed to have been established whereby suggestions were neither offered nor expected. When the House Leader was out of earshot one staff said that it was just as

well that all of the staff were not at the house meetings as *'if everyone said the truth [about each other] there would be riots'*.

The Senior Nurse thought that the main source of support for working with people with the lowest ability came from the House Leader in advice and explanation. The staff description of support from the House Leader did not appear to match this. One staff said that she had had no feedback from the House Leader and that as she had not done that sort of work before, she would like to know how she was doing. Staff also said on several occasions that they got no praise or credit for doing good things, but that they got criticism for the bad.

As well as the direct care staff reporting a lack of support, the House Leader (and Senior Nurse) felt this to some extent about their own jobs. The House Leader once admitted that he was getting fed up and that he hadn't realised that working in the community would be as it was. He felt that there were too many demands on him, that he was tired of losing staff and that sometimes things were promised, particularly extra staff, which did not materialise.

In common with some of the direct care staff, the Deputy also felt that he had been misled about the job. He thought that the house was not a community home and sometimes seemed to have little belief that the least able of the clients could learn new skills. However, he did sometimes ask staff to *'take someone with you'* when they did a household task. When asked about client involvement, he commented merely that *'it gives the clients something to do'*. He said that he would like there to be fewer clients and for them to be capable of learning something, a view which seemed to be in keeping with the views on community care of the rest of the staff. He also was cynical about management interest in client involvement - he thought that if things look good on paper, for instance care plans, then the Senior Nurse wouldn't care if the clients *'vegetated all day'*.

Both House Leader and Deputy had recent experience of work in non-community settings. One member of care staff thought it might be good if the House Leader had not come from an institution and had been trained to work in a community home. The institutional background should in no way be taken to disqualify staff for jobs in community settings, and as hospitals close, many staff particularly those from staff nurse/charge nurse level may find jobs at the level of House Leader in community based settings. However, it is important to note that the transfer and expansion of their skills to meet the challenges of their new posts may not happen automatically. In order to be able to support their staff, the senior staff at house level also need training and support themselves, something that the House Leader particularly wanted (in terms of face-to-face support) for working with clients who had challenging behaviour.

4.5.3 Contact between the direct care staff.

At the start of the research the staff complement consisted of the House Leader and Deputy (both men) and 11 women direct care staff, including one permanent night duty worker (who was on long-term sick leave, resulting in other staff rotating their duties), one Youth Training Scheme trainee and a part-time staff member. During the 6 months of the research there was a high degree of staff turnover. One staff left to travel and two as a result of client aggression. The Deputy and YTS staff member were both due to leave shortly after the research ended. Four new staff started work during the research; of these two had contracts of several months before moving on to other things, one was transferred to another unit after 3 months and one stayed. In the week following the end of the research period at the house a new Deputy and two new members of staff were due to begin. As the House Leader commented after the incidents of client aggression: *'I'm tired of losing staff'*.

The aim of the intervention was to try to use staff speech amongst themselves as the mediator of change in staff working practices on the assumption that staff speech is a

reinforcer, and following the assumption that intervening on the social environment could theoretically be used as a means of effecting staff behaviour change (Landesman-Dwyer and Knowles, 1987). During the planning and initial stages of the research, the members of direct care staff were conceptualised as a group and the interactions (both work-related and informal) as a part of staff subculture which was a potential influence on their behaviour. The rate of turnover at the house meant that staff relationships with each other (as well as clients) were being broken and new staff members needed to be integrated into the social as well as domestic structure of the house. Conceiving of the staff as a group was thus likely to be inappropriate. As well as the turnover affecting this directly through the employment of new staff (some employed for fixed terms of only a few months before going to university or nurse training), use was made of temporary staff from other services in the area when there were shortages, leading to further disruption of the staffing complement.

Staff were aware of the effect of this on the team, one pointing out that there were 3 new staff in 3 months. The reaction of one staff to the news of a new staff who would be at the house for 4/5 months was *'not another one who's coming and going before we know'*. Some staff were said to be at the house in order to get to a better grade of post - indeed one staff member was enticed with this offer which meant more money during subsequent nurse training. Some of the regular staff felt that staff used the house as a *'stepping stone'* did not want to get involved in the house as they would not stay long. Although the arrival of new staff was not infrequent, not all staff were aware when new people were starting work. Some staff were also concerned about people who had been employed in the past who may have had criminal records which could affect their work. As one staff member put it, the house was a *'dumping ground'* for staff and clients.

Certain comments and reactions of staff indicated that although individual staff worked shifts with each other, there was not a unified group (unless united in

adversity with respect to crises and reported lack of support) in terms of working practices and interaction with each other. Although one staff member said that they got on '*fairly well*' as a team, another pointed out that it is impossible to get on with everyone. The situation during the period of the research can be seen in contrast to what some staff members described as having occurred in the past: a good staff team with greater consistency of work practices.

The working of the research intervention was explored when staff were explicitly asked about whether they '*swap ideas*' with each other about working with clients. It seemed that this did not happen as a matter of course and there was a sense of staff not wanting to be taken instructions from anyone else. Staff pointed out that they do things in their own way. On several occasions staff did suggest to others that clients could do things - often, however, this was limited to suggesting that staff '*take someone with you*' when they did a certain household task, rather than specifying what that person might do. A rare example of a suggestion specifying both a client and a task occurred when a staff member suggested '*whoever's doing the toilet, Sam can do the floors as he did it really well yesterday*'. The suggestion was taken and it may be of additional significance that it was not directed to a specific member of staff, hence potentially less threatening. One staff member mentioned that she had passed on the fact that a client liked to talk in front of the mirror which was incorporated into the bath routine by other staff, but was generally cynical about other staff carrying out suggestions. She pointed out that if she said to a staff member to maybe do something with a client as they are good at it or may enjoy it, chances were that the staff member would go off duty and would not do the task or do something different.

One staff member was asked if she had told anything about the job to a new person. She was quite clear that it was not her place '*to brief*' new staff - that that was for the Deputy and House Leader, that the direct care staff were the same grade and that she wasn't '*paid to be boss*'. As the work of the senior house staff involved a lot of

administration and work outside the service, this together with the shift system meant that they would not necessarily be on hand to give everyday guidance, suggestions and feedback. It might be that there were few role models for the work from other direct care staff or from the senior staff. As staff seemed reluctant to make suggestions, one saying that this might be seen as 'bossy', new staff may have been left to pick up the basics of the job as best they could. This lack of making suggestions to each other may have been affected by the presence of the researcher, but it may be more likely that the staff generally felt unable to comment on the work of others. This may have implications for client care and respect when positive work practices go unnoticed and negative incidents go unmentioned.

There were two main consistent exceptions to staff members receiving directions from other staff. One staff member who got suggestions about working practices was a new staff member whom the other staff regarded as lazy and who was eventually transferred. Although the staff talked about the poor standards of this staff member and that he had to be reminded to take clients with him, these did not always result in the client participating in the activity. The second staff member getting suggestions and instructions regularly was the YTS staff who carried them out and staff did not seem reluctant to give them. Although she was not formally counted in the staffing complement, her presence was appreciated as then several clients could be taken for a walk. Some staff were keen to have another YTS trainee when she left, and were suggesting she might like to apply for a permanent job at the house if she liked it, suggesting acceptance of her.

There was some evidence for staff enjoying being together. When asked what the good things were about the job, despite the various difficulties that staff experienced, one answered '*the staff*'. Staff generally sat together after breakfast, a factor which was used to introduce the research intervention, and also spoke of having tea together when they began shifts. Further, they were willing to come in to work at very short

notice covering staff sickness and were supportive to the staff who had been attacked; keeping in touch and arranging gifts and cards. The House Leader too saw the staff as supportive of each other although he felt that sometimes the staff chatted too much amongst themselves. It is clear that a balance needs to be struck if the work of staff is not to be adversely affected by their interaction with each other.

The impression was that there was some fragmentation between the direct care staff and the House Leader (and to a lesser extent with the Deputy) and with those further up the hierarchy. Staff appeared to expect contact with senior staff to be punitive rather than rewarding and did not think that they had much of a say. This is an area of potential concern given that perceived involvement in decision making has been found to be associated with more client-oriented practices (Raynes, Pratt and Roses, 1977), and Green and Reid (1991) found this to be the second most commonly used staff management strategy in a survey of facilities in the United States. Although there seemed to be a commitment in some levels of the local management structure to providing a community based service for people with various degrees of learning difficulties, this did not appear to filter down. Staff members seemed to be feeling their way in the house. They settled into the basic domestic routine which seemed to be the clearest of their responsibilities. This may have been for any of a number of reasons - clarity and ease of task, lack of support for involving clients and lack of training. Practical, daily manifestations of client involvement in the house and beyond were relatively limited and some staff were very cynical about the service that they were providing. If there was any sharing of values between the staff in the house this was more on a level of a limited view of client present ability and future development than a commitment to progressive and innovative service provision. However, on occasion the patience, enthusiasm and motivation of the staff suggested that staff could be a team who were sensitive and responsive to client needs.

5. Discussion.

5.1 The Service.

The range of information and examples gathered to illustrate the day-to-day running of the house suggest that though physically located 'in the community', ideologically the service was institutionally based. Not everything that was described is consistent with established guidelines for services, such as *An Ordinary Life*, (King's Fund, 1980), thus its presentation is deemed to be important in a time of change in the format of service provision. The demands on the job of direct care staff are great, yet they are in low status, poorly paid jobs often with little career development possible. The direct care staff in the service studied seemed to be caught in a spiral of perceived lack of support and guidance, although at least difficulties with the provision of training and emphasising the role of staff were acknowledged by senior staff. Although in circumstances such as these, it is easy to blame staff as the people in most contact with clients for poor quality in aspects of the service, placing criticism at their feet is not fully justified. As Cullari and Ferguson (1981) warned, poor performance may be related to unclear or contradictory performance expectations. The data presented above suggest that lack of client development related performance expectations for staff may have been a marked feature of the service.

Despite the rhetoric of 'community care' what occurs behind closed doors in 'the community' may be far removed from what is fondly imagined to occur. It is clear that senior staff were aware of difficulties in the service: *'not a service I am proud of'* according to the Senior Nurse and the house regarded as something of an exception in local service provision by the clinical psychologist. However detailed looks at both positive and negative aspects of the work of staff are important particularly in a time of calls for quality assurance and accountability and service development: the lives of 9 people were being directly affected by the staff and policies in the service. It is important to know whether the service studied in detail here is in fact an exception in

terms of the challenges it faced. The impression is that it may not be, with Leedham (1988) describing community services with similar organisational structures, staffing and managerial difficulties. Although the existence of such difficulties in services, with their possible effects on client outcomes is disheartening, it highlights the need for ongoing monitoring of quality in community services, not just managerial attention when services are set up or in times of crisis when situations may have become irretrievable.

Although located in a setting outside the traditional hospital, elements of a different agenda for management and staff seemed to be present in the service. The views of staff and their immediate managers and their agreement in such areas as client placement and lack of agreement in other areas such as what the service was aiming to provide suggest a service with some degree of lack of direction. In a Health District which also included some innovative services for people with learning difficulties, it is important to note that more general progress and change cannot be taken for granted.

5.2 The intervention.

The research assumed that staff practices could be mediated by an intervention at the level of staff-staff interaction. Although staff spoke to each other about a wide variety of topics including client welfare and household concerns, it became increasingly clear that staff did not on the whole make suggestions to each other about their work and were not necessarily a cohesive team. Specifications about staff role in terms of client participation were limited in the job description and were apparently not stressed with any degree of credibility (or so staff felt) by management. Additionally, there appeared to be little training which could emphasise this feature of the work of staff (at a time when there was a lot of staff turnover). Staff appeared to do what was visible: household and client cleanliness, on a day-to-day basis with little apparent future planning for client development.

The introduction of the research conversations may have made staff more aware of some of the elements of their work and there was a modest increase in client participation when this was introduced. It may have been possible that staff were cued in to doing some domestic work with clients, as observations were mostly of staff doing domestic tasks. However, the impression was that staff did not seek out clients to become involved if they were not already working with a client when the observer started to observe them. The willingness of the researcher to listen may have concentrated staff attention on the negative aspects of their work. However, overall, the effects of an intervention such as this to a setting where there was little direction, little cohesion and high turnover are bound to be limited. As Leedham (1988:8) pointed out, "*teamwork does not flourish in conditions of understaffing, stress, and disillusionment*". The House Leader was not specifically involved in the intervention, which, in the case of this service, given the difficulties staff reported may have been an advantage. However, the potential implications are of possible further splits in the staff team. Given the assortment of difficulties that staff faced, their disillusionment and stress, it is perhaps surprising that the intervention had any effect at all.

The level of staff turnover, general lack of training before or after appointment and the "*internal organisation of the social set*" (Landesman-Dwyer and Knowles, 1987) which showed staff to be reluctant to make suggestions to each other seemed to result in each individual approaching the work the way that they thought best or easiest. Such conditions would help to perpetuate inconsistent working practices. It seemed that there were deep set problems in the service which an outside intervention such as this one, introduced after over 3 years of service operation, is unlikely to be able to address. Only in established teams with a good group ethos may this sort of intervention be applicable. An intervention on the social environment is only realistic in a wider framework of ongoing staff training and management, probably conducted by the employing agency.

5.3 Concluding comments.

As the National Development Team (1991) pointed out: "*Changes of address from hospitals to 'ordinary' houses do not necessarily herald improved lives for people with learning disabilities*" and went on to warn that "*If poorly resourced and managed, depersonalising and regimented care practices can also develop in smaller settings*". Although the research reported in this study did not focus specifically on general quality of care, the various areas described above clearly impinge upon it. The service was by no means wholly bad, there were elements of institutional practices and the low morale and staff turnover may have contributed to the entrenchment of routines which were more for the benefit of the service than the service users.

The qualitative data describe a service with several difficulties, moving from day to day rather than with any long term strategy, in which an intervention at the level of the staff had a modest effect. This is particularly encouraging given the conditions in which it was implemented and supports the use of flexible participative frameworks with care staff. The potential importance of staff-staff communication is a factor that may need to be addressed more explicitly during training, suggesting that making comments and suggestions to each other can be constructive, not merely negative, but this would ideally involve the House Leader, and potentially managerial level staff. Indeed, Thousand, Burchard and Hasazi (1986) highlighted interpersonal skills as '*vital prerequisites*' for staff at various levels in community services: working well as a team member, taking directions from supervisors and showing commitment and ability to work co-operatively with others. Although there was mention in the staff job description of ensuring that a 'good atmosphere' was maintained with colleagues, which might be seen as acknowledgement of the importance of this area, what was done in practical terms to encourage openness of communication and a 'good atmosphere', was less clear. Thousand, Burchard and Hasazi (1986) stated that training in interpersonal skills was neglected in services. Similarly, Raynes and Sumpton (1987) who surveyed the training needs of community based staff found a

reported need for training in 'team work'. Such findings suggest that the interpersonal skills of staff, which can be argued to make an important contribution to the sharing of information and consistency of staff working practices, as well as possible morale functions, should not be left to chance, rather included as part of staff training and induction packages in ways that are relevant to the work of staff. Whereas this may help, the nature of staff relationships with each other is an area which it may be unlikely for more senior staff to have control over.

Brief, relatively informal periods of time (whether with House Leader is present or not) in which staff can talk together about their work, without this being seen as second best to their work, in an open atmosphere may help staff to share concerns, support each other and work as a team. However, ways of balancing this with direct work with clients need to be found so that one is not done at the expense of another. A work environment in which direct care staff and their seniors are encouraged to be open and in which they can talk about their jobs and beyond which support and acknowledgement for their work exists is a cornerstone of client-centred services.

Chapter 12: Discussion of the work and its implications.

1. Introduction.

This chapter draws together the work in the thesis starting with a review of the arguments and findings that have been presented in the preceding chapters. Following this, the ecobehavioural approach will be reviewed, including a discussion of the implications of the research in theoretical terms, after which the research carried out here will be critically appraised. Finally, the implications of the research in terms of future development in services for people with learning difficulties are discussed.

2. Overview of the thesis.

The research focussed on the behaviour of direct care staff. It was argued that staff behaviour makes a central contribution to the quality of client care in residential services for people with learning difficulties, and that the quality of care, even in new community based services is often still relatively poor. Research on factors affecting staff behaviour was argued to be able to make a contribution to the design of services, and ultimately to the provision of high quality care. The behavioural psychology approach, particularly when augmented by an ecological perspective and qualitative material, was argued to provide an appropriate theoretical basis for research on staff behaviour.

The behavioural approach stresses the observable and quantifiable and has developed in application from the manipulation of single behaviours in controlled conditions to the implementation of change in complex natural environments. The discussion of multiple behaviours, multiple effects and the complexity of behaviour and environment relationships in the original writings of Skinner has begun to be re-

emphasised with calls for greater ecological sensitivity in research. The ecobehavioural approach, in which the analysis of interrelationships between the organism, behaviour and environment is made (Chadsey-Rusch, 1985), draws attention to the complexity of natural environments. Although the use of traditional quantitative observational methods remains the central research tool, the use of parallel qualitative data was argued to be consistent with the emphasis on ecological sensitivity. Although qualitative accounts are an important part of the preliminary stages of the behavioural research process (Bijou, Peterson and Ault, 1968), the use of qualitative data has been neglected in much published work in this tradition. Given the concern with intervening on environments in ways that are meaningful, maintain and generalise, it was argued that the parallel use of other sources of data, including qualitative observational data, alongside quantitative observational data has a particularly important contribution to make to the understanding of environment-*intervention* relationships, enabling a wider system view to be taken of interventions in *their* contexts, and for the appropriateness and relevance of interventions to be assessed.

The use of behavioural research methods has accumulated a comprehensive body of knowledge concerning the effects (or lack of them) of certain environmental characteristics such as staff-client ratios and situational structure; client characteristics and client behaviours; and staff training and management. However, the influence of staff behaviour on each other, despite sociological and social psychological attention to the culture of institutions in the 1960s, is one which has been relatively neglected in behavioural research. The use of staff interaction with each other as an ecologically sensitive staff management variable was argued to be worthy of investigation for several reasons: staff interaction with each other is a natural part of their working day, staff have access to their own behaviour and may influence each other by the transmission of informal role expectations through their interactions with each other,

and staff interaction may serve as a natural reinforcer in environments which have been described as having few reinforcing contingencies available for staff.

Study 1 described the distribution of direct care staff behaviours and interactions in a community based group home. Differences in staff-client configuration, a factor which the research literature has identified as being important, were associated with different likelihoods of target staff being observed in interaction with clients and with each other. When more than one staff member was present, the levels of target staff interactions with clients dropped from those seen when only one staff member was present, and the target staff member was more likely to be observed interacting with fellow staff. This provided quantitative support for the assumption that staff interact together under such conditions, although previous research has not always coded staff-staff interaction under such changing conditions. This finding also lends support to the suggestion that staff interaction with each other may be more reinforcing than interaction with clients. A limited investigation of the topics of staff interactions suggested that some two-thirds of interaction was related to their work, even outside formal meeting times.

Study 2 investigated the activity of both staff and clients under different staff-client configurations in the same setting. When more than one staff member was present, staff involvement in activity which was not leisure or eating was lower than of single staff. The likelihood of a client being observed in such activity was highest under a one:one staff-client ratio, which Study 1 also identified as the most beneficial configuration for staff-client interaction to occur. A further section of Study 2 examined the activity of the participants in interaction to investigate the context in which interaction occurred. Whereas the involvement in activity of both participants was an important context for staff-client interaction, this was not the case for staff-staff interaction. This suggested that emphasis on staff involving clients in activity may also be associated with increased interaction between staff and clients.

Study 3, carried out in two houses serving clients of different levels of ability, examined client presence and participation in activity at different times of the day. Domestic activity was highlighted, as this provides a source of varied and age-appropriate activity for adults (An Ordinary Life, King's Fund, 1980). Staff in both settings were most likely to be observed without clients in morning observation periods, when most domestic activity was done. The levels of client absence were similar across the two settings. When domestic activity in living areas was excluded, at which clients were likely to be present by default, again, there was no apparent bias towards staff in the house serving less able clients being more likely to be doing domestic work without clients present or involved, despite the different levels of client ability.

Study 4, carried out in the same two settings, investigated the activity of participants in staff-client interaction and whether activity formed a context for the interaction, in order to re-examine the finding of Study 2. For staff-client interactions in both houses, both participants were likely to be engaged in activity. Activity also provided themes for interaction, activity-related topics being more common than non-activity-related ones. Together with the results of Study 2, this suggests some robustness to the finding that staff and client activity rather than inactivity is a favourable context for staff-client interaction. As domestic tasks formed a large part of staff work in both houses, particularly in morning and afternoon observation periods, it might be plausible to argue that staff in such settings may be too busy to interact with clients. However, the finding of this study that staff interacted with clients predominantly when both were engaged suggests that such reasoning is too simple. Staff and client activity, whether domestic or other, could instead be seen as a context for interaction and a reason for staff to stay in proximity to clients, in turn possibly affecting the chances of interaction occurring.

Study 5, carried out in these settings, examined the activity conditions under which staff-staff interaction took place. This occurred mostly when staff were not involved in work activity, particularly in the house serving more able clients. An analysis of the topics of staff interactions when not related to ongoing activity showed that just over half of staff-staff interaction at informal times was related to client or household matters, a finding which was significant in the house serving less able clients. Although the function of this interaction was not investigated, this supports the contention argued in the literature review that staff are a potentially important source of work-related information for each other and that the significance of their interactions with each other cannot be dismissed.

The main empirical study, carried out after an informal investigation of staff and client reactivity to observation (Study 6), was designed to explore the possible value of staff-staff interaction as a reinforcer by means of a flexible and participative procedure which did not require the specific involvement of the House Leader. With the researcher present, staff were encouraged to discuss their work, particularly in relation to client involvement in domestic activities. Subsequent levels of client involvement were assessed in morning observation periods which had been identified in Study 3 as times when most domestic activity was done. A ratio of client involvement in domestic activity as a function of staff domestic activity allowed the participation of clients in ongoing work to be calculated and the effect of the intervention on the levels of participation to be assessed. Following a baseline period in which clients were involved in an average of 23.0% of observation intervals in which staff were doing domestic work, the intervention was associated with a modest increase in client involvement, levels of up to 35.8% being obtained in subsequent phases. Towards the end of the study, when staff turnover and several crises had occurred in the setting, a withdrawal phase following the lowest level of client involvement showed a return to baseline client activity levels. Reintroducing the intervention with additional feedback to staff, though not enabling the separate effects

of these factors to be formally assessed, showed a return to the higher levels of involvement seen in earlier intervention phases, despite considerable staffing changes which were occurring towards the latter stages of the intervention.

Post-hoc investigation showed that individual staff were associated with varying baseline levels of client domestic activity. However, the effect of the intervention was not merely an artefact of particular combinations of staff observed and was associated with varied levels of increase in client involvement for 10 of 12 staff. Other factors were also associated with differences in client involvement: days of the week when the most able clients were likely to be out, days when the House Leader was on duty and days when there was no YTS staff member present having more client involvement in domestic activity than days when these factors were not present. Examination of individual client data suggested that the least able clients were least involved, a finding which is consistent with earlier research.

On the basis of the quantitative results, the use of staff-staff interaction appeared to be a promising vehicle for future interventions in services for people with learning difficulties. However, the methods traditionally associated with behavioural research were not comprehensive enough to give a detailed picture of the service environment of the intervention, nor to evaluate the applicability of the intervention in the particular setting studied. Qualitative data gathered contemporaneously enabled the results to be interpreted in a wider ecological context.

Qualitative data allowed significant themes which were relevant to the intervention to be addressed. Staff job descriptions and subsequent expectations on them did not make client participation in the running of the house an explicit part of their role, and induction training was patchy due to trainer illness. Feedback for staff from their seniors appeared to relate to immediately tangible aspects such as cleanliness rather than client development, and the qualitative data suggested a service in which

domestic routine with limited client involvement in a generally restricted range of domestic tasks dominated morning observation periods. Staff view of community care appeared to be restricted to people more able than many of the clients at the house, and the mixture of clients was a concern for direct care staff, the House Leader and the Senior Nurse. Challenging behaviour, including aggression against staff was noted during the research, with two staff leaving the service following attacks from a client. Such incidents and their influences on the staff as a whole may override any contingencies that an intervention process tries to introduce.

The qualitative data also enabled an assessment to be made of how much staff were able to make suggestions to each other concerning their work, an area on which the intervention relied. Staff generally made suggestions to only two staff members: a Youth Training Scheme trainee and a new member of staff who was not felt to pull his weight. Several staff pointed out that it was not their place to brief new staff. This suggests that despite its modest effect, the intervention was not well chosen for the setting. Although directive and artificial new contingencies were not introduced (which, given the setting may have been rejected), in favour of a more subtle and ecologically sensitive intervention, the history of the setting and its difficulties at the time of the research suggest it did well to have any effect at all.

The use of the qualitative data provided key insights which enabled the results to be interpreted with a greater understanding of the ecological conditions in which the intervention was placed. Perhaps the most important issue that emerged was the social environment of the staff team. Direct care staff are an important part of the setting in which change agents work. The social networks between staff cannot be overlooked in the design of interventions. What may effect desirable change with a cohesive and stable staff team may serve to further fragment an unstable team. The use of qualitative data prior to and during interventions has an important part to play in the

identification of areas which need to be particularly attended to in order for interventions to be appropriately targeted and for their effects to be assessed.

3. Review of the ecobehavioural approach and theoretical implications of the research.

The ecobehavioural approach stresses the analysis of interrelationships amongst and between behaviours and the environment in which they occur. As a development of the behavioural approach, the stress on the observable and on the potentially manipulable is maintained, thus taking the proven application of the behavioural approach into a wider and more sophisticated framework. However, given the level of complexity of natural environments, the *experimental analysis* of interrelationships is an extensive and complex undertaking. The presentation of co-occurrences of multiple variables, rather than presenting isolated lists of variables themselves can be seen as a step in the direction of more sophisticated analysis. The parallel use of qualitative data alongside quantitative observational methods may assist in the selection of potentially important variables, not all of which have previously been addressed by behavioural research.

The future of ecobehavioural analysis can be discussed within the context of the future of behaviourism and applied behaviour analysis more generally. Baer, Wolf and Risley (1987) highlighted several directions for the development of applied behaviour analysis. One is the greater contact of behavioural approaches with areas such as education, sociobiology and developmental psychology, allowing for the analysis of their constructs from a behaviour analytic perspective. The area of social psychology was not specifically referred to by these authors. However, Blackman (1991:263) argued that as well as emphasizing the importance of experimental analysis of behaviour within a biological tradition, Skinner's work had also emphasized the social dimension: "...the fundamental importance of the social environment: interactions between people." Blackman (1991:264) went on to state that the "...goal of

identifying environmental determinants has not been sufficiently integrated with the intellectual goal familiar to social scientists of understanding actions and experience in terms of how they are constructed from social interactions".

The social environment in which interventions are applied is an essential one to understand. Indeed, Fisher (1983:249) pointed out, "*Behavior analysts are enormously dependent on others for the successful design and implementation of treatment programs...*" and several years earlier, Reppucci and Saunders (1974) discussed the 'social psychology of behaviour modification'. More recently, Landesman-Dwyer and Knowles (1987) stressed the importance of understanding the social environment of staff for an ecological analysis of staff training. US staff surveyed by Thousand, Burchard and Hasazi (1986) identified group and interpersonal skills as essential prerequisites for staff members in community based services, and in the UK, first line managers identified a need for training on 'staff management', which included staff supervision and counselling and the facilitation of communication between staff (Raynes and Sumpton, 1987). As well as listing various aspects of work with people with learning difficulties and with parents, the direct care staff surveyed by Raynes and Sumpton (1987) identified the need for training on teamwork. Despite the acknowledged importance of the social environment to both the running of services and the implementation of intervention procedures, Thousand, Burchard and Hasazi (1986) pointed out, that interpersonal skills are often assumed and rarely included in staff training packages. Given the importance of staff to the everyday success of interventions (although it would be foolish to deny the managerial, financial and political pressures which affect the implementation of interventions in the 'real world'), what may develop in the future is a synthesis of social psychological and behavioural approaches for studying the social environment onto which interventions are placed. This would enable such aspects as staff cohesion, problem solving skills, mutual support and feedback and the socialisation of new staff to be evaluated within, or alongside, a behavioural perspective.

Although Baer, Wolf and Risley (1987) suggested that constructs from other disciplines could be studied within the behavioural approach, they excluded sources of data common in other areas such as self-reports and participant-observer notes, pointing out that these cannot be *substituted* for the behavioural data of direct observation (my stress). However, this does not mean that alternative sources of data cannot be used *in parallel*, as is already being done, for example in social validation research. In their paper illustrating the integration of descriptive and experimental field studies at the level of both data and empirical concepts, Bijou, Peterson and Ault (1968) described the process of creating coding categories for observable behaviour from running accounts of the situation. The behavioural tradition owes much to this paper, yet there appears to be a reluctance to use qualitative accounts in much contemporary behavioural research.

The lack of contextual data which quantitative methods provide can be assessed against the emphasis on behavioural research being carried out in the naturalistic environment. Despite this, data are still sometimes presented in something of a naturalistic vacuum, where sensitivity to potentially important events in the setting is lost to the minutiae of observed behaviour categories. In a discussion of the future of applied behaviour analysis with people with severe disabilities, Horner (1991:608) acknowledged that although the breakdown of behaviour into analysable units has been valuable, behaviour analysts also need to "*...rebuild those units back into the complex stream of behavior that makes up daily living patterns*", suggesting that outcome measures be more broadly defined. This approach of going back to the whole of an environment, rather than resting at the examination of its parts is also evident in other areas, with Pitner (1982:11) commenting on observational studies of managerial behaviour: "*...while we know to the minutest detail the length of every phone call... we know very little about what impact these activities have*".

The use of qualitative data may help in the assessment of the impact and significance of behaviours to the people living and working in settings, not just to the change agents. In particular, it can clarify the social environment of staff, in whose hands work with clients and programme implementation ultimately rests (Mc Cord, 1982; Rice and Rosen, 1991). It is also likely to lead to several gains which can be seen as consistent with the directions Baer, Wolf and Risley (1987) offered for the development of applied behaviour analysis. Qualitative data help the context of interventions to be more clearly understood, adding to the interpretation of results and allowing *environment-intervention* relationships to be explored, as well as those between environment and behaviour. It may also lead to the formulation and investigation of ecological variables which may not have been part of the original research protocol, yet which emerge as the researcher familiarises her/himself with a setting, thus assisting in the identification of setting events for future research. Finally, even though not constituting empirical analysis, it may assist in the evaluation of the effects of the natural variations in some procedures and the investigation of the contexts in which strict adherence to procedures or flexibility is appropriate. This is an important area in which the tension between the integrity of independent variables stressed by some researchers (e.g. Peterson, Homer and Wonderlich, 1982) and the real, changing and sometimes unpredictable settings in which interventions are applied is highlighted, and acknowledges the difficulties of implementing and maintaining change in complex natural systems (e.g. Slama and Bannerman, 1983; Reppucci and Saunders, 1974).

4. Appraisal of the research.

The first five studies used behavioural research methods to investigate staff behaviour in community-based residential services for people with learning difficulties. The main results from these studies were that staff-client interaction occurred predominantly when both interactants were involved in an activity of some form and

that staff-staff interaction was not always unrelated to work and could be a powerful variable to exploit in interventions in service settings, as results relating to its occurrence suggested that it was more reinforcing than interaction with clients. The first of these findings adds to the literature on structure of situations being associated with different levels of staff-client interactions (c.f. Prior *et al.*, 1979) showing that structure can be conceptualised at an individual level and not merely in terms of overall situations such as may be more familiar in institutional settings. The second of the main findings, though based on limited data suggests that staff interaction is an important part of the work environment, whether it serves directly care-related or morale oriented functions.

The two main findings were taken together and the use of staff interaction was developed as an ecologically sensitive intervention, asking staff to discuss their work and examining the subsequent effect on client involvement in domestic activities. Although there was a modest positive effect, the qualitative data suggest that the intervention was not well chosen in the setting. However, this conclusion could only be effectively reached by using qualitative data in combination with quantitative data and following a long period of involvement in the setting. Fisher (1983) pointed out the responsibility of behaviour analysts to become knowledgeable in the strategies that avoid failure for the wrong reasons, listing the inability to compromise, the lack of patience, ignorance of managerial principles and indifference to the sensitivities of administrators. The researcher did as much as possible on the first two counts, and administrators did not need to be involved. However, the application of an intervention involving staff in the absence of clear understanding of the context of the service and the management issues it faced is an appropriate criticism of the intervention.

Despite the use of discussions with staff as the form of intervention, it became clear that staff were reluctant to make suggestions to each other concerning their work. In

the absence of regular feedback from more senior staff, this may have led to staff setting their own priorities according to the areas in which feedback *was* received: domestic cleanliness appeared high on the staff agenda. The use of this intervention, without requesting support from senior level staff may have allowed existing contingencies in the house to continue unchanged. Further, the lack of specific inclusion of the House Leader though advantageous in the short-term because staff relationships with him appeared strained, may have served to further fragment an already troubled staff team in a house which had a variety of difficulties with which to contend.

5. Implications of the research for service development.

The research has implications for a number of areas in services for people with learning difficulties. These may be divided into three broad themes: the continuing need for assessment and evaluation of community services, the organisation of staff work with clients and the relevance of staff interaction to the organisation of their work and to the cohesion of the staff team.

The data (both quantitative and qualitative) presented are consistent with the contention that the transfer of services from institutional settings to community based houses cannot be assumed to result in practices which are uniformly high. High quality services need detailed planning and monitoring to maintain high standards. The findings reported, particularly in the final study, of relatively low levels of client participation in domestic activity and the absence of occupation outside the residential setting for several clients were not unique to the settings. The problem of difficulties associated with a changing and fragmented staff team and limited staff attention to the issues of normalization may also be more widespread. It is important for service managers and administrators to know what is going on, rather than make assumptions that in the absence of crises service systems are running well. Comprehensive

proactive monitoring of standards (c.f. Porterfield, 1987) with the staff involved in a co-operative not threatening manner needs to become a more pivotal part of managerial work. This implies specific managerial training for staff at House Leader level and above, as managerial skill cannot be assumed to be associated with promotion, particularly given the suggestions discussed in Chapter 3 that it may be administrative and domestic work that is rewarded with promotion.

Study 1 identified staff-client and staff-staff interactions as occurring in a variety of staff-client configurations. As well as assigning individual staff to groups of clients as has been found to be beneficial, albeit in larger scale settings, (e.g. Harris, Veit, Allen and Chinsky, 1974), it is important to mix staff-client configurations for individual staff during the day. This ensures that contact with and reinforcement from peer staff is available, and staff are not merely separated from each other in the quest for more interactions with clients. Staff presence together may serve important morale and client care functions, and the opportunity for staff to meet may be particularly important in small services where single staff support clients.

The main implications for service development surround the importance of staff interaction to their work and to the cohesion of the staff team. Staff-staff interaction in planning meetings was included as part of the detailed specification of the work of staff in the Andover houses (Felce, 1989) as a way of assisting the maintenance of quality care. However, the informal use of staff interaction may also be important. Previous authors have identified the importance of the social environment of staff, yet in the detailed assessments and interventions that are described in the literature, the social environment is often ignored. This may be an area on which impact needs to be made to ensure the success of interventions. Thousand, Burchard and Hasazi (1986) pointed out that staff training does not generally encompass interpersonal skills, and the work carried out here suggests that a favourable and supportive environment whether for staff, clients or interventions cannot be assumed. This has been stressed

by Slama and Bannerman (1983), who drew attention to the importance of attending to both the *interpersonal environment* as well as management techniques to gain staff commitment to interventions.

In new services, where staff are being recruited and trained, it is suggested that interpersonal skills and teamwork skills should be an integral part of training, although, of course, not a substitute for training on working with clients. As much of the effectiveness of staff work with clients relies on consistency, co-operation and on the sharing of information, staff interpersonal skills should not be left to chance. Although there are existing packages relating to team building, it is essential that these are presented in a way which is accessible and meaningful to staff. There is room for collaboration with staff on the preparation and evaluation of such training material. It may be more difficult to affect interpersonal relationships, particularly in existing fragmented and changing staff teams. However, it is important to apply such methods in these services as well, so that staff cohesion is not manifested as unity in adversity and against managers and service aims.

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Appendices.

Appendix 1: Letter to staff.

The following letter, on University of Kent paper, was sent to staff participating in the pilot study. Letters for subsequent studies were modelled on it.

April 1989.

Dear Colleague,

I am a postgraduate student at the Centre for the Applied Psychology of Social Care at the University of Kent at Canterbury. My first degree is in Social Psychology and I am now working under the supervision of Peter McGill on a 3 year research project for my MPhil.

The research aims to describe the working life of direct care staff in community based residential services for people with a mental handicap. There has been a lot of research looking at staff in institutional settings. However, despite the interest in the model of community based care, there is little information about the working life of the direct care staff in such services.

The research will use observational techniques within the house; being with individual staff for a few periods of 15 minutes so that I can write down a brief account of what staff experience. Although the presence of an observer may be a little unusual, I will try to be as unobtrusive as possible, so will not be talking to people or taking part in activities. I hope that you can behave as you would normally. If my presence is felt to be inappropriate at given times, I will respect that decision.

The amount of time involved will be 2-3 hours a day for 2/3 days a week over a number of weeks, so that a range of times and work duties is sampled. As well as this, I will ask staff to complete a short questionnaire about the length of their experience of working with people with a mental handicap.

I would like to stress that the observations made will be part of my research degree and at no stage will individuals be identified.

I hope that you agree to take part in my research. If you have any queries, please contact me (0227-764000, ext 3959) - I will do my best to answer them.

Best wishes,

Danuta Orlowska.

Research Student.)

Appendix 2: Client information.

Client information was gathered by means of a questionnaire completed by the House Leader or Deputy. The first part of this consisted of general information, after which the Behavior Development Survey (1979) was presented. The Behavior Development Survey (BDS) is divided into two types of score: adaptive behaviour and maladaptive behaviour. The first contains three factors: personal self-sufficiency, community self-sufficiency and personal-social responsibility; and the second contains two factors: personal maladaptation and social maladaptation. In addition, 19 items not included in the factor scores are additional descriptive items and are coded under four main areas: cognition and communication skills, personal problems requiring special attention, social living and health and medical. Only the first two areas were coded during the course of this research.

The questionnaire is presented overleaf.

Please tick the appropriate statement for each of the items below, unless other instructions are given. Thankyou.

Part I.

1. Vision (with glasses, if used).
 4. No difficulty in seeing
 3. Some difficulty in seeing.
 2. Great difficulty in seeing.
 1. No vision at all.

2. Hearing (with hearing aid, if used).
 4. No difficulty in hearing.
 3. Some difficulty in hearing.
 2. Great difficulty in hearing.
 1. No hearing at all.

3. Ambulation.
 4. Walks with no difficulty.
 3. Limpes or walks unsteadily.
 2. Walks only with help.
 1. Unable to walk.

4. Walking and running (with cane, crutches, walker or brace if used).
Please tick ALL statements that apply.
 - a) Walks alone.
 - b) Walks up and down stairs alone.
 - c) Walks down stairs by alternating feet.
 - d) Runs without falling often
 - e) Hops, skips or jumps.
 - f) None of the above

5. Speech (not including signing).
 5. Speech easily understood.
 4. Speech somewhat difficult to understand.
 3. Speech very difficult to understand.
 2. Speech is not understandable, but makes no sounds.
 1. Makes no sounds.

6. Vocabulary (INCLUDING signing).
 5. Talks about action when describing pictures.
 4. Names people or objects when describing pictures.
 3. Uses names of familiar objects.
 2. Asks for at least 10 things by their appropriate names.
 1. Is nearly non-verbal.

7. Body balance.
 5. Stands on tiptoe for 10 seconds if asked.
 4. Stands on one foot for two seconds if asked.
 3. Stands without support.
 2. Sits without support.
 1. Can do none of the above.

8. Use of table utensils.
 7. Uses knife and fork correctly and neatly.
 6. Uses table knife for cutting or spreading.
 5. Feeds self with spoon and fork, neatly.
 4. Feeds self with spoon and fork, considerable spilling.
 3. Feeds self with spoon, neatly.
 2. Feeds self with spoon, considerable spilling.
 1. Feeds self with fingers or must be fed.

9. Eating in public.
4. Orders complete meals in restaurants.
 3. Orders simple meals like hamburgers or hotdogs.
 2. Orders drinks at pub.
 1. Does not order at public places.
10. Drinking.
4. Drinks without spilling, holding glass in one hand.
 3. Drinks from cup or glass unassisted, neatly.
 2. Drinks from cup or glass, considerable spilling.
 1. Does not drink from cup or glass.
11. Toilet training.
5. Never has toilet accidents.
 4. Never has toilet accidents during the day.
 3. Occasionally has toilet accidents during the day.
 2. Frequently has toilet accidents during the day.
 1. Is not toilet trained at all.
12. Self-care at toilet. Please tick ALL statements that apply.
- a) Lowers trousers/raises skirt without help.
 - b) Sits on toilet without help.
 - c) Uses toilet tissue appropriately.
 - d) Flushes toilet after use.
 - e) Puts on clothes without help.
 - f) Washes hands without help.
13. Washing hands and face. Please tick ALL statements that apply.
- a) Washes hands with soap.
 - b) Washes face with soap.
 - c) Washes hands and face with water.
 - d) Dries hands and face.
 - e) None of the above.
14. Bathing.
7. Prepares and completes bathing unaided.
 6. Washes and dries self completely without prompting or helping.
 5. Washes and dries self reasonably well with prompting.
 4. Washes and dries self with help.
 3. Attempts to wash and soap self.
 2. Cooperates when being washed and dried by others.
 1. Makes no attempt to wash or dry self.
15. Care of clothing. Please tick ALL statements that apply.
- a) Cleans shoes when needed.
 - b) Puts clothes in drawer, neatly.
 - c) Puts dirty clothes in proper place for laundry without reminder.
 - d) Hangs up clothes without being reminded.
 - e) None of the above.
16. Dressing.
6. Completely dresses self.
 5. Completely dresses self with verbal prompting only.
 4. Puts on clothes with verbal prompting; needs help with fastenings.
 3. Dresses self with help in putting on clothes and fastening them.
 2. Cooperates when being dressed by extending arms or legs.
 1. Must be dressed completely.

17. Shoes. Please tick ALL statements that apply.
- Puts on shoes correctly without assistance.
 - Ties shoe laces without assistance.
 - Unties shoe laces without assistance.
 - Removes shoes without assistance.
 - None of the above.
18. Sense of direction.
- Goes several blocks from home without getting lost.
 - Goes only a few blocks without getting lost.
 - Goes around house.
19. Money handling.
- Uses bank facilities independently.
 - Finds correct money but doesn't use banking facilities OR uses banking facilities but doesn't find correct money.
 - Adds coins of various values up to £1.00.
 - Uses money but does not find correct coins/notes.
 - Does not use money.
20. Purchasing.
- Chooses and buys all clothing without help.
 - Chooses and buys some of own clothing without help.
 - Makes minor purchases without help.
 - Does shopping with slight supervision.
 - Does shopping with close supervision.
 - Does no shopping.
21. Writing.
- Writes sensible and understandable letters.
 - Writes short notes or memos.
 - Writes or prints 40 words.
 - Writes or prints 10 words.
 - Writes or prints own name.
 - cannot write or print any words.
22. Pre-verbal expression. Please tick ALL statements that apply.
- Able to say/sign at least a few words.
 - Nods head or smiles to express happiness.
 - Indicates hunger.
 - Indicates wants by pointing or vocal noises.
 - Expresses pleasure or anger by vocal noises.
 - Chuckles or laughs when happy.
 - None of the above.
23. Sentences.
- Sometimes uses complex sentences containing 'because', 'but' etc.
 - Asks questions using such words as 'why', 'how', 'what', etc.
 - Speaks in simple sentences.
 - Is non-verbal or nearly non-verbal.
24. Reading.
- Reads books suitable for children 9 years and older.
 - Reads books suitable for children 7 years old.
 - Reads simple stories or comics.
 - Recognises 10 or more words by sight.
 - Recognises various signs eg 'no parking', 'women', 'men'.
 - Recognises no words or signs.

25. Complex instructions. Please tick ALL statements that apply.
- Understands instructions with prepositions eg 'on', 'behind'.
 - Understands instructions referring to the order in which things must be done eg 'first do, then do'.
 - Understands instructions requiring a decision eg 'if, do this, if not, do'.
 - None of the above.
26. Numbers.
- Does simple addition or subtraction.
 - Counts 10 or more objects.
 - Can recite the numbers 1 to 10.
 - Counts two objects by saying 'onetwo...'.
 - Discriminates between 'one' and 'many', or 'a lot'.
 - Has no understanding of numbers.
27. Time. Please tick ALL statements that apply.
- Tells time correctly by watch or clock.
 - Understands time intervals eg there is 1 hour between 3.30 and 4.30.
 - Understands time equivalents eg '9.15' = 'quarter past nine'.
 - Associates time on clock with various actions and events.
 - None of the above.
28. Room cleaning.
- Cleans room well, eg sweeping, dusting and tidying.
 - Cleans room, but not thoroughly.
 - Does not clean room at all.
29. Food preparation.
- Prepares an adequate complete meal (can use frozen/canned food).
 - Makes and cooks simple food, eg fries eggs.
 - Prepares simple food needing no mixing/cooking - cereal, sandwich.
 - Does not prepare food at all.
30. Table clearing.
- Clears table of breakable dishes and glassware.
 - Clears table of unbreakable dishes and cutlery.
 - Does not clear table at all.
31. Job complexity.
- Is in competitive employment or goes to workshop.
 - In pre-vocational training, in school or retired.
 - Performs no work.
32. Initiative.
- Initiates most of own activities eg tasks, games.
 - Asks if there's something to do or explores surroundings.
 - Will engage in activities only if assigned or directed.
 - Will not engage in assigned activities eg putting things away.
33. Attention.
- Will pay attention to purposeful activities for more than 15 minutes eg playing games, reading, clearing up.
 - Will pay attention to purposeful activities for at least 15 minutes.
 - Will pay attention to purposeful activities for at least 10 minutes.
 - Will pay attention to purposeful activities for at least 5 minutes.
 - Will not attend to purposeful activities for as long as 5 minutes.

34. Personal belongings.
4. Very dependable - always takes care of personal belongings.
 3. Usually dependable - usually takes care of personal belongings.
 2. Unreliable - seldom takes care of personal belongings.
 1. Not responsible at all - does not take care of personal things.
35. Awareness of others. Please tick ALL statements that apply.
- a) Recognises own family.
 - b) Recognises people other than family.
 - c) Has information about others eg job, address, relation to self.
 - d) Knows names of people close to self - eg neighbours, people at SEC.
 - e) Knows names of people not regularly encountered.
 - f) None of the above.
36. Interaction with others.
4. Interacts with others in group games.
 3. Interacts with others for at least a short period,
eg offering toys, clothing or objects.
 2. Interacts with others imitatively with little interaction.
 1. Does not respond to others in a socially acceptable manner.
37. Participation in group activities.
4. Initiates group activities at least some of the time.
 3. Participates in group activities spontaneously and eagerly.
 2. Participates in group activities if encouraged to do so.
 1. Does not participate in group activities.
-

Part II.

1. Threatens or does physical violence to others.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).
2. Damages own or others' property.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).
3. Disrupts others' activities.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).
4. Swears or uses hostile language.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).
5. Is rebellious eg ignores regulations, resists following instructions.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).

6. Runs away or attempts to run away.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).

7. Is untrustworthy eg takes others' property, lies or cheats.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).

8. Displays stereotyped behaviour eg rocks body, has hands in motion.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).

9. Removes or tears off own clothing inappropriately.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).

10. Injures self.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).

11. Is hyperactive eg will not sit still for any length of time.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).

12. Displays sexual behaviour (heterosexual or homosexual) that is socially unacceptable eg forcible advances, public masturbation, public exposure etc.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).

13. Requires restraint or time out.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).

14. Is withdrawn eg extreme inactivity, extreme shyness, extreme unresponsiveness.
 4. Never observed.
 3. Not observed in last four weeks.
 2. Occasionally (5 times or less per week) in last 4 weeks.
 1. Frequently (more than 5 times per week).

Factors of the Behavior Development Survey.

Factor 1: Personal Self-Sufficiency.

10 items concerning immediate personal needs with an emphasis on self-sufficiency from Part I.

(Question number given in brackets).

- | | | |
|----------------------------------|-----------------------------|----------------------|
| (4) Walking and running | (12) Self-care at toilet | (11) Toilet training |
| (7) Body balance | (13) Washing hands and face | (16) Dressing |
| (8) Use of table utensils | (14) Bathing | (10) Drinking |
| (17) Putting on/taking off shoes | | |

Factor 2: Community Self-Sufficiency.

15 items concerning skills and awareness for getting along in the social environment from Part I.

- | | | |
|---|----------------------------|-----------------------|
| (9) Eating in public | (18) Sense of direction | (19) Money handling |
| (26) Understanding numbers | (27) Understanding time | (20) Purchasing |
| (28) Room cleaning | (21) Writing | (29) Food preparation |
| (30) Table clearing | (22) Pre-verbal expression | (23) Use of sentences |
| (24) Reading | | (31) Job complexity |
| (25) Understanding complex instructions | | |

Factor 3: Personal-Social Responsibility.

7 items concerning self-direction, responsibility and socialization from Part I:

- | | |
|--|------------------------------|
| (15) Care of clothing | (36) Interaction with others |
| (33) Attention | (32) Initiative |
| (37) Participation in group activities | (35) Awareness of others |
| (34) Care of personal belongings | |

Factor 4: Social Adaptation (Interpersonal Adjustment).

7 items concerning anti-social, acting-out behaviour from Part II.

- | | |
|---|---------------------------------|
| (1) Threatens or does physical violence to others | (5) Is rebellious |
| (2) Damages own or others' property | (3) Disrupts others' activities |
| (6) Runs away or attempts to run away | (7) Is untrustworthy |
| (4) Uses profane or hostile language | |

Factor 5: Personal Adaptation (Intrapersonal Adjustment).

4 items concerning self-stimulative, autistic behaviour from Part II:

- (8) Displays stereotyped behaviour
- (9) Removes or tears off own clothing
- (10) Does physical violence to self
- (11) Is hyperactive

4. Descriptive items of the Behavior Development Survey.

Item 1. Cognitive and communicative skills (from Part I)

- (5) Speech
- (6) Vocabulary

Item 2. Personal problems requiring special attention.(from Part II).

- (12) Displays socially unacceptable sexual behaviour¹
- (13) Requires seclusion
- (13) Requires restraint

¹ Although the BDS covers this in three items (socially unacceptable heterosexual, homosexual other unacceptable behaviour), one general item was used here and scores adjusted accordingly.

Appendix 3: Pilot Study.

1. Introduction.

Although a variety of schedules have been developed for observing staff and clients, many are institutionally based. The work of staff in smaller and more dispersed services needs separate addressing, for as Mansell (1985) pointed out (for client centred studies) researchers should not just rely on 'schedules traditionally accepted in studies of group in institutions'. It is clear that for studies of staff behaviour, similar parallels can be drawn, particularly as the range of duties they may be expected to perform can vary and different research questions may arise. However, the use of a new coding scheme means that there is some difficulty in making comparison with existing work.

2. Developing the coding scheme.

The areas of interest for this research were staff work behaviours and staff interactions, both with clients and with other staff in community based services for people with learning difficulties. The aim is to provide an ecobehavioural description of the work of staff in these alternatives to institutional settings.

The method used to construct the coding scheme was based on that outlined by Bijou, Peterson and Ault (1968). Although this recommends presence in the actual settings to be studied, three services were studied at this preliminary level to get a range of information only one of which was later included in the research. The intention was to spread researcher presence over several houses at the preliminary stage, so as not to 'overload' any one service.

Of the three community based house, two were Adult Support Units run by Social Services. One had residential places for 9 clients from teenage to early 30s, with additional emergency care, respite care, day care and assessment functions. Clients attended the Social Education Centre and two had jobs in the community and there was an emphasis on training; the second was of a similar size and had the same range of functions, but with a younger client group, some of who attended school and the Social Education Centre from the service. The third house was run by the Health Authority for 9 clients who had lived in two local institutions and who were aged from 20s to 60s, providing 8 permanent places and one temporary place. Although clients were settled into a routine of domestic participation, there did not appear to be

much emphasis on training within the house. Thus although the three houses catered for a similar number of clients, they were different in function and orientation.

Personal visits allowed the researcher to explain to staff the interest in their work and to ask individual staff to agree to being observed in order to make notes on their activities. (The observer had spent several shifts with staff in each setting several months prior to the observation.) Staff were reassured that the observations would not appear in full anywhere and that no reports to their respective management would be made. They were further told that they could see the observation sheets if they wished: (of 16 staff observed, 3 asked to see some sheets, which were passed to a further 2 or 3 people), and that they could ask the observer not to code at times they considered inappropriate, which occurred with one setting at mealtimes and at a staff meeting. No member of staff who was asked to participate refused.

Individual staff members were observed in turn for periods of 20 minutes, each divided into 5 minute sections using prepared observation sheets. Each had space for information about the setting, date, number of staff on duty and the number of staff in the house, and each section had space for the initial of the staff member, the location, the time, the activity at the start of the five minutes and the number of staff and clients in the room. A running account, as detailed as possible, was made of actions and interactions in each 5 minute section, with the observer taking a detached role during observations.

A total of seven visits were made to the settings, over different times of the day, days of the week and staff on duty, over a total of 15-16 hours. The aim was to cover a range of different times. Attempts were made to move onto another staff after observing for 20 minutes. After the exclusion of several incomplete 5 minute sections, observational codes for activities and interactions were derived from 11.5 hours of running accounts, by the observer, grouping activities and interactions into common themes, using information from published research studies to guide this process.

Appendix 4: Observation Manual (1).

1. Aim.

To present a picture of the work of direct care staff working in community based residential facilities for people with learning difficulties. The data collected will involve both basic demographic information and detailed observational measures. In order to provide a comprehensive picture of staff experience, several dimensions will be coded at each observation point relating to the activity of the target individual, the activity of those around them and the interactions that the staff member is involved in.

2.The coding scheme.

This was constructed following Bijou, Peterson and Ault (1968) (see Appendix 3).

2.1 Activity codes.

The activity codes are used to describe the activity of the staff member (excluding interactions, which are coded separately) and the activity of those in the room at the same time in order to place the activity of the staff member in greater context. It is of particular importance to code the activity of any person with whom the target staff member is interacting; this has priority over coding activity of any other person, if there is difficulty for whatever reason. The categories of activity are mutually exclusive and definitions are provided below.

N: No activity

No leisure, house or client-related activity. This category includes smoking, unless this is accompanied by food or drink), nailbiting, humming, talking to oneself quietly when not involved in anything else.

DF: Domestic food-related.

Involvement in immediately food-related tasks, such as preparation of meals (including looking at cook book), serving food, clearing away, washing up, cleaning worktops - context of current meal preparation. Eating and drinking are not included.

ED: Eating/drinking.

Eating or drinking at the time of observation. Not just sitting at table with meal or cup in front. All other codes (except no activity) take priority over this code.

DNF: Domestic non-food-related.

Preparing for, involvement in or finishing general household maintenance tasks such as laundry, cleaning, garden work, calling out workers, using domestic fixtures such as light, windows and doors.

L: Leisure.

Involvement in traditional individual or group recreational activities within the house and garden alone or in groups, such as watching the television. Background listening to radio or music is not coded as it is difficult to ascertain this unless the individual has turned the equipment on. Other examples include reading (non-work material), playing games and pillow fights also coded.

CP: Client Personal.

Involvement in tasks relating to the physical well being of a client (where the client is almost always present). *Where a client is alone with a member of staff and can be expected to be dressing or undressing, observations will not be made.* Activities here include giving out medication, arranging medical appointments, helping with personal activities such as hairdrying.

CO: Client other.

Other client related activities (although the client does not necessarily have to be present), such as contacting families, seeing client off/welcoming them back from outside activity, dealing with client's finances.

A: Administration.

Involvement in various paperwork activities connected with the running of the house, such as meetings, dealing with mail and telephone calls, filling in reports and diaries, checking occupancy lists; with both people working in the house and others within and beyond the health service.

I: Inappropriate behaviour.

Involvement in behaviour of a nature which may preclude engagement in other activities. Examples include stereotypy, self-injurious behaviour, aggression and destruction of the environment.

O: Other.

Involvement in other activities not falling into any of the above categories (state which so as to enable future modification of the scheme).

2.2. Content of interaction.

The interaction content codes were devised from the preliminary observations and largely follow the activity categories in their general coverage. However, a few differences emerge. Definitions and examples of verbal interaction content (the content of non-verbal interaction would be gauged from the circumstances) are provided below. The first recognisable topic is coded and the codes apply both to interaction with staff and clients.

DF: Domestic food-related.

Preparation of meals, serving food and drink and clearing away afterwards. (Shopping if done by clients comes under COH).

Get me another three plates. You can wash up. Would you like to get some choc ices from the freezer. They've made a mistake at the farm shop. Do you want to mix while I pour.

Domestic non-food-related.

Household maintenance and household running tasks and various house-related items.
You're going to Hoover the whole house. Come and help me fold things up. It might spoil in the dryer - it's been hand knitted.

ED: Eating/drinking.

What people had for meals, food preferences, offering dishes.
Did you enjoy your dinner? Do you want a coffee?

CP: Client Personal.

About clients' health, medication, physical care and their behaviour.
They're (tablets) good for you. He talks too much, doesn't he? He's just looking for an excuse to go to bed, aren't you?

CO: Client other.

About other client matters such as family, friends, finances.
Your dad's got a dog; he likes dogs. You know you get some money each week, well you can pay a bit back each week.

L: Leisure inside house.

Any leisure activity inside the house/garden.
It's keep fit tonight. Would you like me to turn it up! Sort out the straight pieces (jigsaw puzzle).

COH: Client activities outside the house.

What clients have experienced/will experience outside the house.
Yes, you're going to a dance tomorrow. Rob said he'd go to town with me. Have you been swimming today?

AH: Administration inside the house.

Related to day to day running of the house.
Who's here (on duty) this evening? I have to make some phone calls. Do you want to sleep in twice. She does 20 hours a week - she won't be able to do that one. Who told you I was doing a different job?

AOH: Administration outside house.

Wider services for people with learning difficulties, both locally and on a national level, and contact with fellow professionals/other staff.
To me, they're (other staff) all supposed to work as a group. Tom is the keyworker, he's the one to approach. Team manager's training, that sounds interesting.

GS: General social.

Content does not fall into any of the other categories. Humour included.
See you sometime in the week. Hello, Sue, all right? You've got a wonderful smile. You shouldn't be so personal. Are you going to tell us what the time is?

O: Other.

Staff private conversation is placed into this category.
You were off yesterday, what were you up to. someone's shoved an old cooker and fridge outside our back gate.

These codes are similar to the activity codes but activities outside the house have been added to help ascertain how much clients' out-of-house activities are talked about; and

administration divided into that concerned with the immediate running of the house and that related to the wider service world to see how much this enters the work life of staff.

3. Data collection method.

1. Data will be collected using prepared observation sheets, on which the following are recorded:

- a) General information: date, house, initial of staff member.
- b) Time at which the observation occurred.
- c) Place within the houses of target staff member during observation.
- d) Activity of target staff member.
- e) Identity of others in room: staff/client or other.
- f) Activity of others in the same room as the target staff member.
- g) Arrow indicating source and target of verbal or non-verbal interaction.
- h) First topic of interaction.

2. The activities and interactions of the target member of staff are those bounded by the room that the target is in at the time. Although interactions can occur with people outside the room, these will not be studied in detail.

3. Observations will be targetted on individual members of staff for sessions of 15 minutes. Given staff movements into and out of the house and to do personal tasks with clients, no particular sequence of staff observations will be adhered to, although attempts will be made to obtain the same number of observations periods of 15 minutes for each staff member on duty. After each 15 minute session, the next few minutes will be used to fill in basic information on the next observation sheet and to locate the next staff member.

4. Each 15 minute session is divided into minutes, timing being achieved using a watch with a second hand. Within each minute, the first 20 seconds will be used to locate the target staff member (if they have moved since the last codes have been entered), to fill in the time and place on the observation sheet, and the section on the identity (staff/client/social worker/parent/friend) of the other people in the room (if any). Any remaining part of the 20 second interval is used to get an idea of what is going on in the room.

5. The following 10 seconds are used to observe any interactions that occur to or from the target staff member. Verbal or non-verbal interactions can be coded. The interaction is indicated using an arrow from the source of the first communication in the 10 seconds (even though it is part of a longer on-going exchange) to the recipient. The topic is also coded if audible/clear.

6. Interactions and any responses are coded as they occur in the 10 seconds, then the remaining seconds of the minute are used to enter the activity codes of the people in the room at the time of the interaction, to check the codes and to make any modifications such as crossing off people who left the room before the interaction (if any) took place. If no interaction occurs in the 10 seconds, dashes are entered in the interaction boxes and the activity of everyone in the room at the end of the 10 seconds is coded.

7. It is important to code what is happening at the time of the interaction, as integration of activity and interaction is aimed for. If it is impossible to hear the topic, question marks indicate missing data.

4. Other procedural information.

1. Each visit to the house will be arranged with staff in advance. The duration of these will also be discussed, so as not to interrupt too much of the staff working day. A series of approximately 2 hour long sessions is envisaged.
2. Staff present in the house will be observed two or three times per visit. It is felt that more than this will be too intrusive on the individual.
3. A range of times will be arranged so that the observation periods cover a variety of staff activities and responsibilities, going across shifts.
4. Staff will be able to ask the observer to leave the room, or not code when they feel that this is inappropriate.

Appendix 5: Observation Manual (2).

1. Introduction.

The observation system described here is designed to examine the work experience of direct care staff in group homes for people with a mental handicap. It focusses on the activities of the direct care staff themselves and of the people with whom they interact and in some detail on the interactions themselves. Only dyadic interactions are coded, including those parts of interactions involving several participants where one person is speaking to a clearly defined other.

Methodologically, a hybrid of interval sampling and time sampling is used. It has been used in a previous study by the author and found to be practical for use for the setting. Data about interactions are obtained using interval sampling, where the interactions are sampled in a 10 second portion of a minute interval. The activities of the target staff member and other interactant are recorded at the time of interaction. If no interaction occurs, the activity of the target staff member at the end of the designated 10 second period is recorded. Thus the data for activity are not recorded using a consistent method - however, in that they are recorded in the same 10 second period of each minute, some regularity (the effects of which have not been assessed) is introduced to the system.

2. Description of data collection method.

A range of information is collected.

Time and location.

Number and identity (staff/client/other) of people in the room¹.

Activity of target staff member.

Activity of person they are interacting with (and others in the room).

Initiator of dyadic interaction (if appropriate).

Relationship of topic to activity and actors (if appropriate).

An observation sheet appropriate to the information to be coded has been designed. Staff will be observed for periods of 15 minutes, with at least a 15 minute period between observations on the same staff member. Within each 15 minute observation period, data are recorded every minute. (Although a 30 second period is practicable when little is happening, the use of this in a brief pilot study suggested that a minute interval was easier to use when interaction was occurring and more than two people were in the room.)

¹ Lounge/diners made up of two rooms are counted as one room.

i. 1 - 20 seconds.

- a) The time, location, and identity (staff S, client C, House Leader H/L) of people in the room are coded.
- b) Any remaining time is used to get an idea of what is going on in the room.

ii. 21 - 30 seconds.

The first dyadic interaction (if any) in this period is coded. In cases of a group interaction, the first identifiable dyadic part of it is coded. If a comment to all people in the room is made, classification is more complex so the next identifiable dyadic interaction is coded. If this occurs within these 10 seconds, it is coded as normal. However, if no such interaction occurs, in order not to distort the incidence of 'no interaction' an indication is made of this at the end of the observation row, which will not have any further information about the interaction entered.

The initiator is the first person to vocalise and is indicated by a directional arrow from the speaker to the other participant.

The topic of the interaction is attended to and classified. As topics may change throughout an interaction, the first identifiable one will be coded, rather than allowing for multiple topics.

Staff-client interaction.

For staff-client interaction, the topic is coded according to whether it is related to an ongoing activity or one which is just about to begin or has just ended (Y).

If so, the individual to whose activity it is related: Target staff (TSt), Client (C), Other person (Oth) in the room, or a combination of these is classified.

If it is not related to an ongoing activity (N), or there is no activity (n/a), the interaction is not coded any further as this would include unnecessary coding complexity.

Staff-staff interaction.

For staff-staff interactions, a similar approach is used for assessing relationship to the activity of people present: Target staff (Tst), Other staff (St), other person (Oth) in the room or a combination of these.

If there is no relationship to an ongoing activity, it is classified according to client (C), other work (OW) or non-work (NW) topics.

iii. 31 - 50 seconds.

The activity of the participants and the others in the room at the time of interaction or (just before if they break off briefly from an activity) is coded. If there was no interaction, the activity of all those in the room at the 30 second mark is coded.

3. Points about the use of the observation system.

Before a 15 minute observation period is started, the target staff member is observed for a minute or so, so that the observer has some time to get used to what is happening around that person. This is unnecessary if the staff member is in the same room as the last member of staff to be observed.

If it is impossible to determine the topic of the interaction, through quiet conversation or household noise, question marks indicate missing data. Some data may be lost when people move between rooms; if this occurs at the 20-30 second point, data collection may be left until the next minute and another minute added to the observation period. If the observer is asked to leave the room, then this is to be respected; and no observations will be made where people are likely to be dressing or undressing. In these cases, observations is discontinued. Observation is similarly discontinued when the target staff member leaves the house.

4. Activity codes.

The activity codes are used for both the target staff member and the others in the room. The categories are mutually exclusive (although eating/drinking can be overridden by any other category except 'no activity') and definitions are provided below.

N: No activity

No leisure, house or client-related activity. This category includes smoking, unless this is accompanied by food or drink), nailbiting, humming, talking to oneself quietly when not involved in anything else. This code is also used when the natural break in an activity has continued longer than one observation period. Walking through a room and stopping to chat to someone is also coded as no activity (but the interaction is coded). Staff sitting together talking, unless in a changeover or other form of meeting) is also coded as no activity - again, any conversation is coded.

DF: Domestic food-related.

Involvement in immediately food-related tasks, such as preparation of meals (including looking at cook book), serving food, clearing away, washing up, cleaning worktops - context of current meal preparation. If giving kitchen cupboards a clean, code as domestic non-food-related. Planning shopping lists, checking levels of stores and settling money for shopping are coded under administration, as they are concerned with less immediately food related areas.

ED: Eating/drinking.

Eating a meal/snack, or having a tea break. Any other category of activity gets priority over eating/drinking. (This study will not be coding interactions during formal mealtimes, however, if staff are teaching a client to eat, this is coded as client personal, as it is a self-care activity.)

DNF: Domestic non-food-related.

Preparing for, involvement in or finishing general household maintenance tasks such as client personal laundry and more general household laundry, changing bedlinen, using the airing cupboard, cleaning of floors, cupboards, fridges when not cooking, dusting, hoovering, opening windows, garden work, calling out workers (if clear),

feeding pets and putting on collars and leads for taking them out, using domestic fixtures.

TV: Television.

Watching the television. This is separated from other activities due to its passive nature.

L: Leisure.

Involvement in traditional individual or group recreational activities within the house and garden (not watching the television). Switching equipment on or modifying volume are included here; non-work related reading, such as magazines, newspapers, playing games such as board games, jigsaws, pillow fights, patting pets, ball games, also preparing for a recreational activity such as getting out equipment and putting away items use afterwards. Client personal hobbies/interests such as sewing and knitting are coded under client other. Leisure with clients was distinguished from staff leisure alone by the use of a link on the coding sheet (~) between the staff and client so involved.

CP: Client Personal.

Involvement in tasks relating to the physical well being of a client (where the client is almost always present). *Where a client is alone with a member of staff and can be expected to be dressing or undressing, observations will not be made.* Activities here include giving out medication, marking medication charts, helping a client with personal activities such as hairdrying, hairbrushing, teethwashing, taking off a coat or jumper (main dressing will not be observed), any first aid activity, dealing with ill client. (The act of being ill is not coded as CP as it is likely to preclude involvement in activity.) Where the client is not participating, for example having their hair dried without helping in any way, they are coded as doing no activity.

CO: Client other.

Other client related activities (although the client does not necessarily have to be present), such as helping clients write letters, looking through their photo album, seeing client off/welcoming them back from outside activity, mending or choosing clients clothes (not in context of dressing), activities connected with a client's possessions. and those related to a client's interests (not traditional leisure activities) within the house such as knitting, sewing, tapestry. Dealing with personal money of the clients is coded here but where client finances involve some form of paperwork on the part of the staff, this is coded as administration. Clients can also be coded as engaged in this code when picking up objects out of interest.

A: Administration.

Involvement in various paperwork activities connected with the running of the house, such as working out staff rotas (code only if poring over forms - not if just being asked), financial aspects of staff work such as wages, obtaining money for food shopping and for personal purchases of the clients, dealing with mail, filling in reports and diaries, checking occupancy lists; with both people working in the hose and others within and beyond the health service. Also attending to what is going on in meetings even though not manipulating any official papers, (for example at changeover and talking in the office with an external visitor).

I: Inappropriate behaviour.

Involvement in behaviour of a nature which may preclude engagement in other activities. Examples include stereotypy, self-injurious behaviour, aggression and destruction of the environment. Verbal aggression by clients is not included².

Ph: Phone.

Any time spent on the telephone. Further coding is not made.

SP: Staff personal.

Non-work related activity - rummaging in handbag, selling raffle tickets, showing others personal purchases.

M: Miscellaneous.

Involvement in other activities not so far classified (mostly used for staff) - preparing to go off duty/out on work-related errand. Cuddling clients (client also coded as engaged), exercises with clients, touching games with clients.

5. Interaction.

Verbal interactions are coded. However, where gestures are used, these are coded as far as possible. The first interaction in the observation period is coded. The coding system looks in particular at staff-client interaction in the context of ongoing activities, and staff-staff interaction generally.

5.1 Staff-client interaction.

In terms of staff-client interaction, the issue is to what extent is interaction during activity related to the activity of one, other or both participants, and if it is, then whether it is supportive of the activity or more generally related to it. The following set of questions is addressed.

1. Is the interaction related to a purposeful activity?
2. If so, is it to the activity of staff, client, both or other?

a) The activities of the people in the room (particularly the participants in interaction) are used in order to assess whether the interaction is related to an ongoing purposeful activity or one which is just about to start. If so, the Y code is used. If the interaction is not related to such an activity, or there is no such activity going on, N is used. If an interaction is related to an activity that has *just* finished, then Y is also used. Any more distant activity is coded under N. Wandering around the room and inappropriate behaviour are not counted as activities here. Comments relating to the *state* of a client (being tired, upset, having a headache) are not related to an obvious behaviour and are coded as 'N'.

² In retrospect, this should have been included in this category.

b) The topic of the interaction is coded for relationship to the activity of the people in the room. This can be the activity of the target staff (St) and/or the client (Cl), or any other person (Oth) in the room. If a staff member is doing something and encouraging an unengaged client to participate, then this is coded as related to the activity of the staff member. If the staff member is unengaged and commenting about a client's activity, then this is related to the activity of the client. If *both* staff and client are unengaged, even if the client is being encouraged to do something, then not coded in relation to the activity. However, if a reference to another person's activity is being made in the encouragement, eg 'do it the way she is', then 'activity-related' and 'Oth' would be used to indicate this.

5.2 Staff-staff interaction.

By definition, with the concern with staff-client interaction, when there is no activity, all staff-client contact is counted as work-related. However, for staff-staff interactions, in order to be able to assess the issue of gossip, separate classifications need to be created.

Given staff-staff interactions, the following questions will be asked.

1. Is interaction related to an activity?
2. If so, is this the activity of one, other, or both participants?
3. If not, or there is no activity, is the interaction
 - a) Work-related (CLIENT)?
 - b) Work-related (OTHER)?
 - c) Not related to work at all?

The interest here is in whether the interactions are related to an activity that is going on or just about to start. Any comment based in what is happening, just happened or about to happen is thus coded as related to activity (eg telling another staff 'I wish I had hair like Angela's', when drying Angela's hair; 'I've just wiped the cooker').

Although a distinction needs to be made with work and non-work related activities, this will be done at the stage of computer coding rather than that of data collection. Staff personal codes and leisure without clients are counted as unrelated to work.

Topics for staff-staff interaction.

CLIENT

Topics here include client activity and experience inside and outside the house, longer term plans for clients, group activities, Individual Program Plans, medical condition, client contact with families.

Examples (taken from pilot study):

Did she do OK on Monday (at the dental hospital)?

It's time for his tablets.

My ideal for her is that she stays here for a year.

She flares up when she goes.

(Talking about the speech difficulty of a client.)

I don't think she's bad - we were led to believe she's bad.

It's time for keep fit in a minute, when people have had their tea.

OTHER WORK

Topics here include comments about household matters, rotas, administration, planning shopping lists, job descriptions, courses, qualifications, other services and planning in more general terms than speaking about individual clients from the house, care of pets.

Examples (taken from pilot study):

It's wrong the way they are backbiting over there (SEC).

You've done in-service training, haven't you.

Do you want to sleep-in twice - it works out quite good for you.

They've made a mistake at the farm shop.

The fish tank packed up last night.

NON-WORK

Topics which do not directly reflect the staff role, including comments about TV when not watching it, jokes, personal experiences of the staff, discussing the news, picking up topic of previous conversation with client amongst staff only when this unrelated to client or other work.

Examples (taken from pilot study):

I'll have a nervous breakdown tomorrow.

Is it time for me to go?

Where did you get your shirt from?

(Talking about the weather.)

Town was very busy this morning.

(Asking whether a staff member speaks German.)

6. Observation sessions.

Data collection sessions covering about 3 hours in the morning, afternoon and evening will be arranged in advance with staff. There will be up to 4 sessions per week; more than that may be too disruptive to the household. Sessions will omit mealtimes (meal ends when people leave the table and clearing up has begun), but include meal preparation. The aim is to cover a range of times rather than to ensure an equal distribution of observation on each staff member.

Staff will be observed for continuous periods of 15 minutes. These may be extended by a minute or two in order to make up data lost when staff move between rooms, when to follow may be disruptive. Observation is restricted to the house and garden. If staff members leave the house, any remaining staff are observed, but a 15 minute period is allowed between observations on the same staff member. It is aimed not to observe a single staff member for more than an hour in total on each day of data collection.

The observation should be as unobtrusive as possible given the confines of a small group home. On occasion this may mean not following a staff member immediately, so as not to be too distracting; and it means finding a place to observe from which as much as possible can be seen and heard, without being on top of people. Thus compromises may have to be made between data completeness and obtrusiveness at some points. The observer should not interact with the environment or with the people in the hours during the observation unless the well-being of someone is threatened, and perhaps remind staff on arrival that s/he will not be participating in anything until the observation is over.

Appendix 6: Staff information.

Staff information was gathered for Studies 1 to 5 using Part I of the following questionnaire. Reactivity information was gathered using Part II, overleaf.

Dear Staff Member,

Many thanks for all your help and patience so far. Before I finish this part of my work, I need to collect some information about the staff group (and also the clients). I would be very grateful if you could answer the questions below. No-one will be identified individually - the information will be used to get a general idea of the experience of staff, so that I will be able to compare it with that in other group homes. A post-paid envelope is provided for your reply.

1. How long have you worked with people with a mental handicap?
..... Years Months
- 2a. Have you ever worked directly with residents in a hospital setting?
(Include work in training houses in hospital grounds.)
Yes No
- 2b. If so, for how long?
..... Years Months
- 3a. Have you ever worked in a group home other than this?
Yes No
- 3b. If so, for how long?
..... Years Months
4. How long have you worked here?
.... Years Months
5. How many hours a week do you work?
- 6a. Do you have any nursing/care qualifications?
Yes No
- 6b. If yes, which?
7. Age 18-24 25-29 30-39 40-49 50-59 60+
8. Sex M F

Many thanks,

Danuta Orłowska.

I would also be very grateful if you could answer a few questions about any effects of the presence of the observer. *Please answer the following questions in as much detail as possible.* This would be very helpful for the present work and would also help me in future research. (If you need extra space, or have any other comments, please use the revers of this sheet.)

1. Did the presence of the observer change the behaviour of the residents?
Please tick one.

Yes No

If so, how?

2. Did the presence of the observer change your behaviour?

Yes No

a) If so, what did you do more of?

b) What did you do less of?

c) What parts of your behaviour stayed the same?

3. Could you make any suggestions that would help to minimise the effect of the presence of the observer on both staff and clients in future similar research?

Appendix 7: Behavior Development Survey Scores for Clients in Study 7.

The BDS scores for 8 of the 9 clients in the house in Study 7 are shown below. these were assessed some 9 months prior to the research, at the time of Studies 3,4 and 5. Data were not available for Person 9, who had moved to the house when one of the clients resident at the house during the earlier studies had moved out.

Factors	Poss range	Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8
Pers self-suff.	0-48	14	21	12	24	39	39	37	25
Com self-suff.	0-55	5	8	3	6	26	15	16	8
Pers-soc resp.	0-25	2	13	1	5	15	16	9	9
Soc adaptation	0-14	7	13	3	11	65	13	8	13
Pers adaptation	0-8	3	8	3	5	6	8	7	8
5 Factor total.	0-150	31	63	22	51	91	91	77	63
Pers problems	0-6	0	1	0	0	7	2	5	2
Cog & comm.	0-8	0	4	2	4	3	6	6	4

Table 1: Individual client scores on the Behavior Development Survey for clients living at the house in Study 7.

Appendix 8: Staff Job Description (Study 7).

This is the job description that applied to the post of unqualified direct-care staff at the time of research (1990). The basic pay scales in September 1990 for these staff were £5715 - £7196 for A grade staff, and £6939 - £7966 for B grade staff. The top of the scale was reached after 6 years.

..... Health Authority. Mental Handicap Area.
Job Description. Nursing Assistant/Care Assistant.

ROLE: The Nursing Assistant/Care Assistant is an important member of the Care Team with closest contact with the residents. He/she is, therefore, in a vital position to ensure the well being of those in our care and can contribute a good deal to the development of the resident's potential, both in self-help skills and behaviour.

1. Carry out procedures and duties as laid down by the Sister/Charge Nurse under the direction of the Staff Nurse or Enrolled Nurse or Senior Person on duty.
2. Attend to the residents' physical needs, eg dressing, feeding and toiletry (sic), bearing in mind the necessity to encourage him/her to attain as high a degree of self sufficiency as is possible.
3. Participate in multi-disciplinary and group discussions regarding the assessments of the residents and the formulation of individual training programmes.
4. Participate with and encourage the residents in a full social, recreational and training programme.
5. Bring to the attention of the Senior Person an malfunction of services or equipment.
6. Bring to the attention of the Senior Person any inadequacy which may be to the detriment of the residents' health or safety.
7. Observation of the residents during their various activities and at rest and reporting to the Senior person on duty any unusual or untoward behaviour or incidents.
8. Accompany residents on holidays, day trips and functions within and outside the care setting.
9. Assist and encourage relatives, friends, visitors and voluntary helpers.
10. Co-operate in ensuring that a good atmosphere is maintained with colleagues and other disciplines and neighbours in order to provide a stable environment for residents in your care.

The job description is not meant to be a complete list of duties but a guide to responsibilities.

It should not restrict or inhibit your role which may be changed to meet the needs of residents.