Appendices for Thesis

Exploring the relationships of people with an intellectual disability and their support staff: To what extent is *rapport* a useful and measurable concept?

PhD in Intellectual and Developmental Disabilities

Maria Hurman

Student number 07905702

University of Kent: School of Social Policy, Sociology and Social Research / Tizard Centre

Ethical approval for the Indicators of Rapport Measure

Appendix A.1.

NHS
National Research Ethics Service
South East Research Ethics Committee
South East Coast Strategic Health Authority
Preston Hall
Aylesford
Kent
ME20 7NJ

Telephone: 01622 713097
Facsimile: 01622 885966

17 April 2009

Ms Maria A Hurman
Specialist Support and Development Team
9 Oak Road
Reigate
Surrey RH2 0BP

Dear Ms Hurman

Full title of study: **Development of the Indicators of Rapport Measure Investigating the extent to which measurements of the behaviour of people with an intellectual disability can be used as a reliable predictor of ranked relationship quality (rapport) with carers.**

REC reference number: **09/H1102/33**

Thank you for your letter of 31 March 2009, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair's Panel.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Mental Capacity Act 2005

I confirm that the committee has approved this research project for the purposes of the Mental Capacity Act 2005. The committee is satisfied that the requirements of section 31 of the Act will be met in relation to research carried out as part of this project on, or in relation to, a person who lacks capacity to consent to taking part in the project.

Ethical review of research sites

The favourable opinion applies to the research sites listed on the attached form.

Confirmation of approval for other sites listed in the application will be issued as soon as local assessors have confirmed they have no objection.

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk. Where the only involvement of the NHS organisation is as a Participant Identification Centre, management permission for research is not required but the R&D office should be notified of the study. Guidance should be sought from the R&D office where necessary.

Sponsors are not required to notify the Committee of approvals from host organisations.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Student Project Registration Form		01 December 2008
Insurance Certificate		13 August 2008
Unfavourable Opinion Letter		19 January 2009
Response to Unfavourable Opinion letter		13 February 2009
Participant Consent Form: Consultees	2	09 February 2009
Participant Consent Form: Staff Participants	2	09 February 2009
Participant Information Sheet: Consultees	2	09 February 2009
GP/Consultant Information Sheets	2	09 February 2009
Protocol	2	09 February 2009
Investigator CV	Maria Hurman	13 February 2009
Application		13 February 2009
Peer Review		28 January 2009
Supervisor's signature page		16 February 2009
Sponsor's signature page		16 February 2009
Supervisor CV	Peter McGill	
Response to Request for Further Information		31 March 2009
Participant Information Sheet: Staff Participants	3	31 March 2009

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research Ethics Website > After Review

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

The attached document "After ethical review –guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nres.npsa.nhs.uk.

09/H1102/33	**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project

Yours sincerely

pp

Dr L. Alan Ruben
Chair

Email: nicki.watts@nhs.net

Enclosures: "After ethical review – guidance for researchers"

Copy to: *Ms Nicole Palmer*

Letter to GP

Appendix A.2.

Specialist Support and Development Team
9 Oak Road
Reigate
Surrey
RH2 0BP

Inc date

Dr (name)
GP surgery (address)

Dear Dr

I am writing to inform you that (persons name) who lives at (address of service) is involved in a research project which requires the person to be filmed for a number of half hour periods.

This research is part of a PhD project which I am completing under the University of Kent.

The aim of the study is to develop an observation tool that records behaviour presented by people with a learning disability. The focus of this study is those behaviours that demonstrate the person with a learning disability has a relationship that is high in rapport with staff.

I am aware that filming can be somewhat intrusive and would ask that if you have any concerns about (name) being involved in the project you contact me to discuss these.

As a qualified Learning Disability Nurse / Behaviour Specialist and a long standing member of NHS staff I have considerable experience of filming people with a learning disability.

This project has been approved by ……NHS Ethics Committee, reference number……..

Yours sincerely

Maria Hurman
Team leader /Honorary Lecturer Specialist Support and Development Team, SABP NHS Foundation Trust / Tizard Centre University of Kent

Indicators of Rapport Measure codes Appendix: A.3.

Rapport measurements are carried out by using a method of Partial Interval recording. Each interval lasts 15 seconds, of which the first 10 seconds are spent observing the individual with disabilities and the last 5 seconds recording what was observed. Observations are recorded using the following codes: Only the first behaviour seen in each category will be recorded.

Table A1.1

Indicators of Rapport measure codes topographically defined

Categories		Definition
Proximity	Approach stationary carer	Carer is stationary and the individual with disabilities moves to be within 1.5 meters or closer to the carer
	Close to stationary carer Maintain proximity	Individual with disabilities maintains a proximity of 1.5 meters for part or all of the observation interval.
	Follow moving carer	Individual with disabilities follows a carer from one place to another either within the house or outside, maintaining a distance of no more than approximately 1.5 meters
	None of the above	None of the above actions observed
Positive Facial expression	Smiling giggling or laughing	Individual with disabilities smiles giggles or laughs whilst looking directly at a carer either spontaneously or in response to the carer approach or interactions.

	None of the above	No positive facial expressions observed
Vocal sounds speech	Word approximations	Individual with disabilities directs vocal noises or speech towards a carer, either spontaneously or in response to the carer approach or interactions.
	Vocalisations while smiling	Vocal sound, directed at a carer, which are preceded by interspersed with or followed by smiling laughing or giggling, (happy sounds)
	Singing joking	Individual with disabilities singing or humming tunes, or joking and kidding around which is directed at a carer.
	Asking for an absent carer or calling a carer by name	Individual with disabilities asking for a carer by name (regardless of whether they are present or not) / using a carers name when talking to them. (Record carers name).
	None of the above	No positive vocalisation observed
Physical contact	Cuddle/hug	Person with disabilities places their arm or arms around a carer.
	Kissing	Person with disabilities kissing a carer
	Touching	Individual with disabilities bringing their hand into non forceful contact with any part of a carers body
	Lightly tapping	Person with disabilities bringing their hand into light repeated contact with any part of the carers body, (as if to gain attention)
	stroking	Individual with disabilities gently rubbing the flat of their hand against a carers body (typically arm or hand)
	Hand holding	Holding the hand of a carer which is initiated by the person with disabilities. (do not code if carers have held the individuals hand to ensure safety crossing roads etc)
	High five	Individual with disabilities holding up their hand in order to initiate high

		five with carers
	Leading carer	Person with disabilities taking a carer by the hand or arm in order to lead them to somewhere or to some thing
	None of the above	No positive physical contact observed
Gestures	Beckon	Person with disabilities waving their own hand towards themselves whilst looking at carers (in an attempt to bring a carer closer to themselves)
	Pointing	Person with disabilities pointing /using a hand gesture to direct a carers gaze something or someone.
	Mimicking	Individual with disabilities imitating the actions of carers, in a light-hearted or fun interaction.
	Sign language or attempts	Individual with disabilities using some form of sign language whether formal or informal. Include thumbs up ok sign etc
	Nodding head	Person with disabilities nods their head whilst interacting with a carer who is either engaged in conversation with the individual or positioned directly beside them.
	None of the above	No positive gestures observed
Eye gaze	Tracking a moving carer	Individual with disabilities moving their eyes or head in order to follow the movement of a carer who is moving from one part of the room/area to another.
	Looking at a stationary carer	Individual with a disability clearly pauses their eye gaze / head towards a stationary carer within the observation interval.
	None of the above	No eye gaze movements observed.

Information about the research for consultees of potential participants Appendix A.4.

Indicators of Rapport Measure

This is an invitation to act as consultee for (name of potential learning disabled person) to take part in a research study.

It is intended that there will be three people with a learning disability from this service included in the study.

It is doubtful whether the three participants with a learning disability will be able to consent for themselves. In line with the Mental Capacity Act a "consultee" is being sought for each person identified as suitable for inclusion. If you wish to act as consultee the role will be to consider what you believe to be the wishes and feelings of (name of potential participants with a learning disability) and whether or not they would like to take part in the study.

Before you decide you need to understand why the research is being done and what it would involve for (name). Please take time to read the following information carefully. Talk to others about the study if you wish.

Part one tells you about the purpose of the study and what will happen to (name) if they take part. Part two gives you more detailed information about the role of a consultee and the conduct of the study.

Please contact me if there is anything that is not clear or you would like more information. Take time to decide whether or not (name) would wish to take part.

Part one

What is the purpose of the study?
This study has been set up to measure the non verbal behaviour presented by people with learning disabilities, to see if people alter their non verbal behaviour with different carers.

Information will be collected by filming people with a learning disability and analysing the film. The film will be analysed by observers using an observation tool that has been designed for the study. This has been called the Indicators of Rapport Measure (IRM). Rapport with carers is the focus of this study because other published research is beginning to show that good rapport with carers leads to reductions in challenging behaviour.

The non verbal behaviours that are the focus of this study are those which indicate that there is a good rapport with particular staff. The IRM has been designed to collect information about learning disabled participants, smiling, making eye contact, talking to, moving or gesturing towards particular staff.

Why has (name) been invited?
(name) has been invited along with two other people who live in the service as they met the inclusion criteria for the study. The inclusion criteria are as follows;

- A diagnosis of intellectual/learning disability
- Limited verbal communication i.e. people who have no verbal communication or communicate using brief word combinations or signs /augmentative communication.
- Individuals whose behaviour presents a challenge to services.
- Participants will live within the same service
- Suitable geographical location to allow for ease of data collection
- First line manager to have strong leadership skills in relation to the staff team, be liable to support the research, and work collaboratively with the researcher.
- There must be minimal staff vacancies within the service, as a high use of non permanent or agency staff will affect the data collected on all measures.

Staff who generally work during day time hours are also being invited to act as research participants.

Does (name) have to take part?
It is up to you to decide. This information sheet is for you to keep. I will also arrange to meet with you so that I can explain the study to you, and give you the opportunity to ask questions. You will then be asked to sign a consent form to show you have agreed to act as consultee and that (name) would wish to take part in the study. The manager of the service and I will not put you under any pressure for (name) to be involved in the study, but would hope we can reassure you sufficiently for you to feel (name) would be happy to be involved.

Choosing not to be involved in the study will not result in (name) having any fewer opportunities. You are free to withdraw (name) at any time without giving a reason.

What will happen to (name) if they take part?
As a researcher I will ask the manager of the service for information about (name's) skills and behaviours causing concern.

To compare information collected on the IRM, it will be important, to know something about the three learning disabled participants' relationships with staff. Staff will be asked to complete two very short questionnaires. The first questionnaire is literally one question, about each person with a learning disability included in the study. This single question asks staff to rate on a scale how they view their relationship with each of the three people with a learning disability included in the study. This will take no more than 5 minutes to complete.

The second questionnaire will asks staff to rate the rapport between each learning disabled individual and each member of the staff team including themselves. I would estimate it will take about 20 minutes to complete.

(name) will be asked to take part in some preference testing sessions. This will mean that (name) is given opportunities to choose which member of staff supports them. At the beginning of the shift he/she will be presented with two members of staff who have agreed to be included in the study. The manager, plus possibly one other nominated member of staff,

will ask (name)'who would you like to work with you today?' In all cases the choice made by (name) will be honored. The results of these preference testing sessions will be recorded.

(name) and the two other participants with a learning disability will need to be in the environment for around twelve separate ½ hour periods in order to be filmed. The twelve separate occasions are needed in order to capture all combinations of learning disabled /staff participants. It is most likely that each episode of filming will last 1 ½ hours in order to film the three learning disabled participants for a ½ hour each. Filming will be targeted for times when most staff and learning disabled participants are in the building.

No filming will be carried out in private places and will be carried out as discreetly as possible. Filming will not interfere with the day to day activity of people living in the service and they will receive their usual support from staff during filming.

What happens when the research stops?
When the research stops general feedback will be given to the staff team and to consultees. As much information as possible, will be provided in a format for (name) to understand. All information will be anonymous.

What if there is a problem?

I have asked the manager of the service to put updates about this research as an ongoing agenda item for staff team meetings. This means it will be discussed at regular intervals to make sure there is ongoing consultation with staff who support (name). It is intended that the discussions at team meetings will prompt staff as a group to raise any concerns. If you have any concerns you can contact me directly on 01737 275978 or bring these to the attention of the manager of the service.

I have encouraged the staff team to intervene, during filming, and let me know if they feel, at any point, that the filming is disruptive to individuals living in the service. If this is raised as a concern, by staff they have the authority to stipulate that the filming session needs to be postponed and be rescheduled.

Will (name) taking part in the study be kept confidential?
All information collected on film, or questionnaires will be treated confidentially. Any information will be fully anonymous before being used in the study.

All data will have participant numbers rather than names, which appear on documentation and electronic files to ensure confidentiality.

Completed questionnaires will be sent directly to a named person at the University without being seen by myself or other staff.

Films taken will be burnt onto a DVD and stored in a locked cabinet. Data will be confidentially stored by the researcher until publication of the results.

If information in Part One has interested you, and you are considering (name) participating in the study, please read the additional information in Part Two.

Part 2

The role of a consultee

For each of the three participants with an intellectual disability, a 'Consultee' will be identified in line with the Mental Capacity act Code of Practice (2005), and the Department of Health Guidance on Nominating a Consultee for Research Involving Adults Who Lack Capacity to Consent(2008). In the first instance a 'Personal Consultee' will be sought: "Someone who knows the person who lacks capacity in a personal capacity who is able to advise the Chief Investigator about the wishes and feelings of the person who lacks capacity in relation to the project and whether they should join the research". A 'Personal Consultee' is typically a family member or friend.

The Mental Capacity Act 2005 defines two types of consultees

A Personal consultee: is someone who knows the person who lacks capacity in a personal capacity who is able to advise the researcher about the person who lacks capacity's wishes and feelings in relation to the project and whether they should join the research. **(Section 32.(2) of the Mental Capacity Act)**

A nominated consultee: is someone who is appointed by the researcher to advise the researcher about the person who lacks capacity's wishes and feelings in relation to the project and whether they should join the research**. (Section 32.(3) of the Mental Capacity Act)**

If you do not feel able to take on the role of consultee it may be that you can suggest someone else to do this or that a nominated consultee can be appointed.

What will happen if (name) does not want to carry on with the study?

If (name) wishes to withdraw from the study, they are free to do so at any point.

Complaints
As a researcher and employee of Surrey and Borders Partnership I am bound by exactly the same policies and procedures as the staff and manager of the service. This means that I am required to follow Surrey and Borders Partnerships policy and act on issues such as, Complaints, Safeguarding Adults, and Information Governance.

If you have any concerns about the study at any point, you can speak directly to me as the researcher on 01737 275986, or the manager of this service. If you still feel unhappy about the study in any way or do not feel able to talk to the people listed above you can contact Dorrie Mystis Research and Development Facilitator for the Trust on 01276 605597.

Harm
In the event that something did go wrong, and someone is harmed, the management, design, and conduct of this research study is covered by insurance and /indemnity arrangements. Insurance is through policies with Surrey and Borders Partnership NHS Trust and the University of Kent.

What will happen to the results of the research study?
The results of the study will be shared with other people both within and external to Surrey and Borders Partnership NHS Trust. It is aimed that this will be through presentations and publication in a journal specialising in learning disability.

Who is organising and funding the research?
This research is part of a PhD programme, supported by The Tizard Centre University of Kent.

Who has reviewed the study?
Before starting this study it has been agreed by The Manager of the service, The research and Development Department at Surrey and Borders Partnership NHS Trust and the National Research Ethics Committee.

Further information and contact details
If you feel that you require any further information about this study please feel free to contact me, Maria Hurman on 01737 275978.

Consent form for Consultees Appendix A.5.

Title of project
Indicators of Rapport Measure Study

Study Number……..

Participant Identification Number…….

Name of Researcher Maria Hurman

	Please initial box
I confirm that I have read and understand the information sheet dated …… (version……..) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	☐
I have been given a copy of the information sheet for consultees.	☐
I am aware that I have a choice about whether or not I wish to act as consultee.	☐
I am willing to act as a consultee for ……as he / she would trust me with important decisions about his/her welfare	☐
I understand that (name's) participation is voluntary and that I can ask for him/her to be withdrawn at any time, without giving reason. If (name) is withdrawn his/her level of service will not be affected.	☐
I agree to (name's) GP being informed of his/her participation in the study.	☐
As consultee I agree to (name) being a participant in the Indicators of Rapport Measure Study	☐

Name of participant……..…

Name of Consultee……..……..…Date ……..Signature……..

Name of person taking consent…….Date…….Signature……..…….

Information about the research for potential staff participants Appendix A.6.

Indicators of Rapport Measure

This is an invitation to take part in a research study. Before you decide you need to understand why the research is being done, and what it would involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish.

Part one tells you about the purpose of the study and what will happen if you take part. Part two gives you more detailed information about the conduct of the study.

Please contact me if there is anything that is not clear or you would like more information. Take time to decide whether or not you wish to take part.

Part one

What is the purpose of the study?
This study has been set up to measure the non verbal behaviour presented by people with learning disabilities, to see if people alter their non verbal behaviour with different carers.

Information will be collected by filming people with a learning disability and analysing the film. The film will be analysed by observers using an observation tool that has been designed for the study. This has been called the Indicators of Rapport Measure (IRM). Rapport with carers is the focus of this study, as other published research is beginning to show that good rapport with carers leads to reductions in challenging behaviour.

The non verbal behaviours that are the focus of this study are those which indicate that there is a good rapport with particular staff. The IRM has been designed to collect information about learning disabled participants, smiling, making eye contact, talking too, moving or gesturing towards particular staff.

It is intended that there will be three people with a learning disability from this service included in the study.

As it is doubtful whether participants with a learning disability will be able to consent for themselves, in line with the Mental Capacity Act a "consultee" will be sought for each person identified as suitable for inclusion. The consultee will consider what they believe to be the wishes and feelings of potential participants with a learning disability and whether or not they would like to take part in the study.

Why have I been invited?
You have been invited as you are a member of the staff team working with the three learning disabled participants. All staff in the service who generally work during the day have been invited to take part.

Do I have to take part?

It is up to you to decide. This information sheet is for you to keep. I will also come to a team meeting so that I can explain the study to you, and give you the opportunity to ask questions. You will then be asked to sign a consent form to show you have agreed to take part. A copy of the signed consent form will be given to you. Neither your manager nor I will put you under any pressure to be involved in the study, but would hope we can reassure you sufficiently for you to be happy to volunteer.

Choosing not to be involved in the study will not result in you having any fewer opportunities to training, promotion etc than your colleagues who do choose to participate. You are free to withdraw at any time without giving a reason. If staff members have declined to be involved filming will not take place when they are on duty.

What will happen to me if I take part?

In order to compare information collected on the IRM, it will be important, to know something about the three learning disabled participants and their relationships with staff. I will ask you to complete two very short questionnaires, which you would do in work time. It will take about 25 minutes for you to complete these two questionnaires. You will be asked to take part in some preference testing sessions and to agree to appear in filmed data collected in relation to the learning disabled participant's behaviour. I have described each of these stages in greater detail below.

The first questionnaire is literally one question, about each person with a learning disability included in the study. This asks you to rate on a scale how you view your relationship the people with a learning disability included in the study. This will take no more than 5 minutes to complete.

The second questionnaire will ask you to rate your rapport with each learning disabled individual for yourself and colleagues. I would estimate it will take about 20 minutes to complete.

I realise that you might feel a little uneasy, rating how good your colleagues rapport is with an individual you support. As this is an important part of the study I want to reassure you that this information will be treated confidentially. Any information will be fully anonymous before being used in the study.

You will be asked to get involved in some preference testing sessions, so that each of the people with a learning disability, included in the study, is given opportunities to choose which member of staff supports them. At the beginning of the shift the person with a learning disability will be presented with two members of staff who have agreed to be included in the study. Your manager plus possibly one other nominated member of staff will ask the person 'who would you like to work with you today?' The results of these preference testing sessions will be recorded.

Each staff participant will need to be in the environment for 2 ½ hours when each of the participants with a learning disability is filmed. Roughly speaking you will need to be in the environment when filming is carried out on five occasions. Each episode of filming will last 1 ½ hours in order to film the three learning disabled participants for a ½ hour each. Filming will be targeted for times when most staff and learning disabled participants are in the building. It is likely that filming will take place on about 12 separate occasions to capture all combinations of learning disabled /staff participants.

No filming will be carried out in private places, and will be carried out as discreetly as possible. Filming will not interfere with the day to day activity of people living in the service, and they will receive their usual support from staff during filming.

What happens when the research stops?
When the research stops general feedback will be given to you as a staff team. All information will be made anonymous.

What if there is a problem?

I have asked your manager to include updates about this research as an ongoing agenda item for your team meetings. This means it will be discussed at regular intervals, to make sure there is ongoing consultation with you as a staff team. It is intended that the discussions at team meetings will prompt staff as a group to raise any concerns.

It would also be helpful if as a staff group you would intervene, during filming, and let me know if you feel the filming is disruptive to the individual at any point. If you raise this as a concern, any member of staff in the team has the authority to stipulate that the filming session needs to be postponed and be rescheduled.

Will my taking part in the study be kept confidential?
All data will have participant numbers rather than names which appear on documentation and electronic files to ensure confidentiality.

Questionnaires completed will be sent directly to a named person at the University without being seen by myself or other staff.

Films taken will be burnt onto a DVD and then stored in a locked cabinet. Data will be confidentially stored by the researcher until publication of the results.

If information in Part One has interested you and you are considering participation please read the additional information in Part Two.

Part 2

What will happen if I don't want to carry on with the study?

If you wish to withdraw from the study, you are free to do so at any point. Data collected on film may still need to be retained to analyse data about non verbal behaviours directed towards colleagues who were on duty at the same time.

Safeguarding Adults

As a researcher and employee I am bound by exactly the same policies and procedures as you your manager and other colleagues. This means that I am required to follow Surrey and Borders Partnerships policy and act on issues such as, Complaints, Safeguarding Adults, and Information Governance. In effect this means that should I observe or gather information

that suggests that a vulnerable adult is at risk that I am required to report it in line with the safeguarding procedures.

Complaints

If you have any concerns about the study at any point, you can speak directly to me as the researcher on 01737 275986, or the manager of this service. If you still feel unhappy about the study in any way or do not feel able to talk to the people listed above you can contact Dorrie Mystis Research and Development Facilitator for the Trust on 01276 605597.

Harm

In the event that something did go wrong and someone was harmed, the management, design, and conduct of this research study is covered by insurance and /indemnity arrangements. Insurance is through policies with Surrey and Borders Partnership NHS Trust and the University of Kent.

What will happen to the results of the research study?

The results of the study will be shared with other people both within and external to Surrey and Borders Partnership NHS Trust. It is aimed that this will be through presentations and publication in a journal specialising in learning disability.

Who is organising and funding the research?

This research is part of a PhD programme, supported by The Tizard Centre University of Kent.

Who has reviewed the study?

Before starting this study it has been agreed by your Manager, The research and Development Department at Surrey and Borders Partnership NHS Trust and the National Research Ethics Committee.

Further information and contact details

If you feel that you require any further information about this study please feel free to contact me, Maria Hurman on 01737 275978.

Consent form for Staff Participants Appendix A.7.

Title of project
Indicators of Rapport Measure Study

Study Number……09/H1102/33……..

Participant Identification Number…….

Name of Researcher Maria Hurman

	Please initial box
I confirm that I have read and understand the information sheet dated 31st March 09… (Version 3) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	☐
I have been given a copy of the information sheet for staff participants.	☐
I am aware that my participation is voluntary and that I am free to withdraw at any time without giving any reason. Withdrawing from the study will not affect my rights to training, promotion or other opportunities within the service.	☐
I agree to take part in the above study	☐

Name of participant……...Date ……..Signature……

Name of person taking consent…….Date…..…Signature……

Bernie Graphs Appendix: A.8.

By category Code on the IRM, Staff Member and Standardised Observation Number

Action

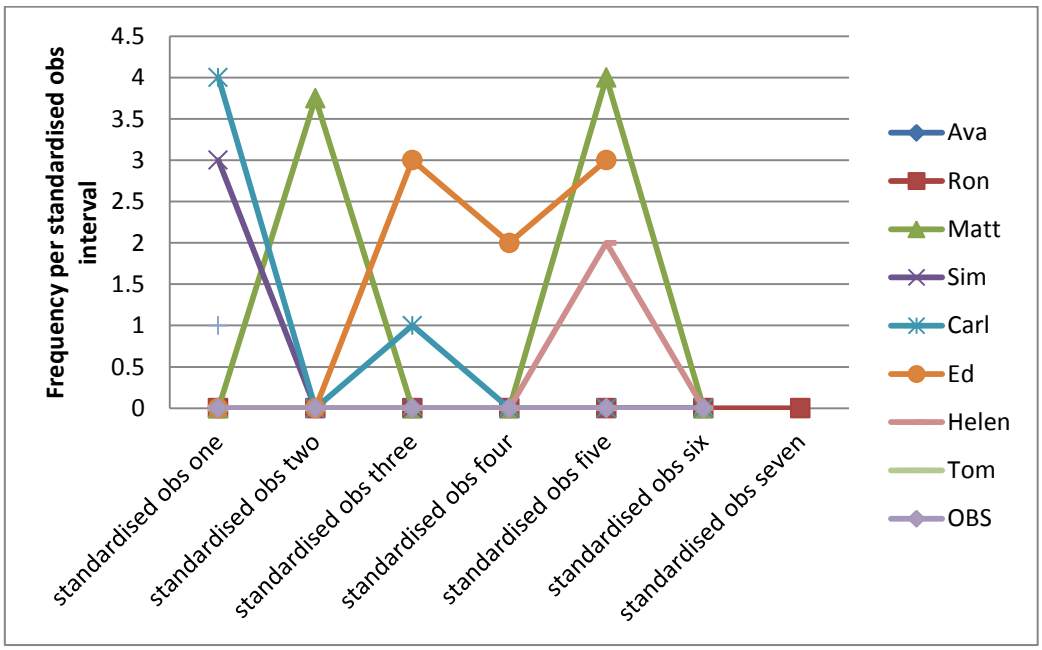

Figure A.8.1

Bernie Approaches to Stationary Carers in each Staff Participant Observation Interval

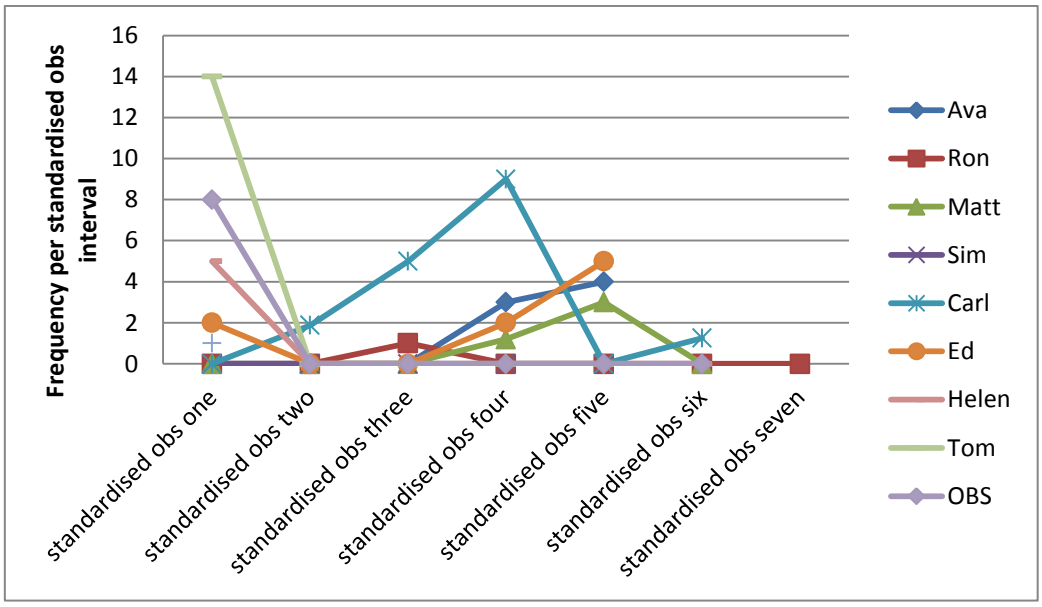

Figure A.8.2

Bernie Close to Statonary Carers in each Staff Participant Observation Interval

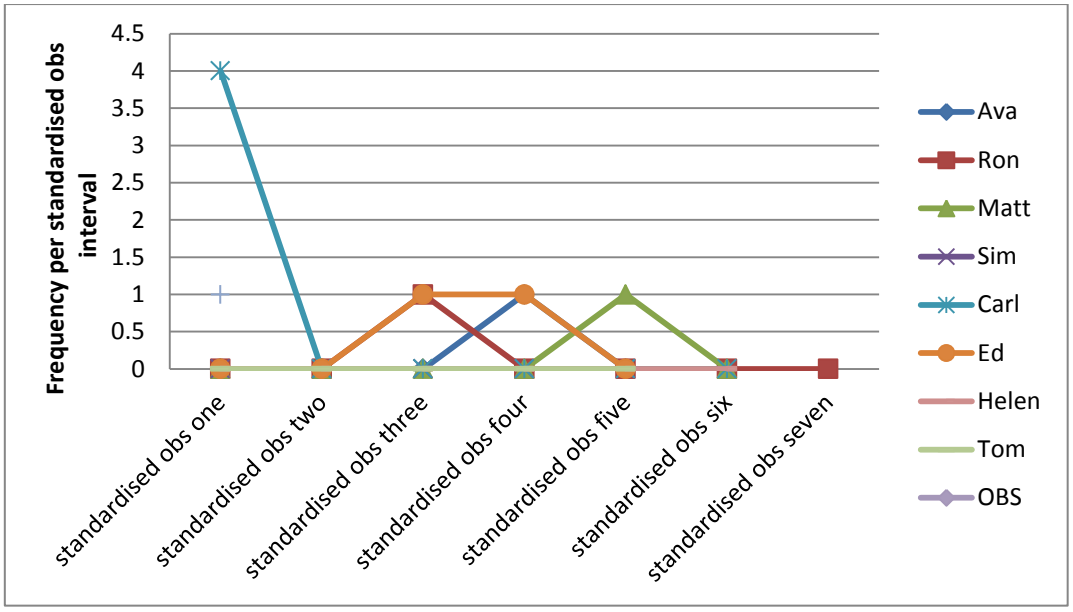

Figure A.8.3

Bernie Following Moving Carers in each Standardised Staff Participant Observation Interval

Positive Facial expression

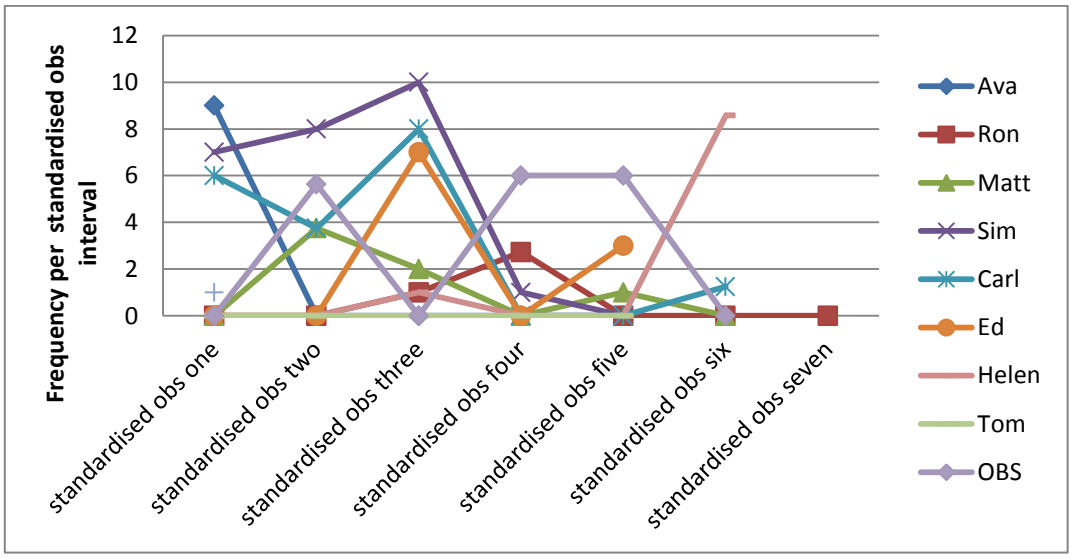

Figure A.8.4

Bernie Smiling Giggling or Laughing Directed Towards Staff Participants in each Standardised Staff Participant Observation Interval

Vocal sounds speech

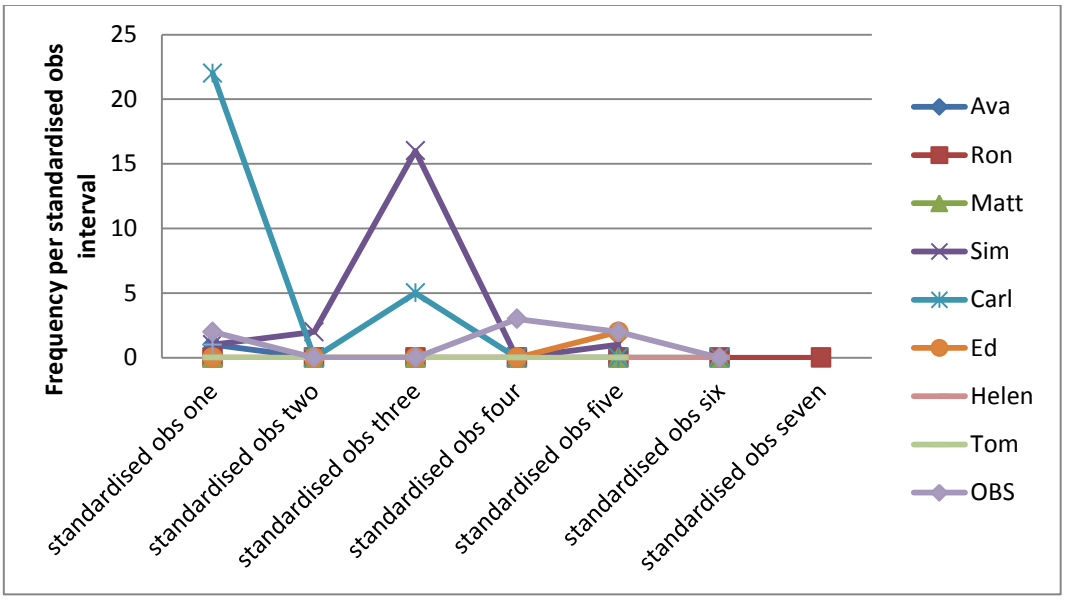

Figure A.8.5

Bernie Word Approximations Directed Towards Staff Participant in each Standardised Staff Participan Observation Interval

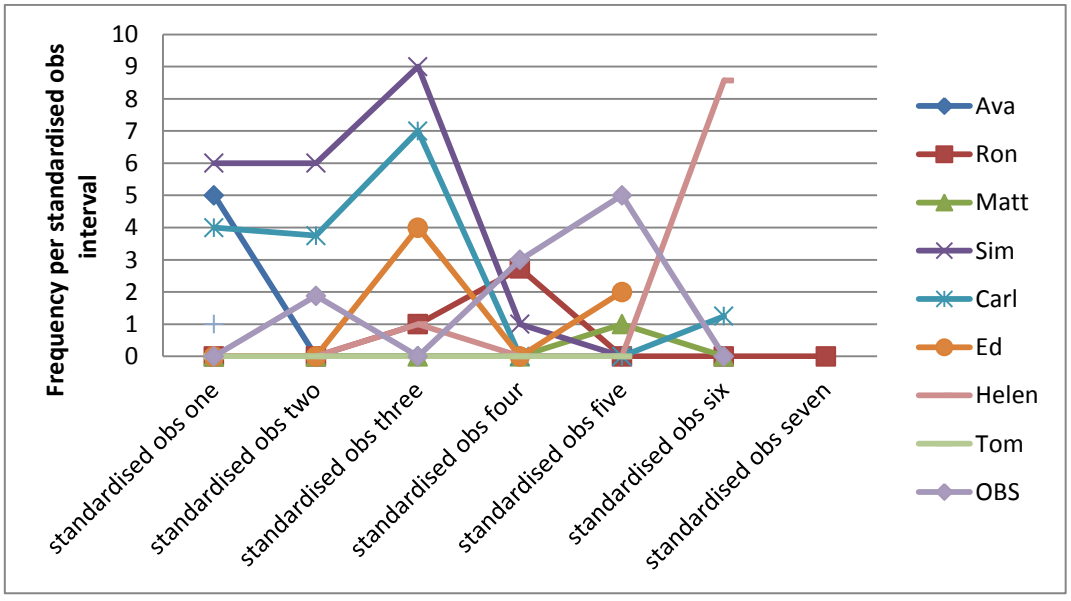

Figure A.8.6

Bernie Vocalising While Smiling Directed Towards Staff Participant in each Standardised Staff Participant Observation Interval

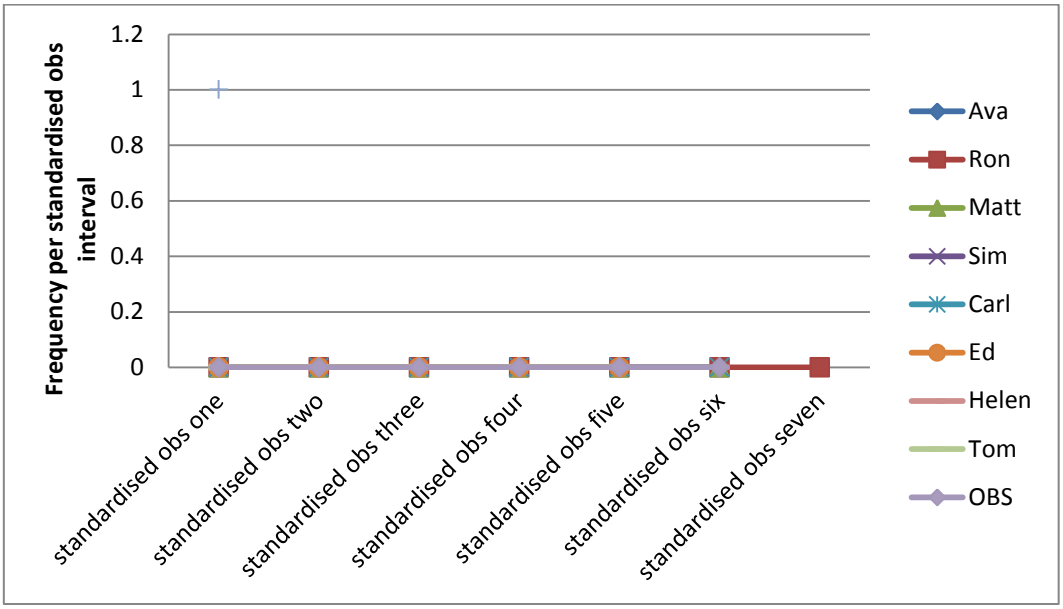

Figure A.8.7

Bernie Singing or Joking directed towards Staff Participant in each Standardised Staff Participant Observation Interval

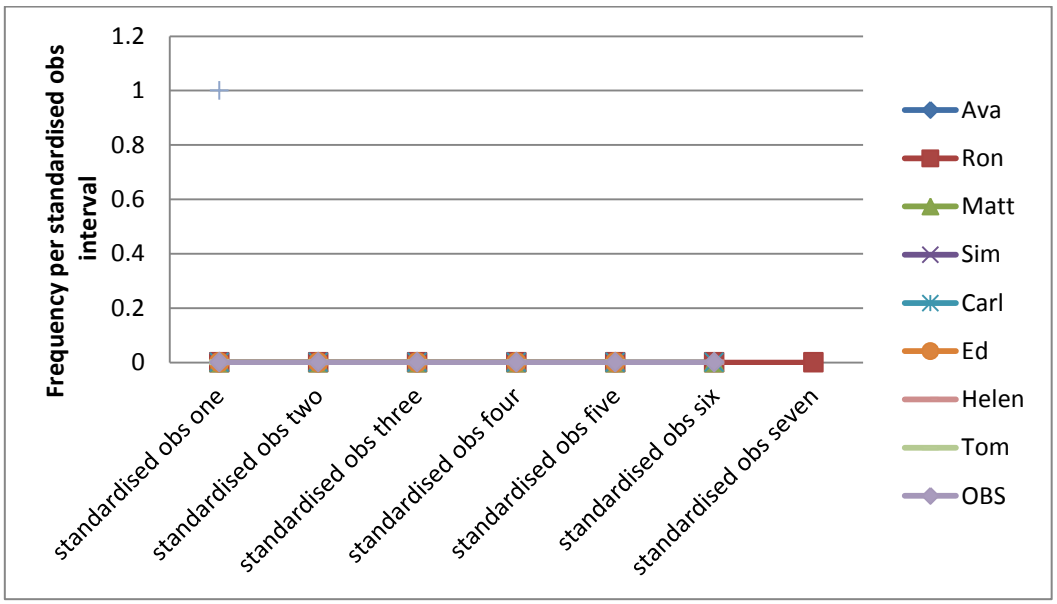

Figure A.8.8

Bernie Asking for Carers by Name in each Standardised Staff Participant Observation Interval

Physical contact

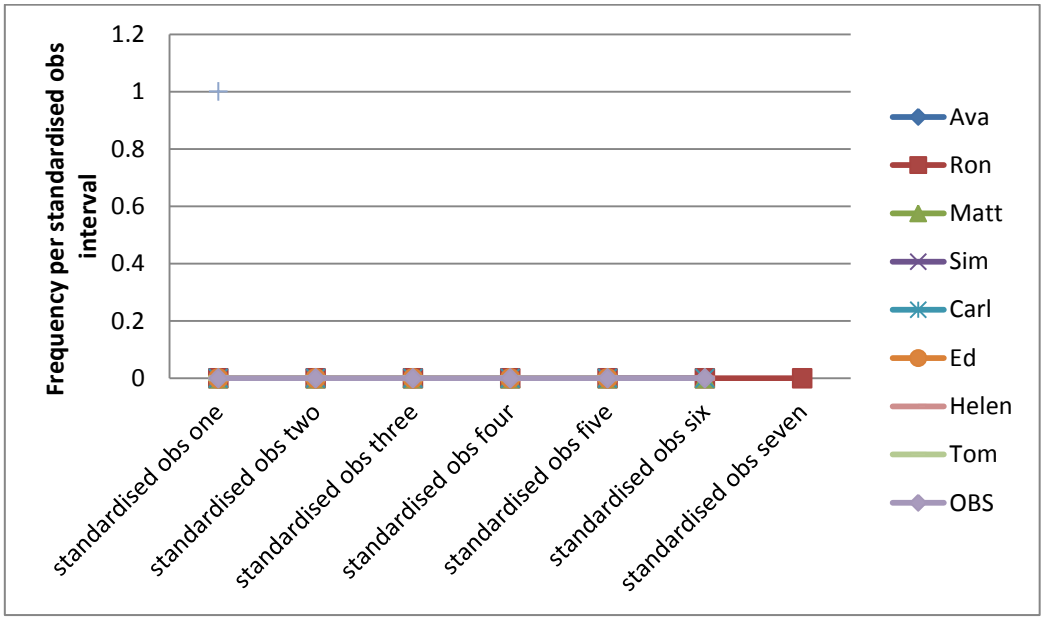

Figure A.8.9

Bernie Cuddling /Hugging Carers in each Standardised Staff Participant Observation Interval

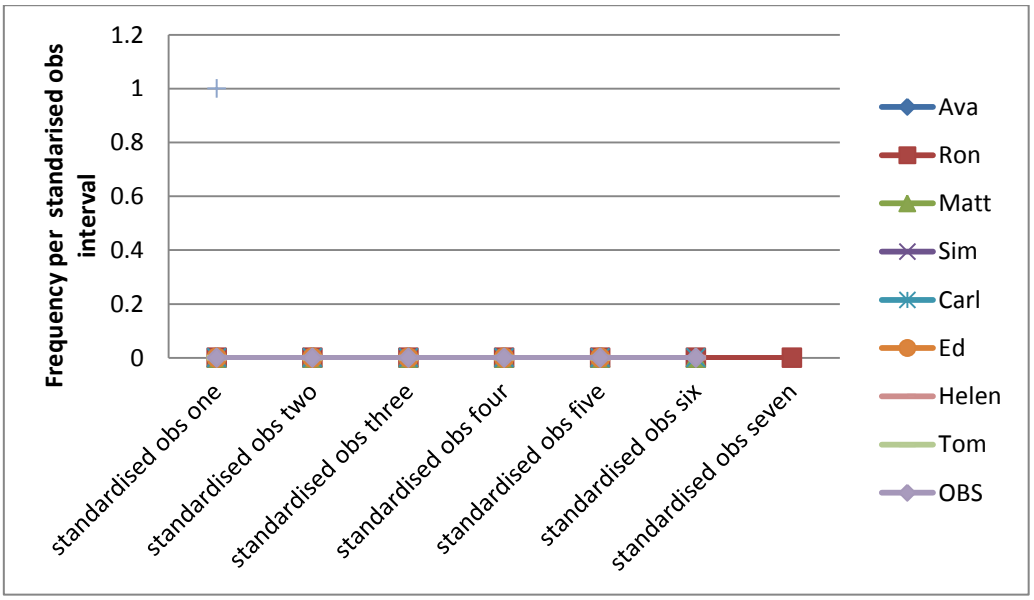

Figure A,8.10

Bernie Kissing Carers in each Standardised Staff Participant Observation Interval

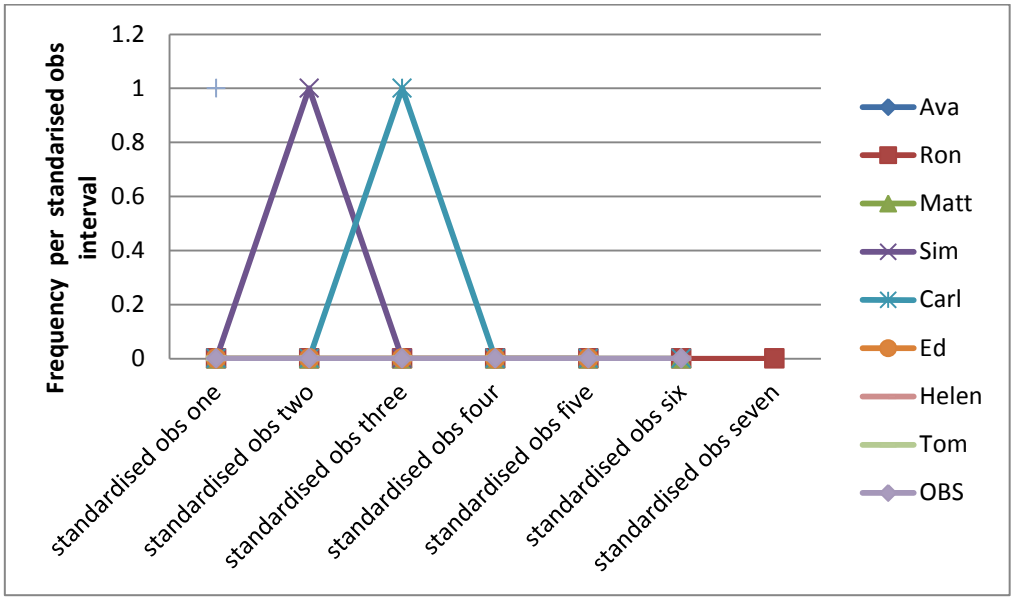

Figure A.8.11

Bernie Touching Carers in each Standardised Staff Participant Observation Interval

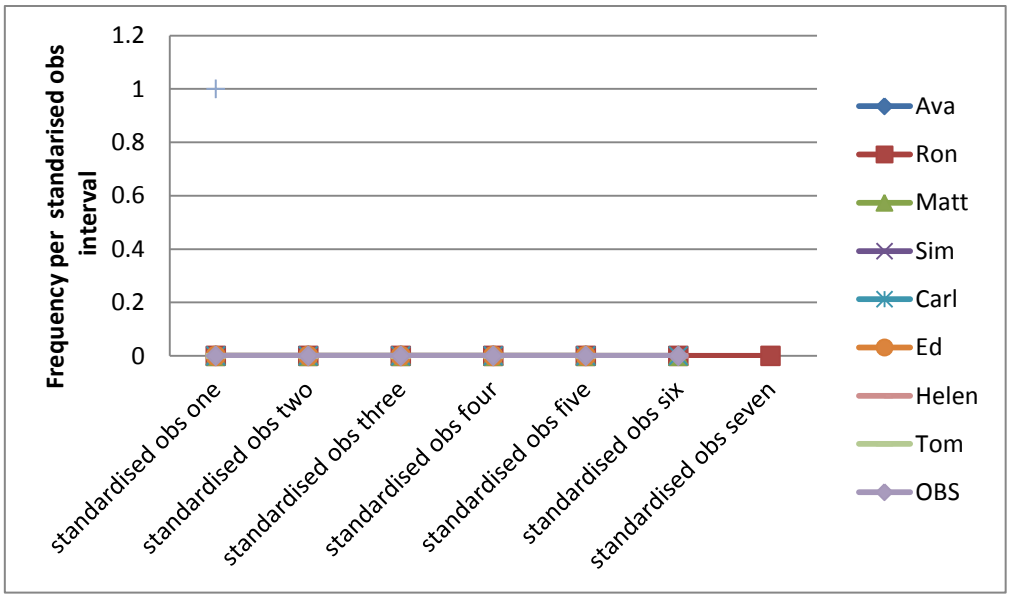

Figure A.8.12

Bernie Lightly Tapping Carers in each Standardised Staff Participant Observation Interval

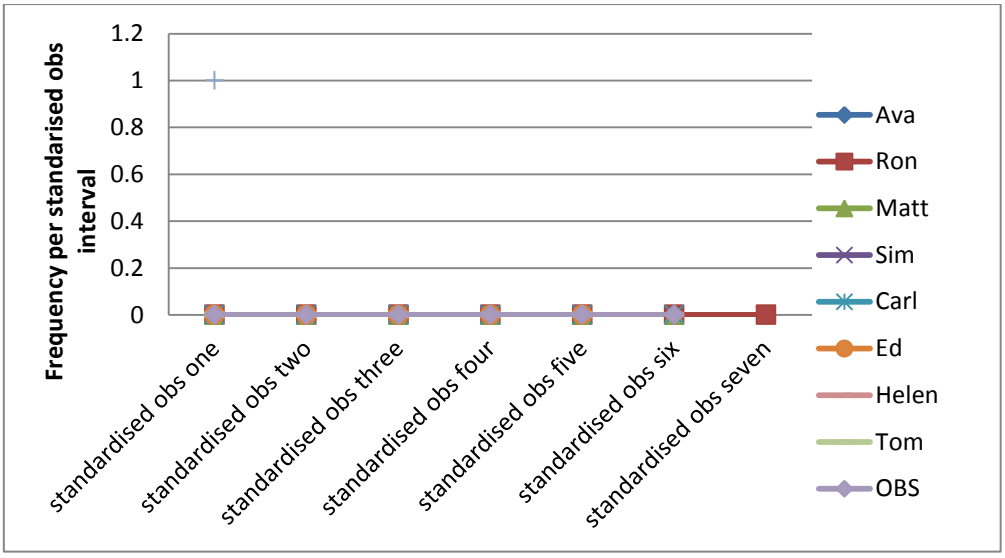

Figure A.8.13

Bernie Stroking Carers in each Standardised Staff Participant Observation Interval

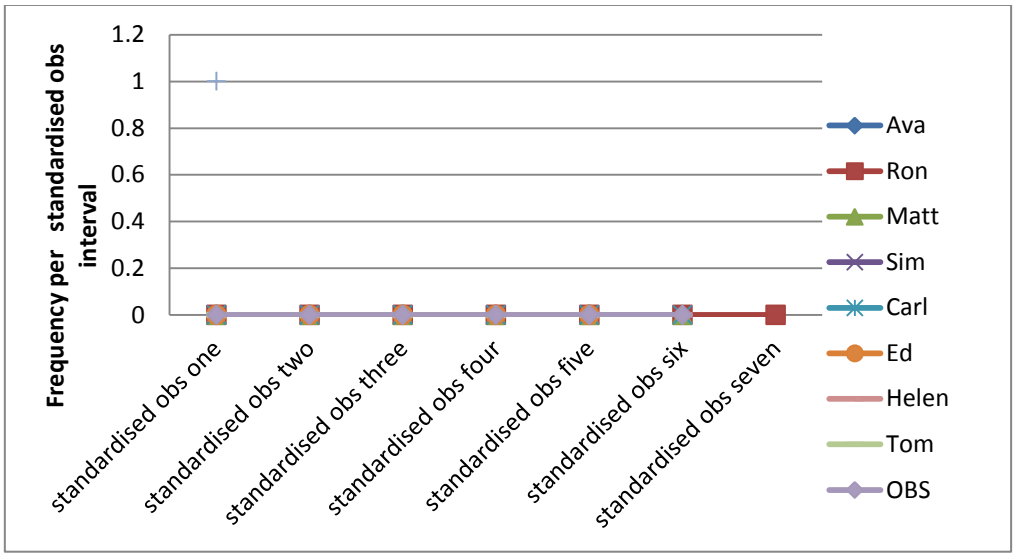

Figure A.8.14

Bernie Holding Carers Hand in each Standardised Staff Participant Observation Interval

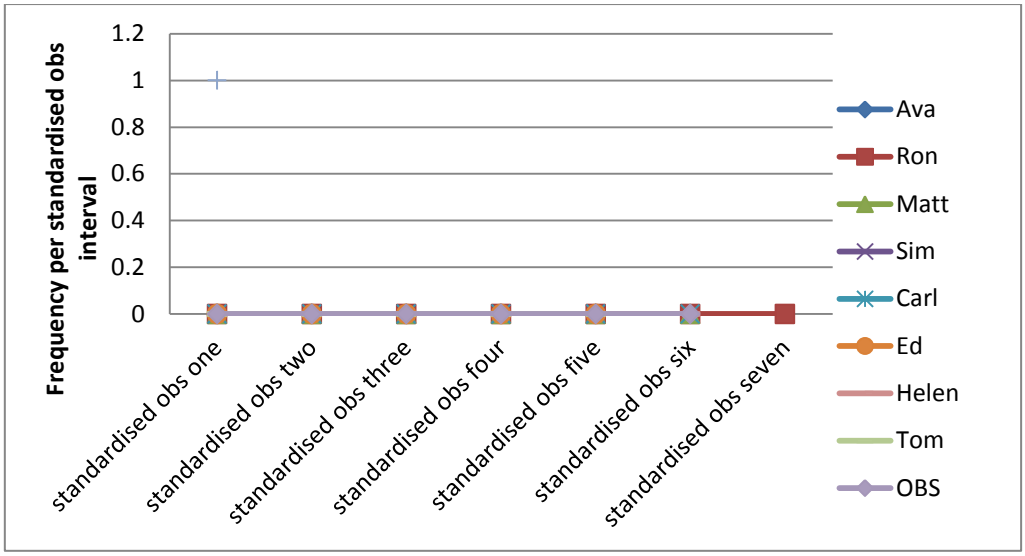

Figure A.815

Bernie High Five Toward Carers in each Standardised Staff Participant Observation Interval

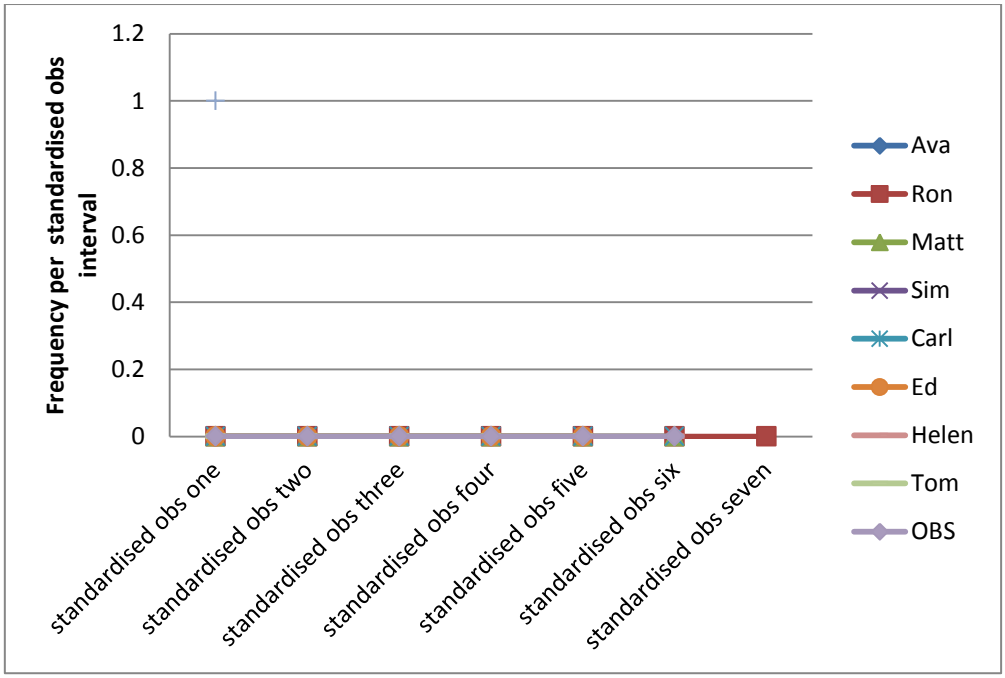

Figure A.8.16

Bernie Leading Carers in each Standardised Staff Participant Observation Interval

Gestures

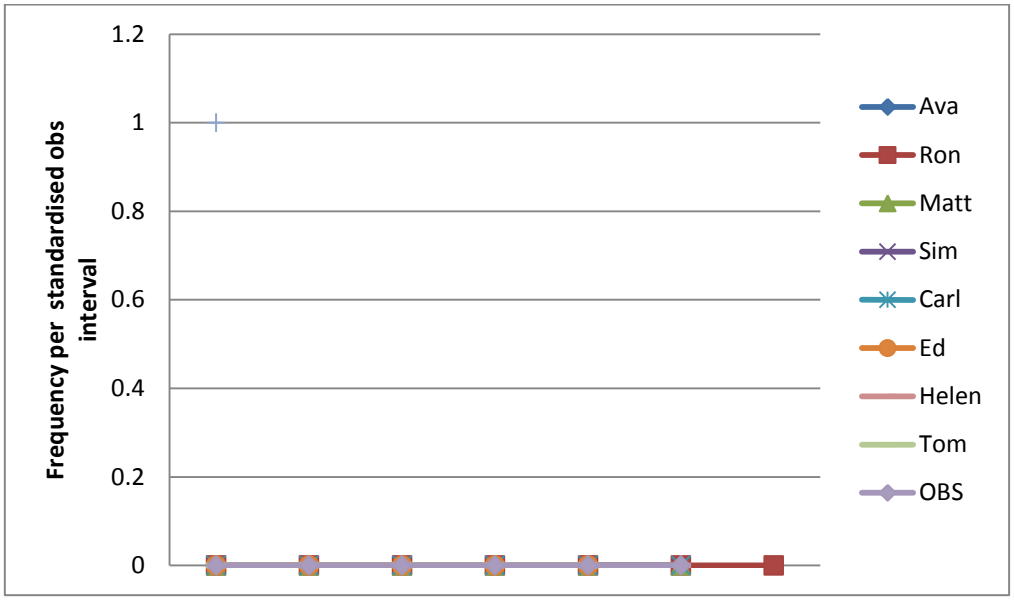

Figure A.8.17

Bernie Beckoning Carers in each Standardised Staff Participant observation interval

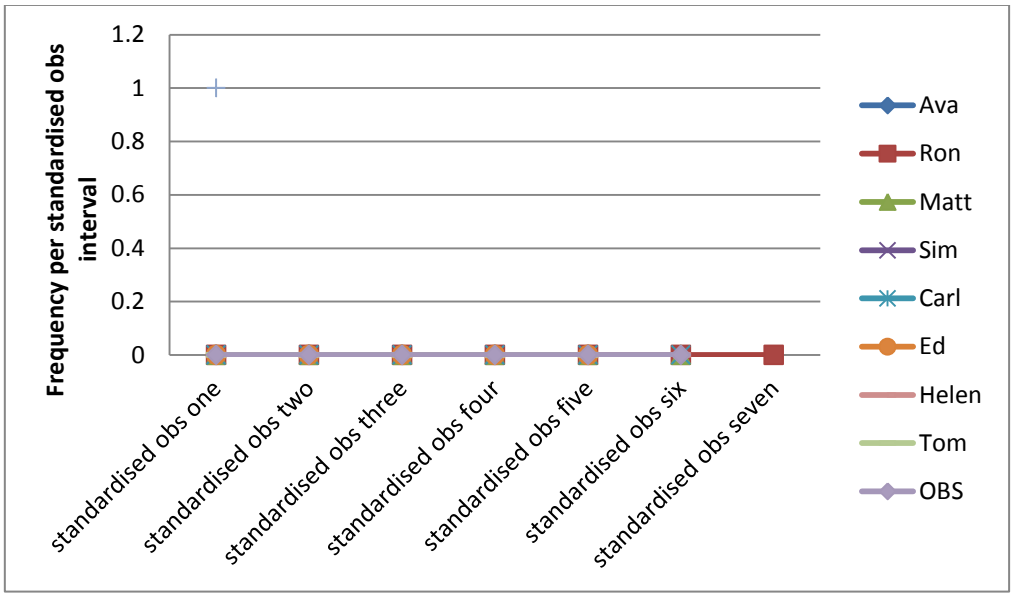

Figure A.8.18

Bernie Pointing Directed at Carers in each Standardised Staff Participant Observation Interval

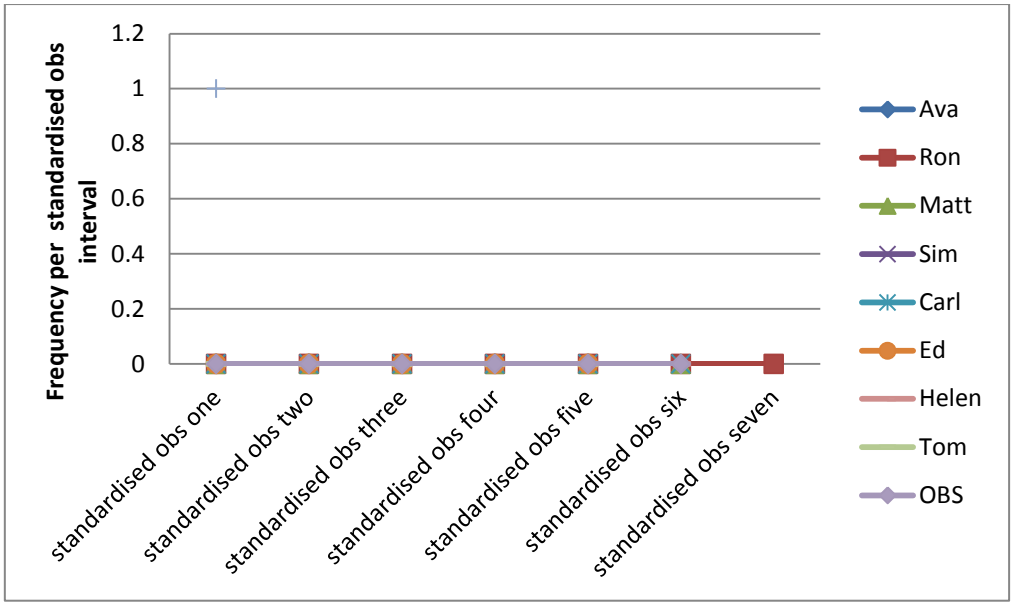

Figure A.8.19

Bernie Mimicing Carers in each Standardised Staff Participant Observation Interval

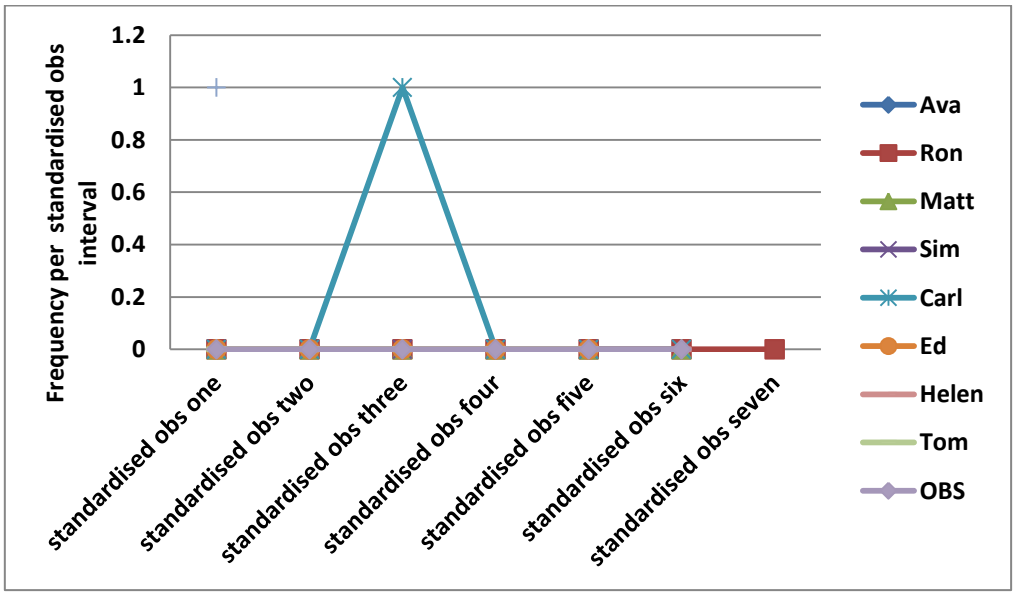

Figure A.8.20

Bernie Signing Thumbs Up Carers in each Standardised Staff Participant Observation Interval

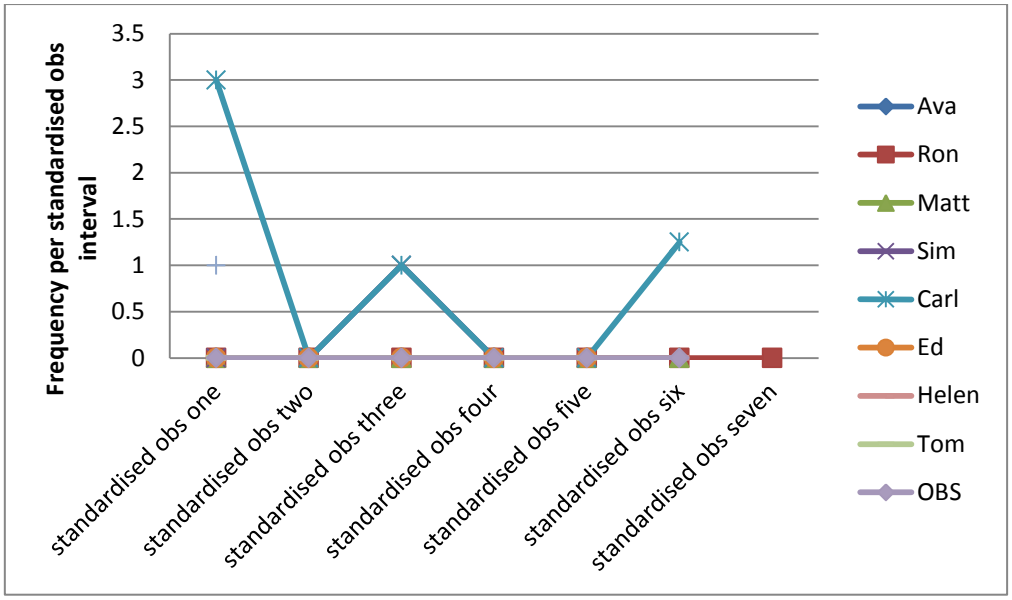

Figure A.8.21

Bernie Directing Sign Language Towards Carers in each Standardised Staff Participant Observation Interval

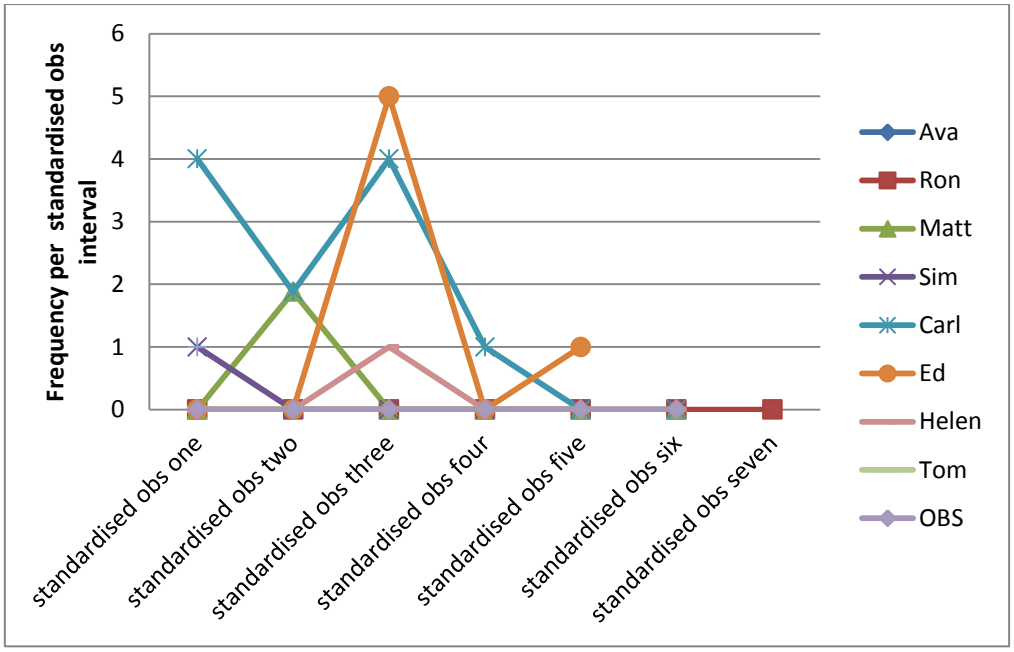

Figure A.8.22

Bernie Nodding Head while Interacting with Carers in each Standardised Staff Participant Observation Interval

Eye gaze

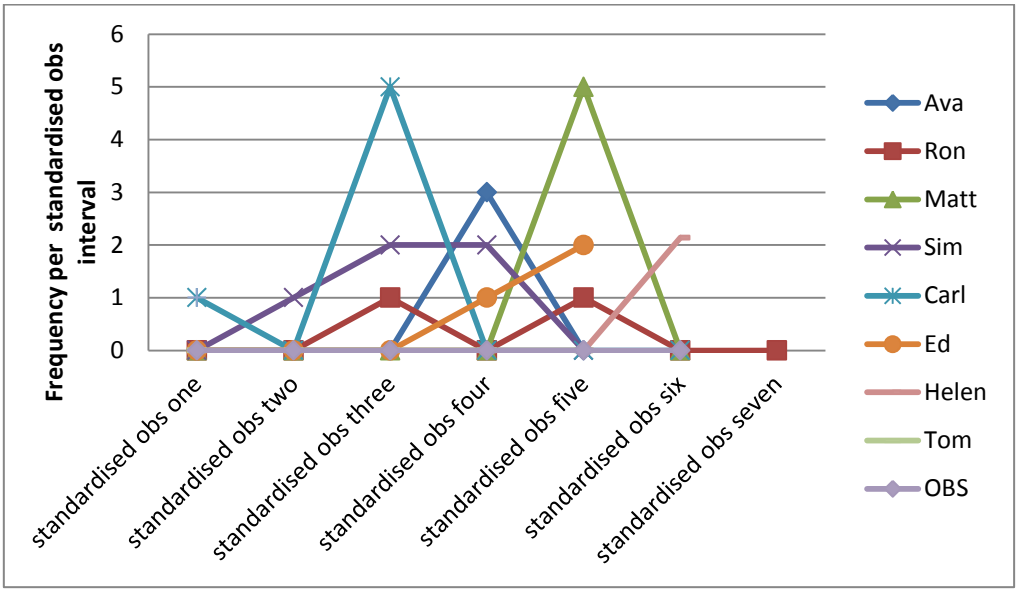

Figure A.8.23

Bernie visually Tracking a Moving Carer in

each Standardised Staff Participant Observation Interval

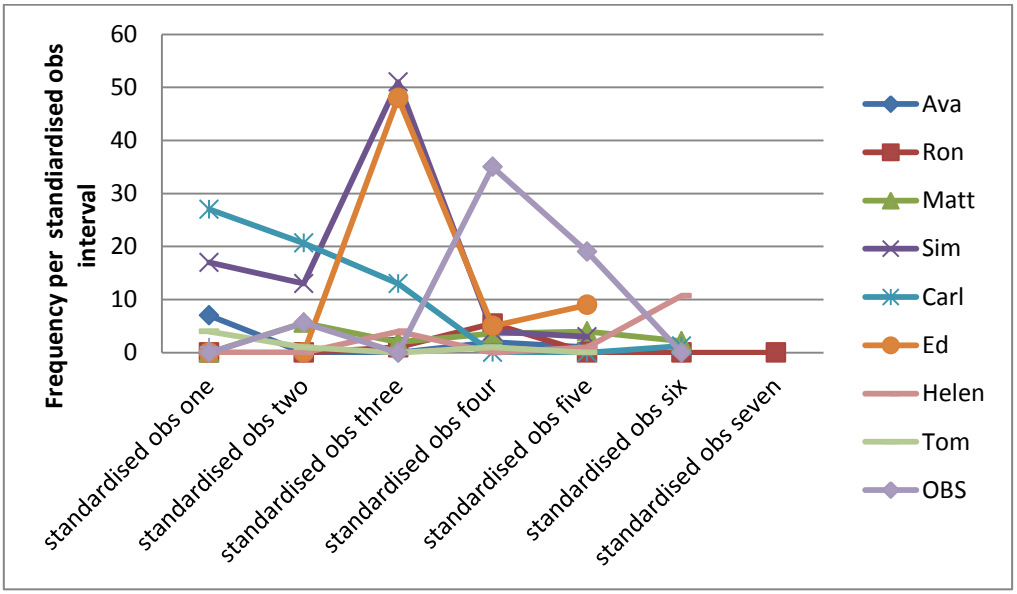

Figure A.8.24

Bernie Looking at a Stationary Carer in

each Standardised Staff Participant Observation Interval

Bernie Summary of Graphs

Bernie had no verbal language which was reflected in the Vineland scores for Expressive Communication. Whilst vocal sounds were recorded, sophisticated use of language joking and using staff names was not within Bernie's skill repertoire see Figures A.8.5, A.8.7 and A.8.8. Vocal sounds when smiling was frequently coded (Figure A.8.6) and reflected the way Bernie interspersed happy vocal sounds with giggling and laughing.

There was almost no observations of physical contact coded (Figure A.8.9 toA.8.16) and participant Bernie seemed to keep a fair degree of personal space between himself and staff participants

Bernie used some gestural communication, for example he would nod his head (Figure A.8.22), use Makaton for please (Figure A.8.21) and attempt to make a thumbs up sign (Figure A.8.20). Interestingly all sign language attempts shown in Figure A.8.21 were directed at staff participant MC.

Alanis Graphs Appendix: A.9.

By Category Code on the IRM, Staff Member and Standardised Observation Number

Alanis's data was completed in six rather than seven observations for all staff participants. Full half hour films were typically completed for this participant. Full length observations may have been assisted by Alanis being moving around the house infrequently. Once observation had started Alanis would generally stay in communal areas for the duration of the filming.

Actions

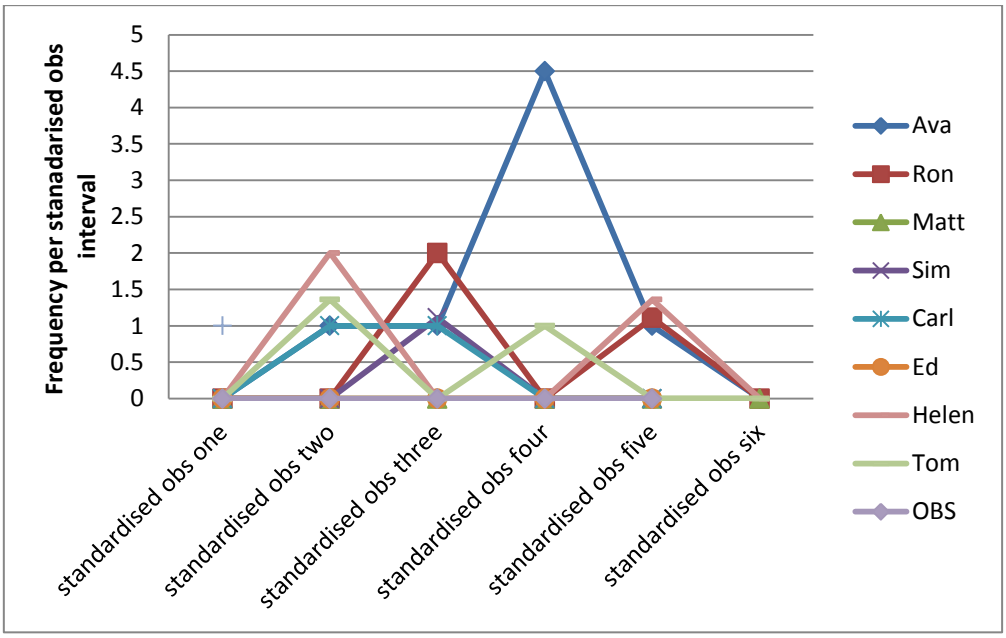

Figure A.9.1

Alanis Approaches to Stationary Carers in each Standardised Staff Participant Observation Interval

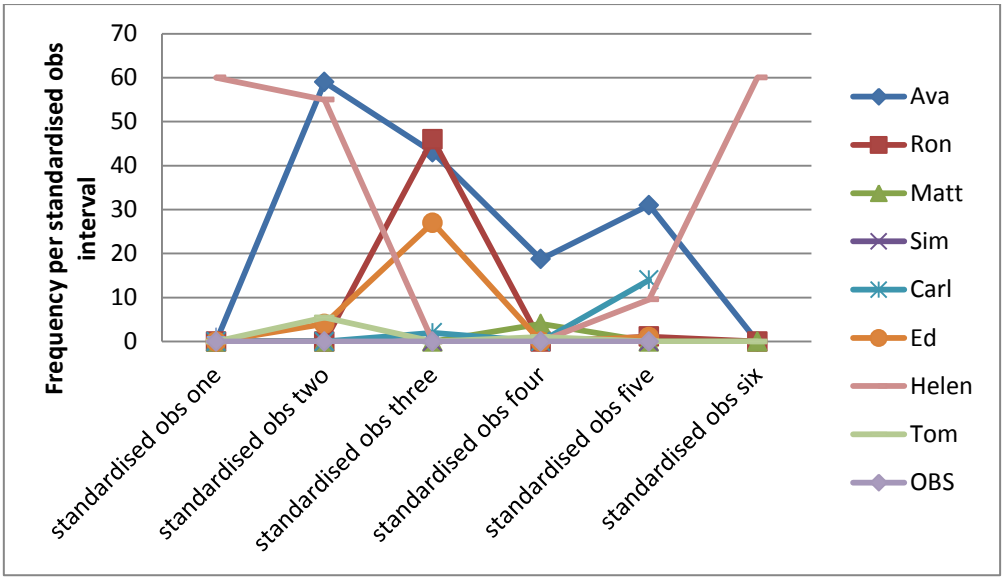

Figure A.9.2

Alanis Close to Statonary Carers in each Standardised Staff Participant Observation Interval

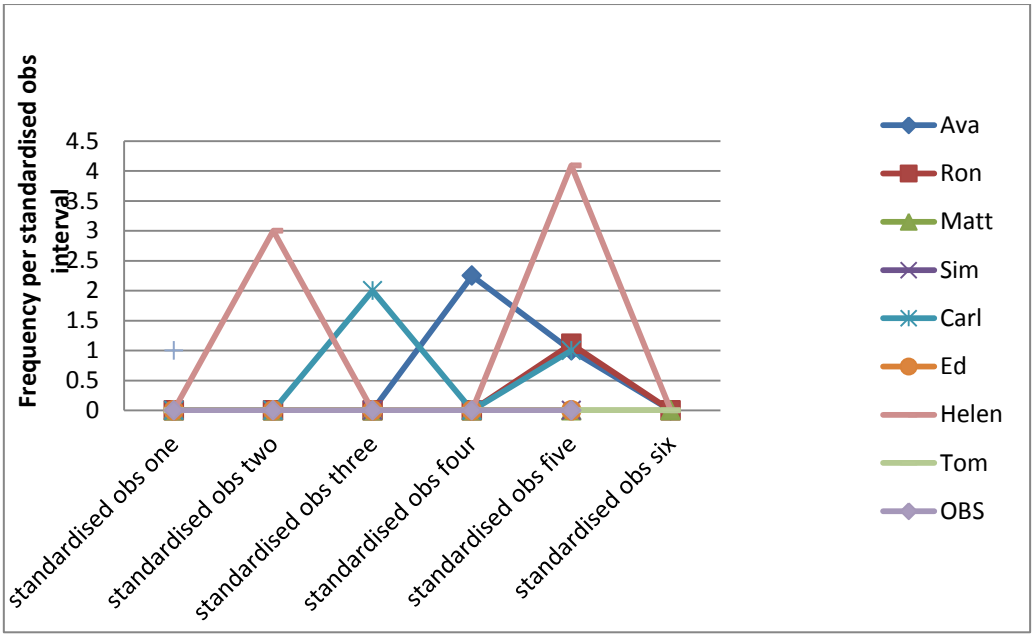

Figure A.9.3

Alanis Following Moving Carers in each Standardised Staff Participant Observation Interval

Positive Facial expression

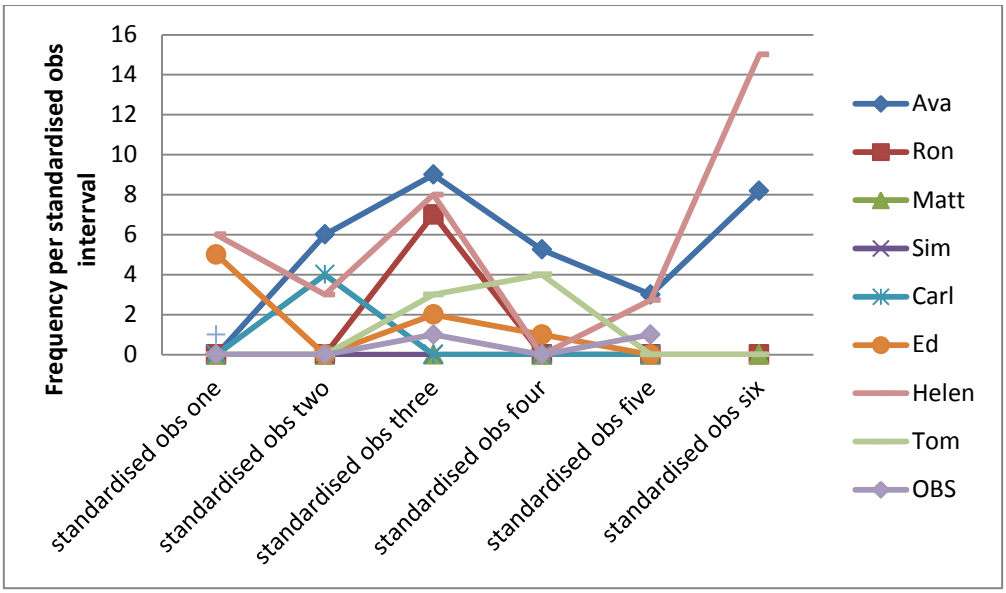

Figure A.9.4

Alanis Smiling Giggling or Laughing directed towards Staff Participants in each Standardised Staff Participant Observation Interval

Vocal sounds speech

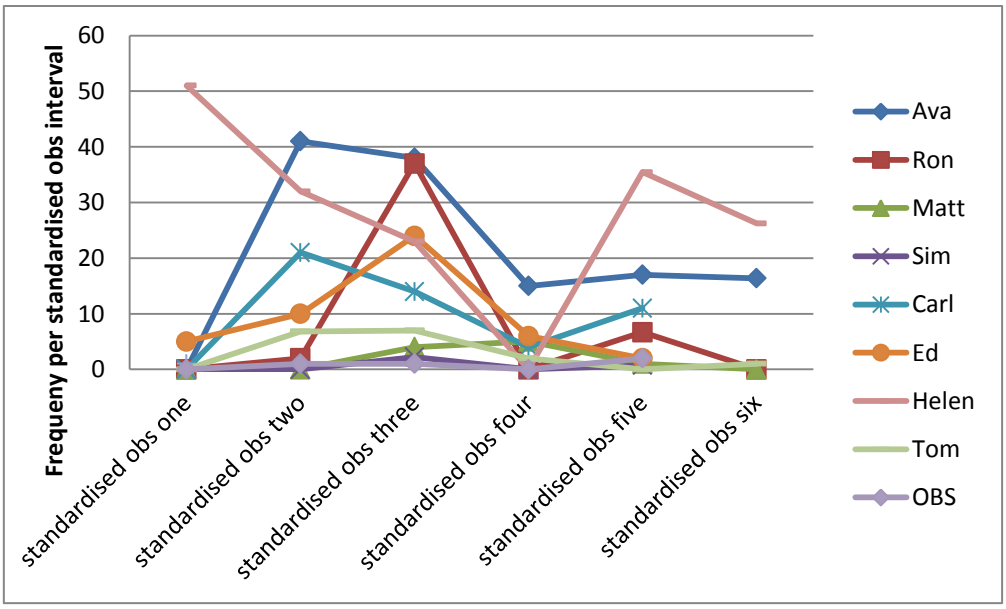

Figure A.9.5

Alanis Word Approximations directed towards Staff Participant in each Standardised Staff Participant Observation Interval

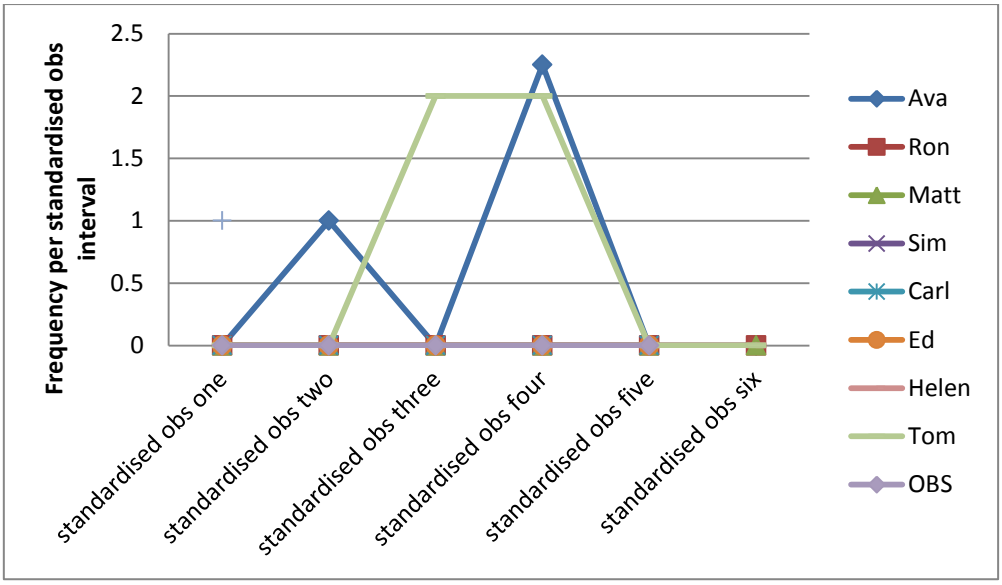

Figure A.9.6

Alanis Vocalising While Smiling directed towards Staff Participant in each Standardised Staff Participant Observation Interval

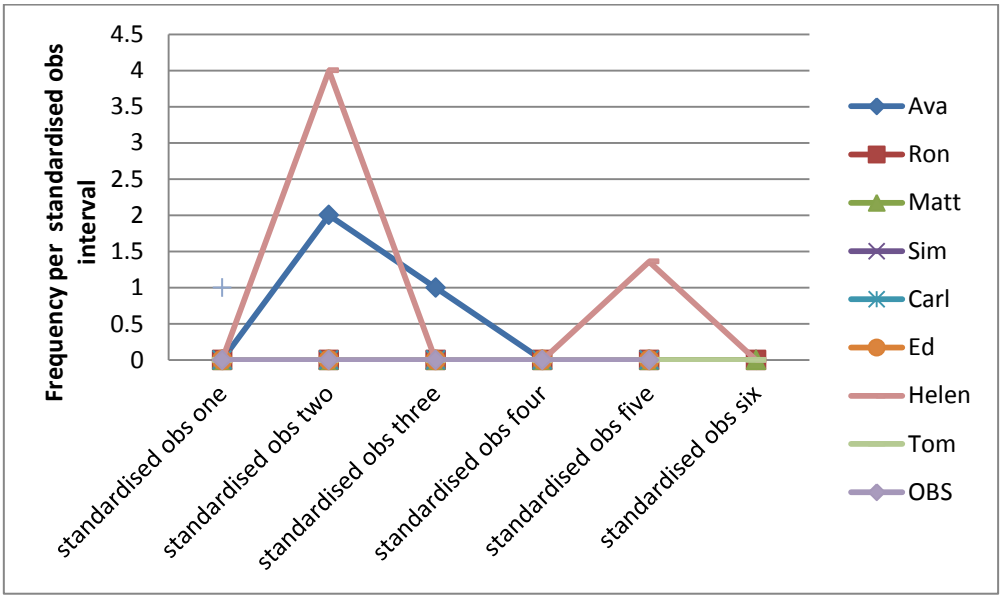

Figure A.9.7

Alanis Singing or Joking directed towards Staff Participant in each Standardised Staff Participant Observation Interval

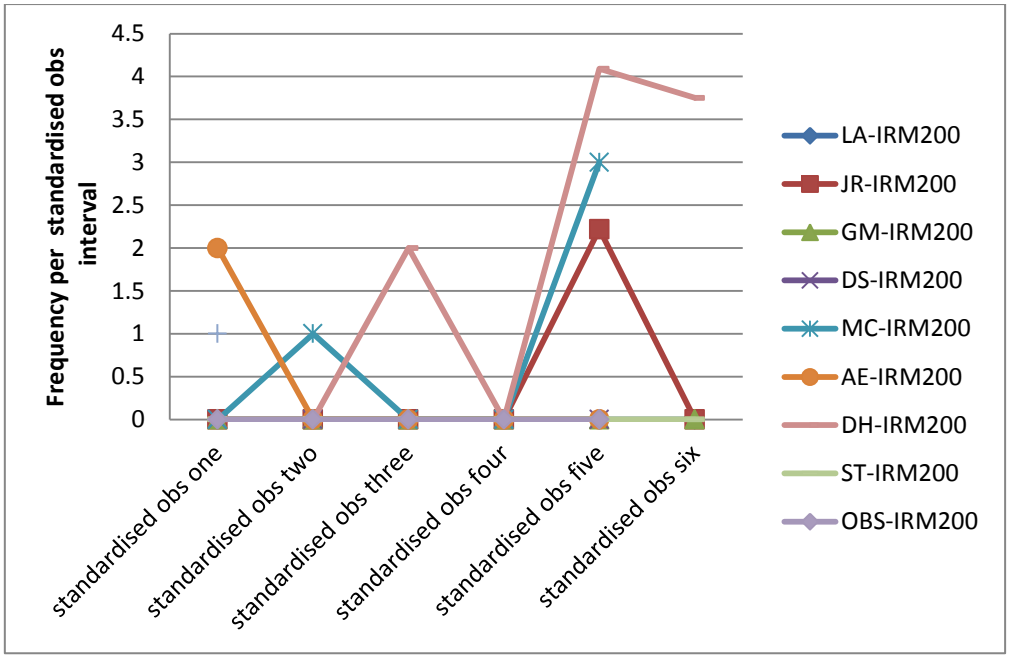

Figure A.9.8

Alanis Asking for Staff Participants (on duty) by Name in each Standardised Staff Participant Observation Interval

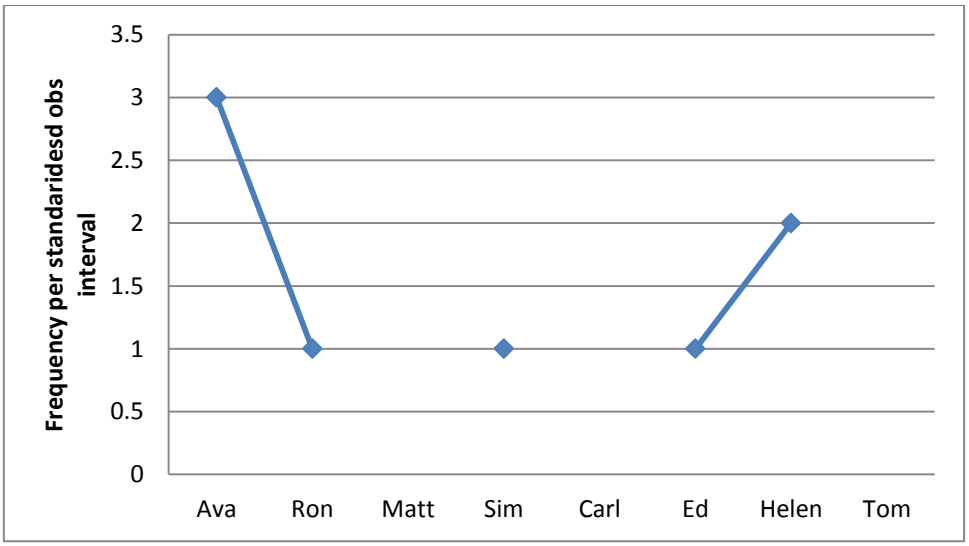

Figure A.9.9

Asking for Staff Particpants when they are Not on Duty

Physical contact

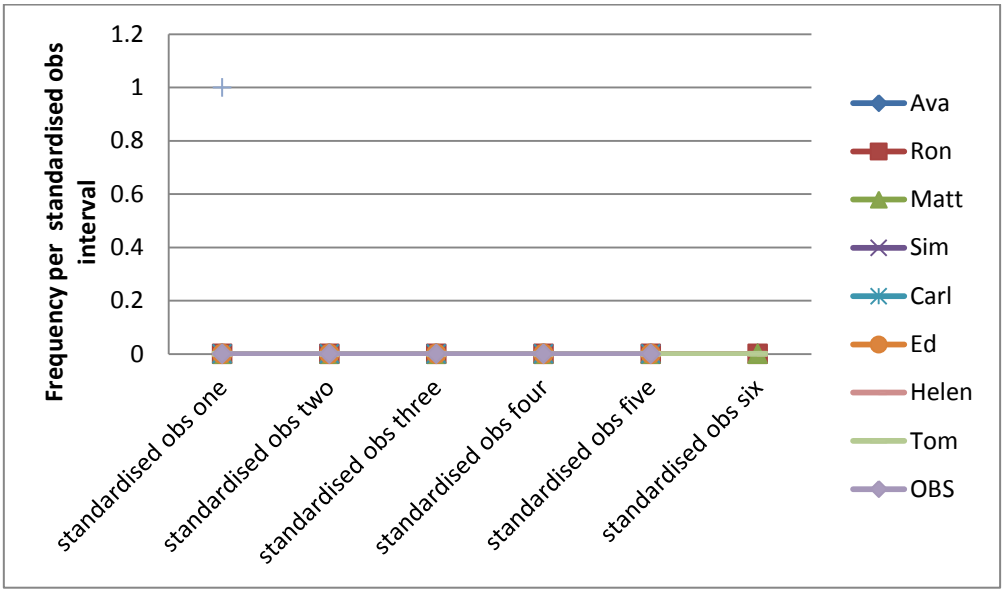

Figure A.9.10

Alanis Cuddling /Hugging Carers in each Standardised Staff Participant Observation Interval

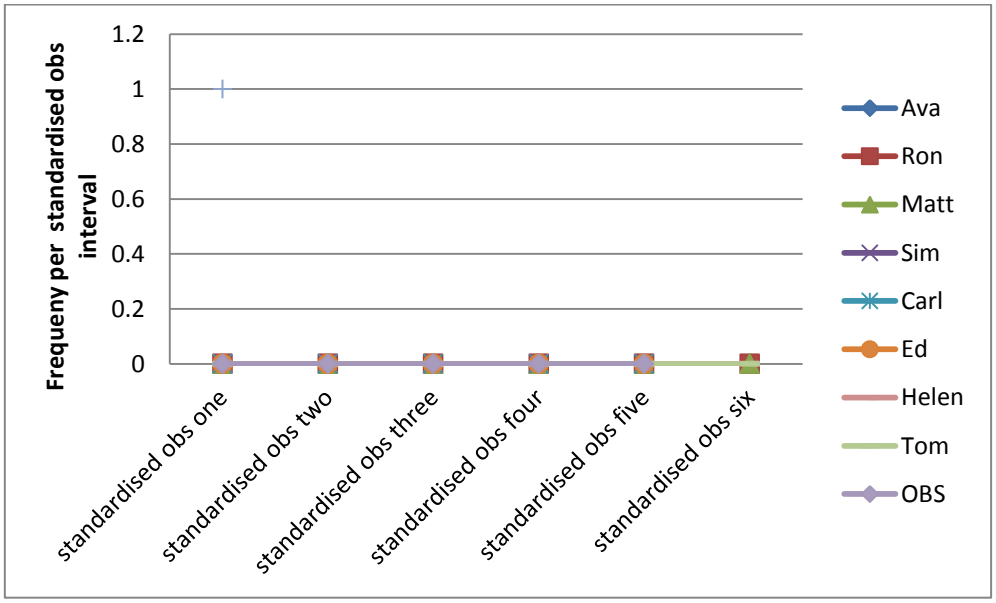

Figure A.9.11

Alanis Kissing Carers in each Standardised Staff Participant Observation Interval

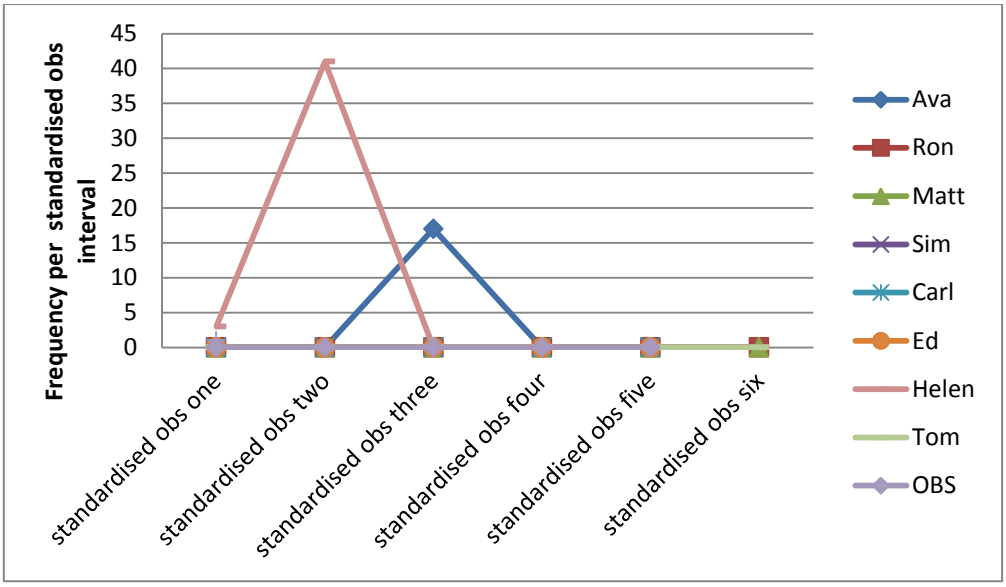

Figure A.9.12

Alanis Touching Carers in each Standardised Staff Participant Observation Interval

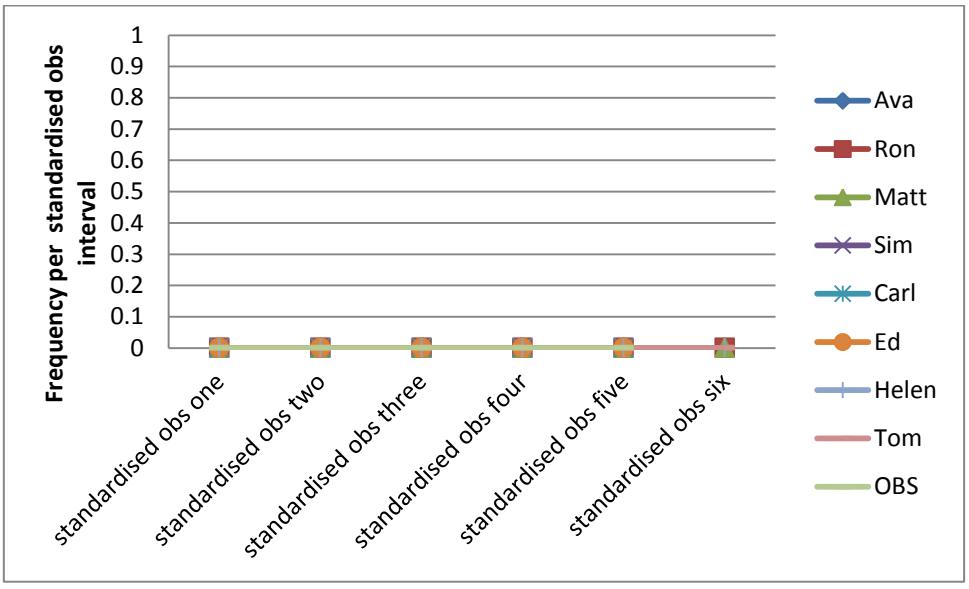

Figure A.9.13

Alanis Lightly Tapping Carers in each Standardised Staff Participant Observation Interval

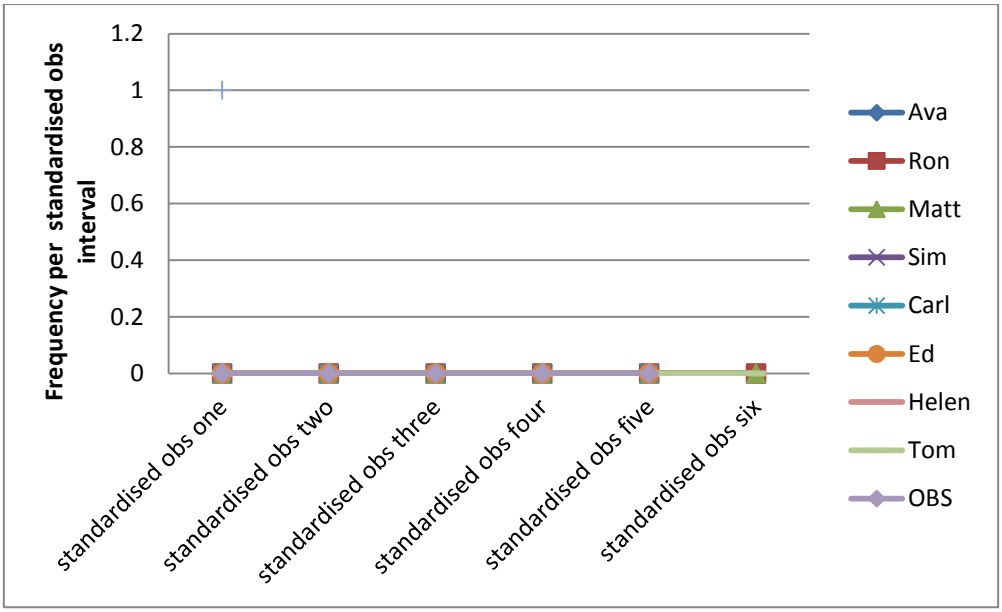

Figure A.9.14

Alanis Stroking Carers in each Standardised Staff Participant Observation Interval

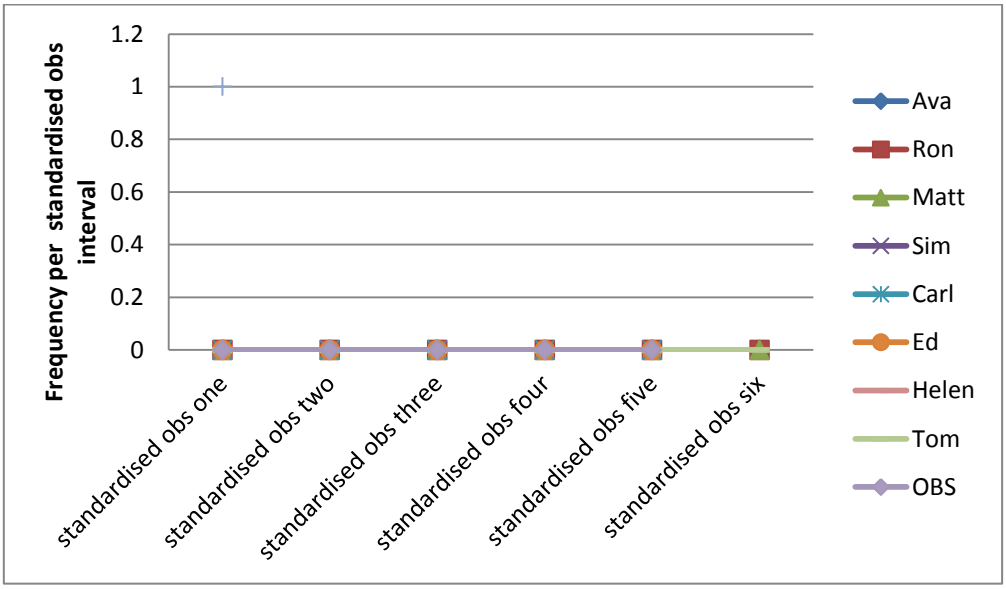

Figure A.9.15

Alanis Holding Carers Hand in each Standardised Staff Participant Observation Interval

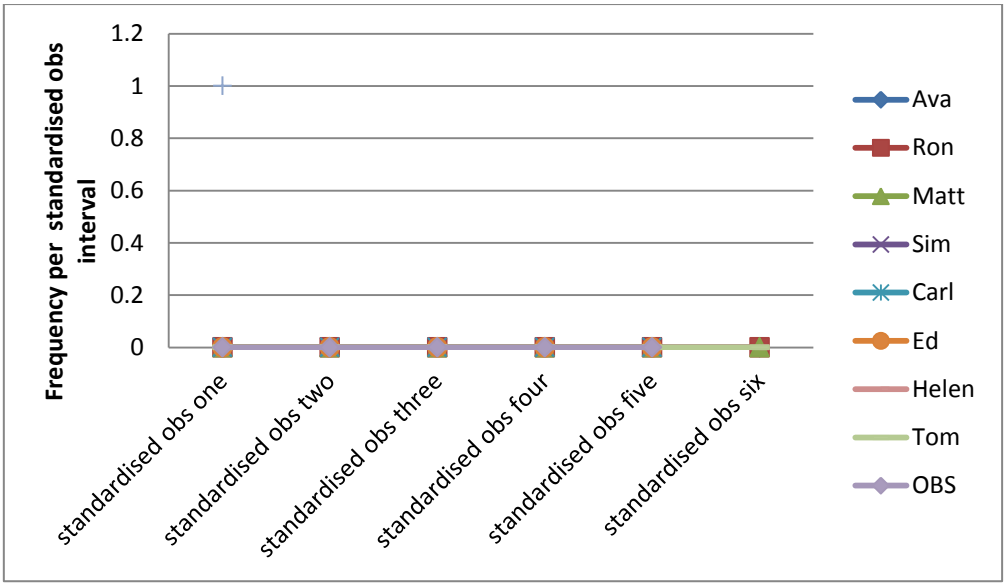

Figure A.9.16

Alanis High Five toward carers in each Standardised Staff Participant Observation Interval

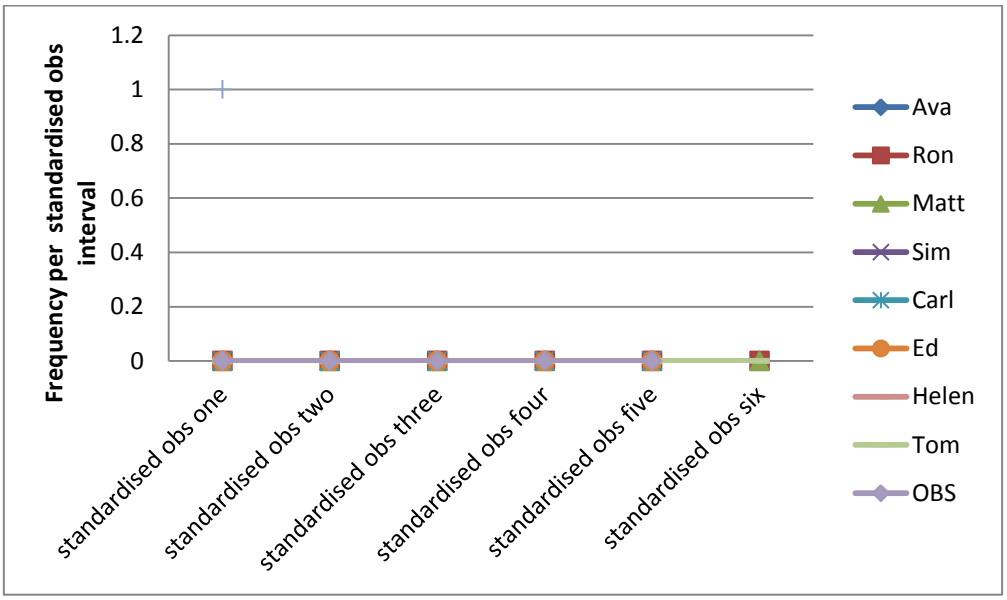

Figure A.9.17

Alanis Leading Carers in each Standardised Staff Participant Observation Interval

Gestures

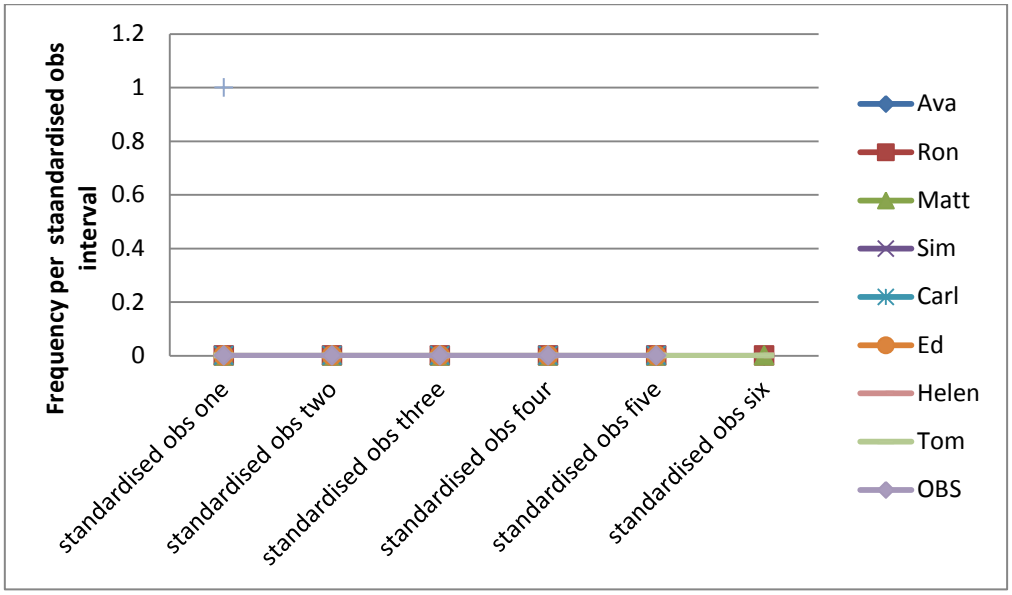

Figure A.9.18

Alanis Beckoning Carers in each Standardised Staff Participant Observation Interval

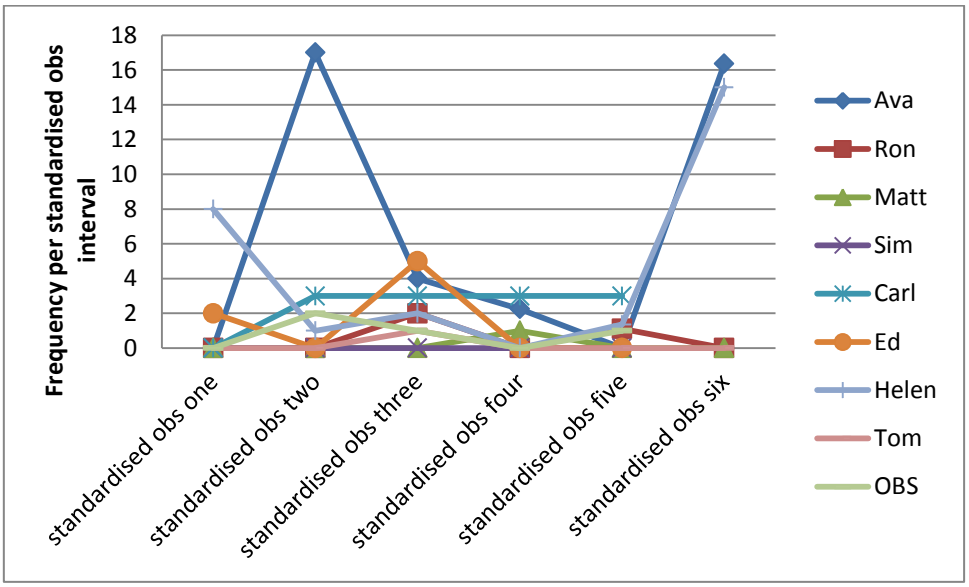

Figure A.9.19

Alanis Pointing directed at carers in each Standardised Staff Participant Observation Interval

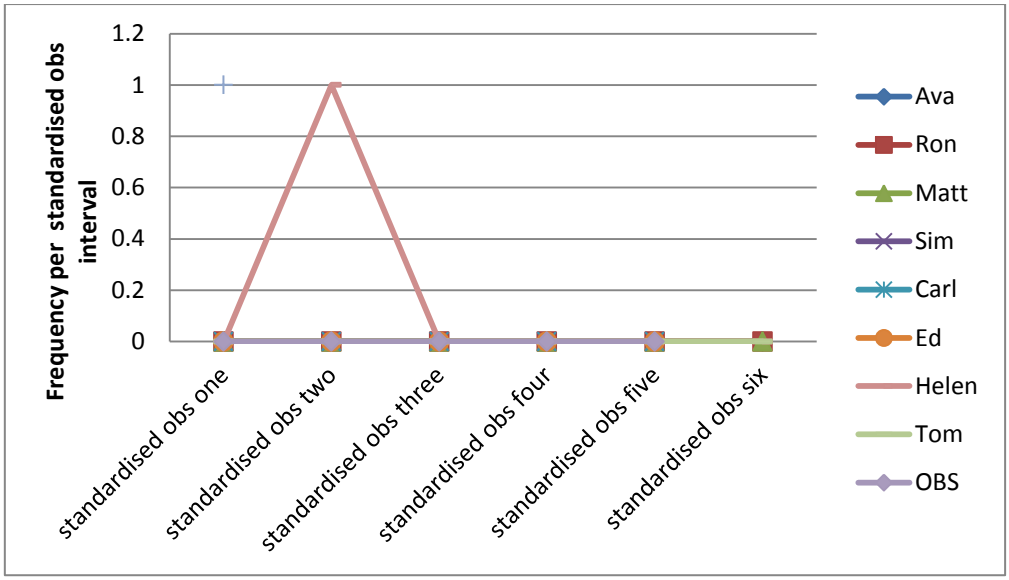

Figure A.9.20

Alanis Mimicing Carers in each Standardised Staff Participant Observation Interval

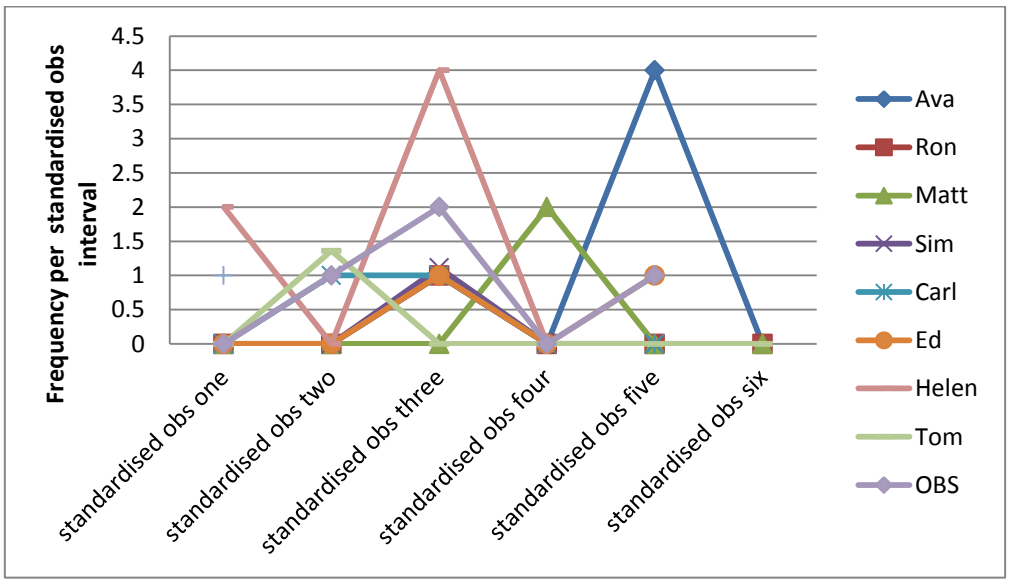

Figure A.9.21

Alanis Signing Thumbs Up Carers in each Standardised Staff Participant Observation Interval

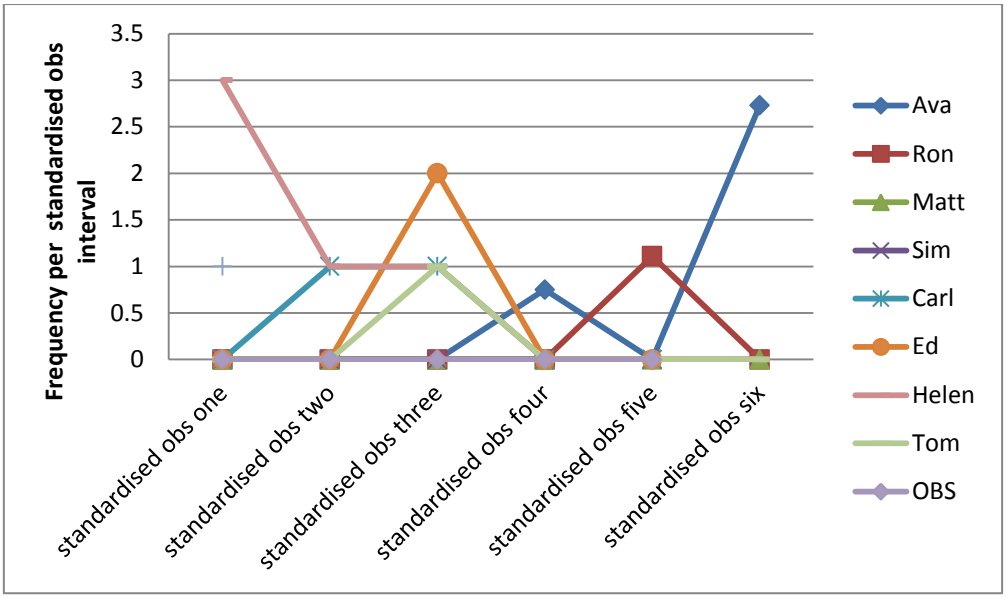

Figure A.9.22

Alanis Directing Sign Language Towards Carers in each Standardised Staff Participant Observation Interval

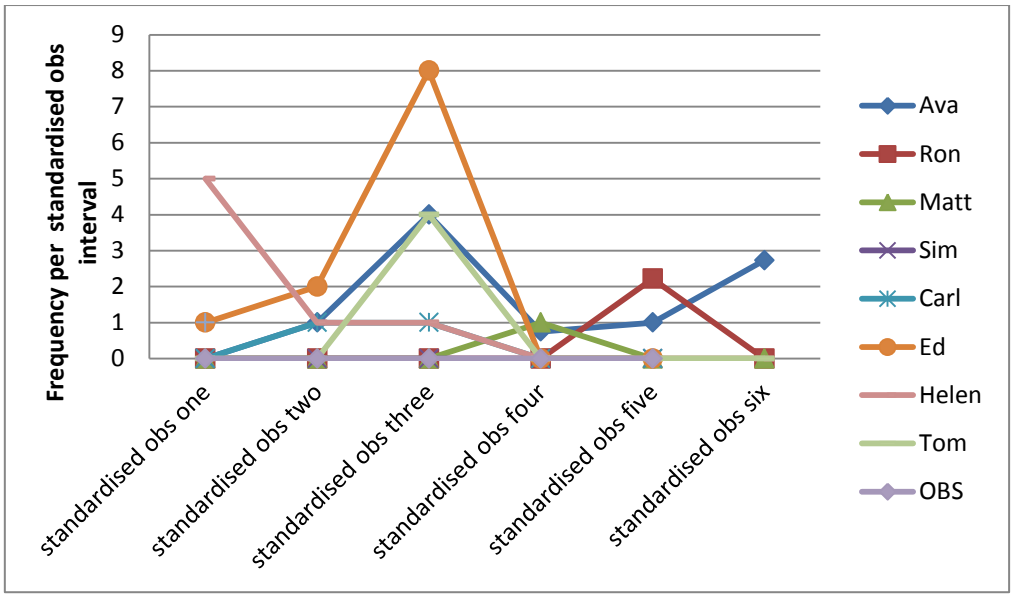

Figure A.9.23

Alanis Nodding Head while Interacting with Carers in each Standardised Staff Participant Observation Interval

Eye gaze

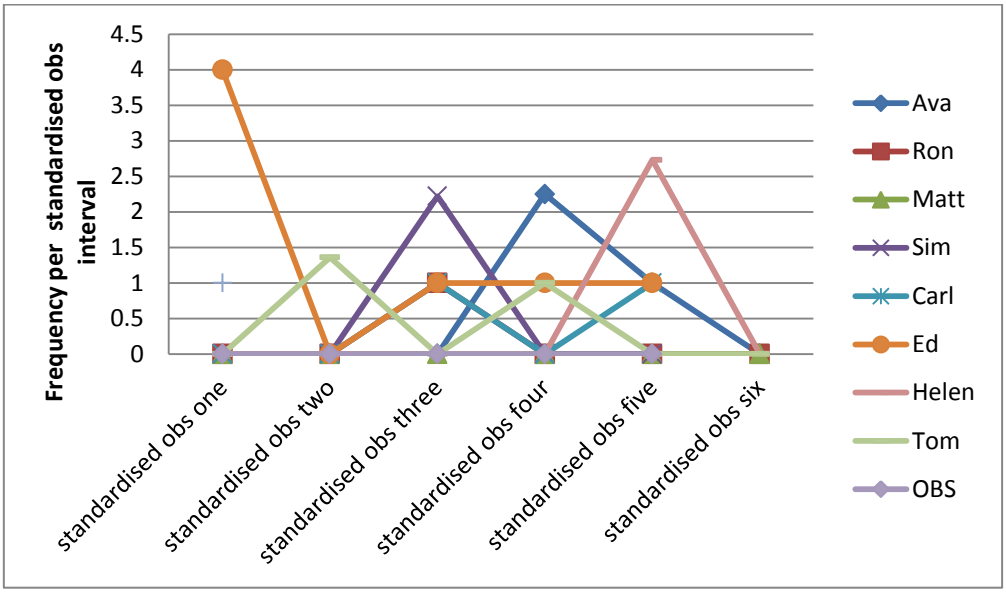

Figure A.9.24

Alanis visually Tracking a Moving Carer in

each Standardised Staff Participant Observation Interval

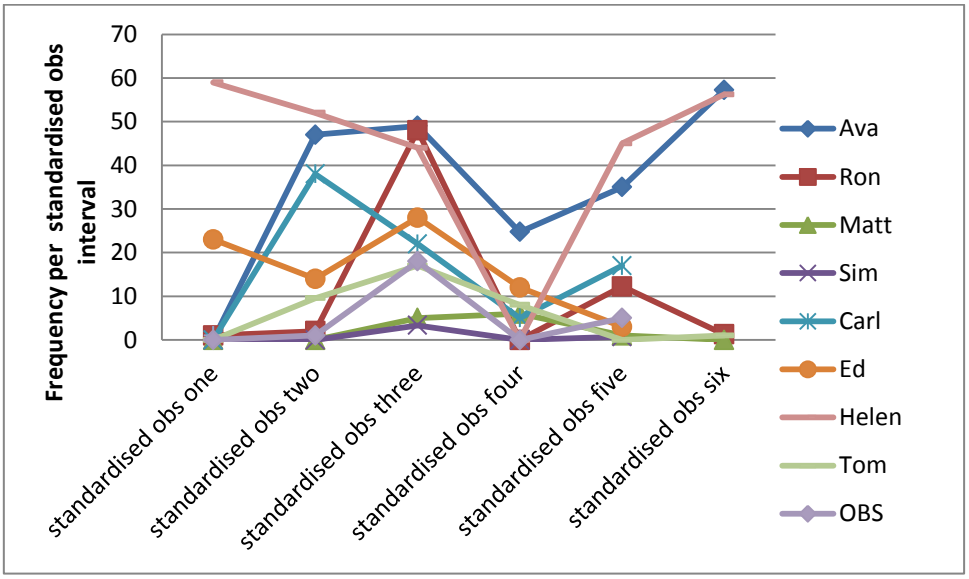

Figure A.9.25

Alanis Looking at a Stationary Carer in

each Standardised Staff Participant Observation Interval

Alanis summary of graphs

Alanis did approach staff participants (Figure A.9.1), but was less likely to move around than the other ID participants, possibly associated with her poor mobility. The Graph for Close to Stationary carer (Figure A.9.2) shows a high level of coded observation particularly as some preferred activities, such as having her nails painted or hair treatments, required the close proximity of staff participants.

Verbal language was better for Alanis than the other two ID Participants as she spoke in short sentences. Alanis's language ability is reflected in her graphs of vocal sounds and speech Figures A.9.5 to A.9.9. Language was directed at all staff participants, but at different levels. Alanis regularly used the names of staff participants who were both on (Figure A.9.8) or off duty (Figure A.9.9). Vocalisations while smiling (Figure A3.6) was only coded in four observations. Alanis's greater use of verbal language was shown in the category code of singing and joking which is shown as Figure A.9.7.

Graphs for physical contact categories show that for Alanis many IRM codes for physical contact (Figures A.9.10 to A.9.17) such as Tapping Carers, Hand Holding and High Five coded zero.

Alanis's strong use of gestural communication is seen in graphs of Pointing (Figure A.9.19), Thumbs Up (Figure A.9.21) and Nodding Head (Figure A.9.23). Gestural communication was directed at a variety of staff participants.

Ajay Graphs Appendix: A.10.

By category code on the IRM, Staff Member and Standardised Observation Number

Actions

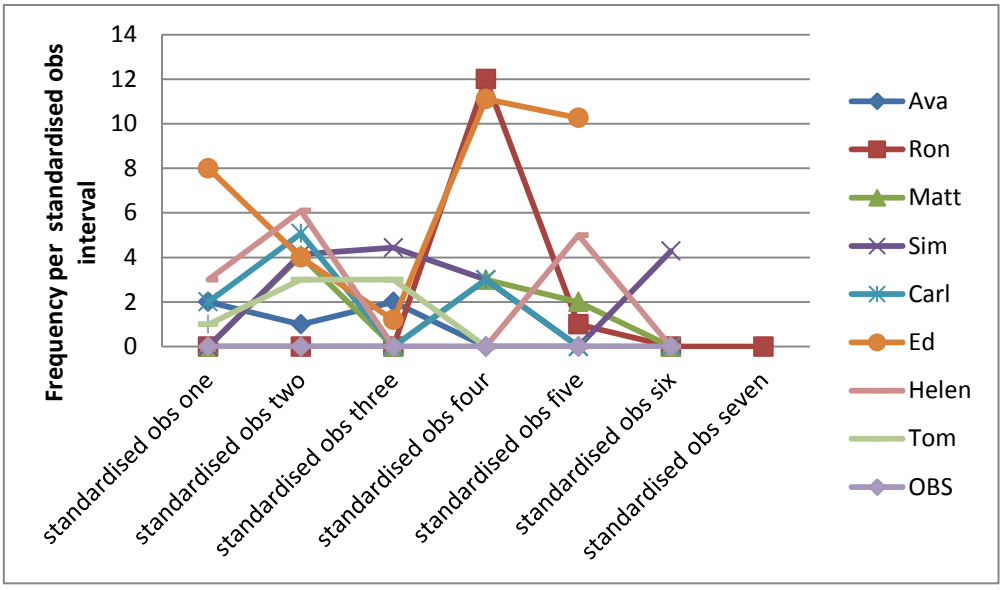

Figure A.10.1

Ajay Approaches to Stationary Carers in each Standardised Staff Participant Observation Interval

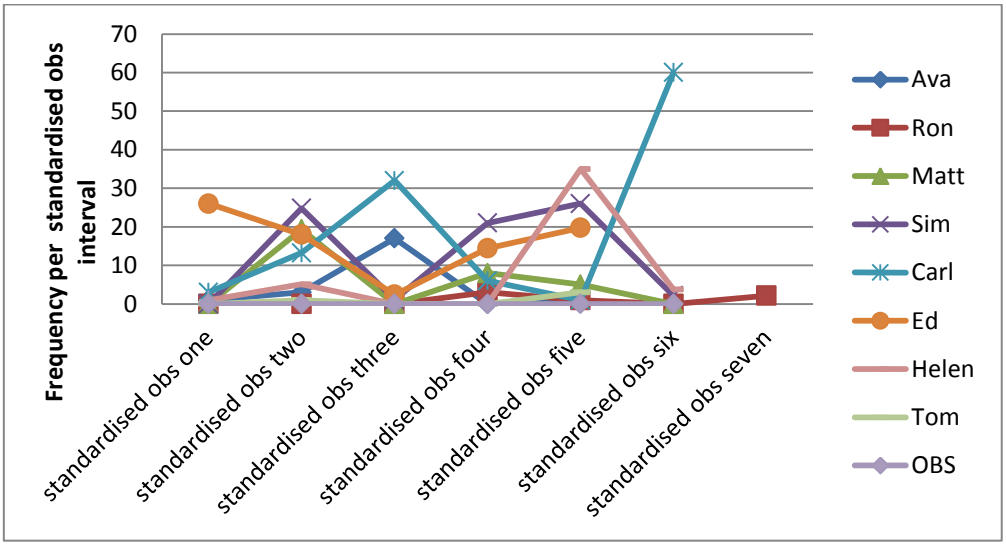

Figure A.10.2

Ajay Close to Statonary Carers in each Standardised Staff Participant Observation Interval

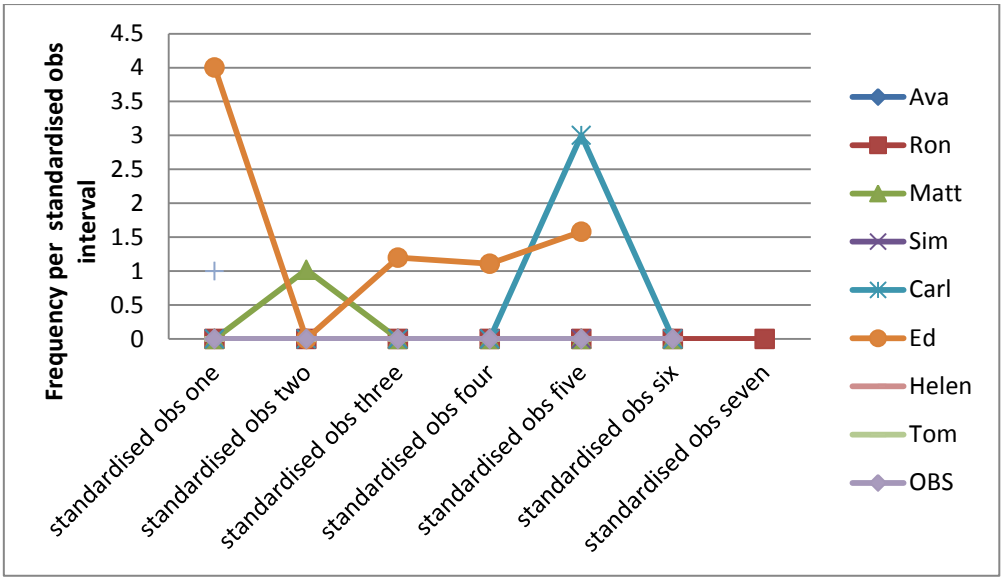

Figure A.10.3

Ajay Following Moving Carers in each Standardised Staff Participant Observation Interval

Positive Facial expression

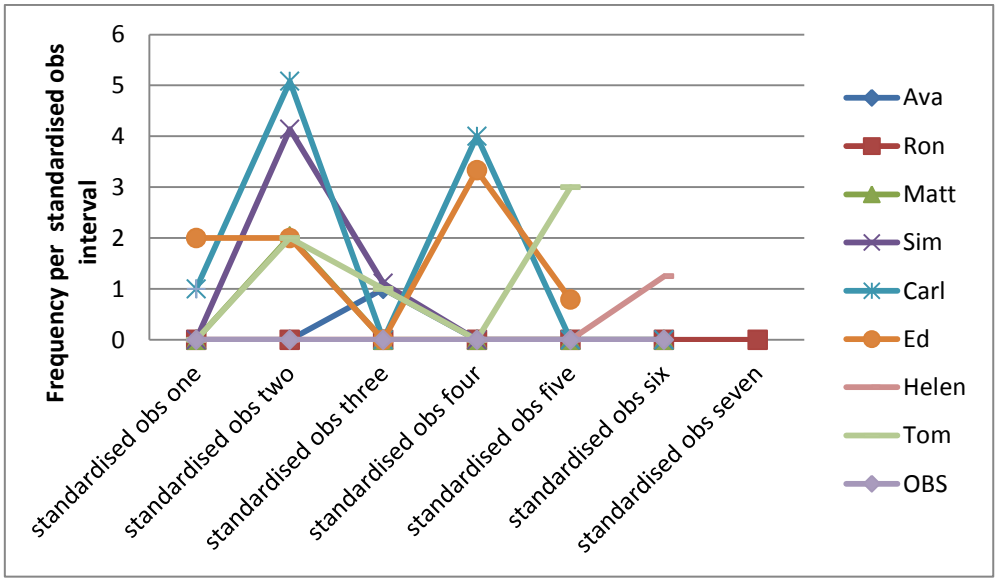

Figure A.10.4

Ajay Smiling Giggling or Laughing directed towards Staff Participants in each Standardised Staff Participant Observation Interval

Vocal sounds speech

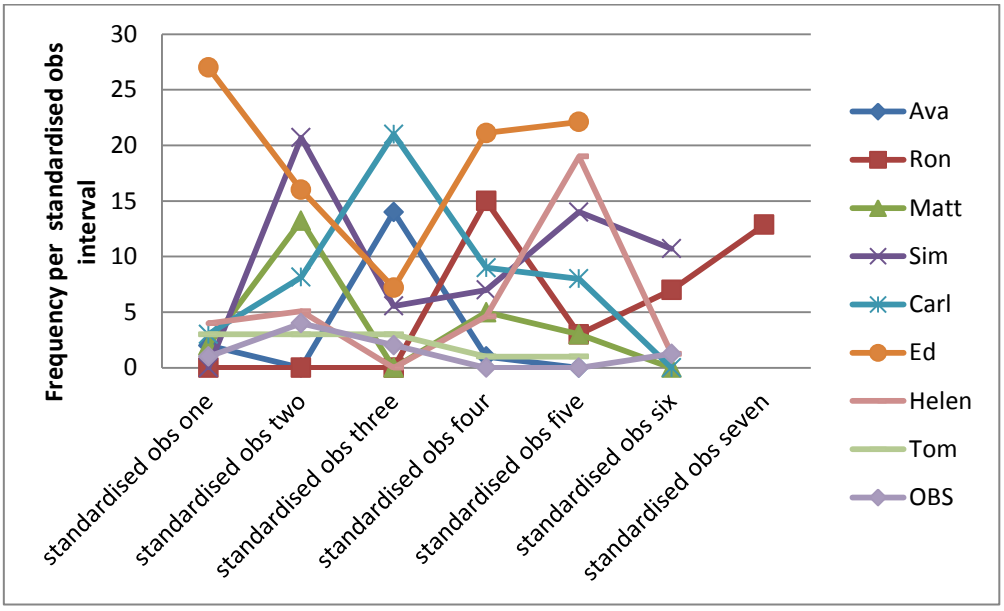

Figure A.10.5

Ajay Word Approximations directed towards Staff Participant in each Standardised Staff Participant observation interval

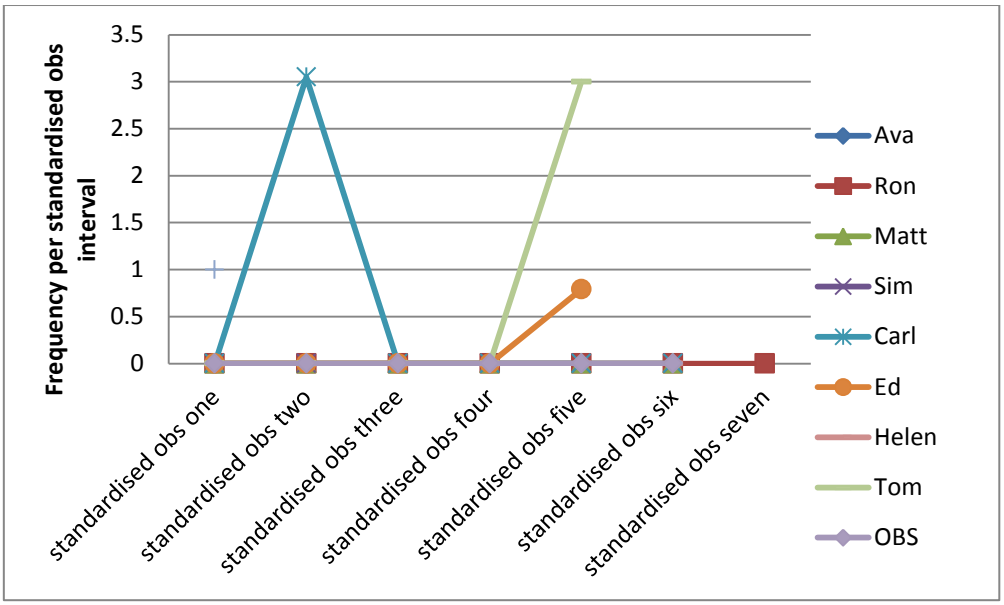

Figure A.10.6

Ajay Vocalising While Smiling directed towards Staff Participant in each Standardised Staff Participant Observation Interval

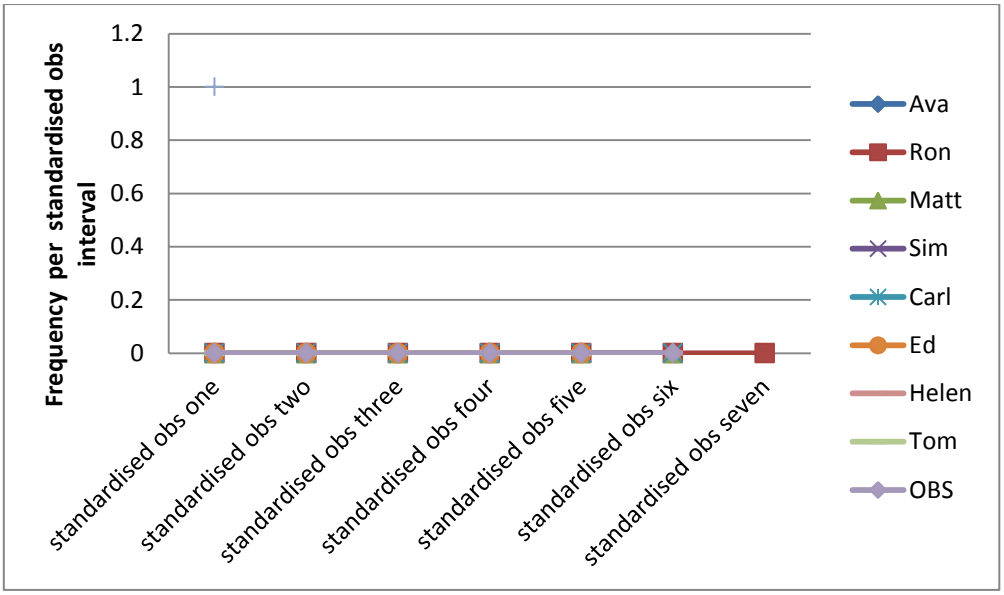

Figure A.10.7

Ajay Singing or Joking directed towards Staff Participant in each Standardised Staff Participant

Observation Interval

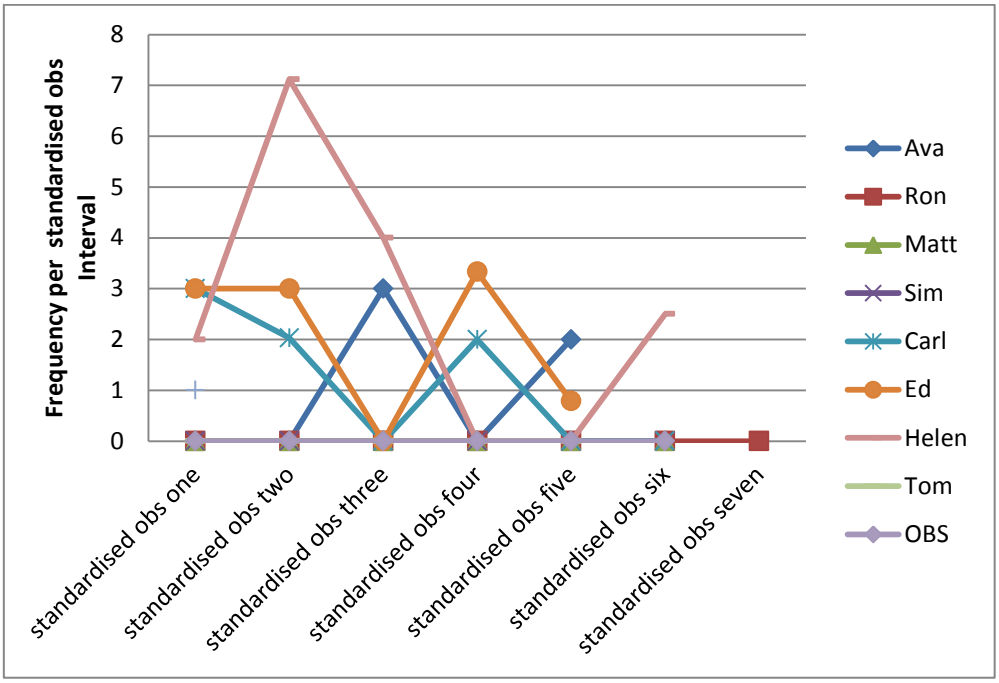

Figure A.10.8

Ajay Asking for Carers by Name in each Standardised Staff Participant

Observation Interval

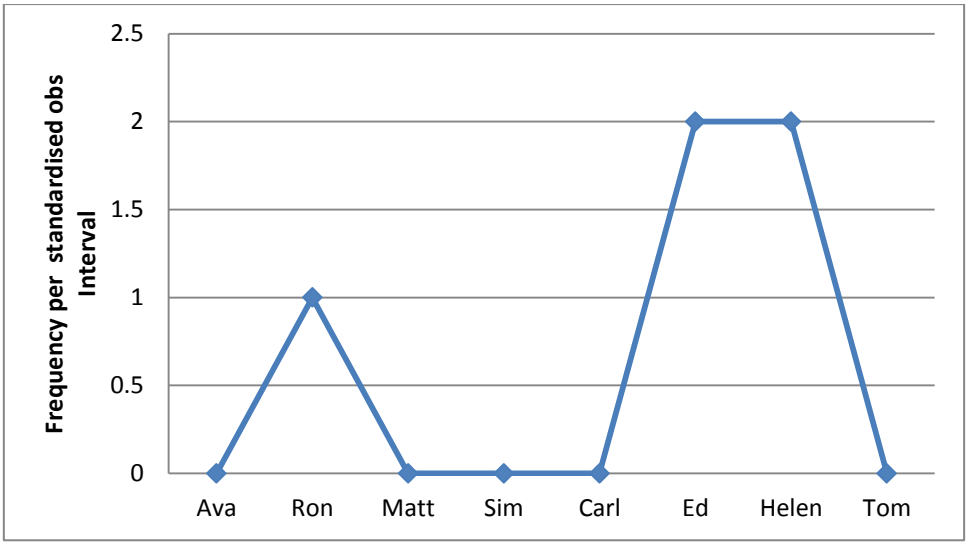

Figure A.10.9

Ajay Asking for Staff Particpants when they are Not on Duty

Physical contact

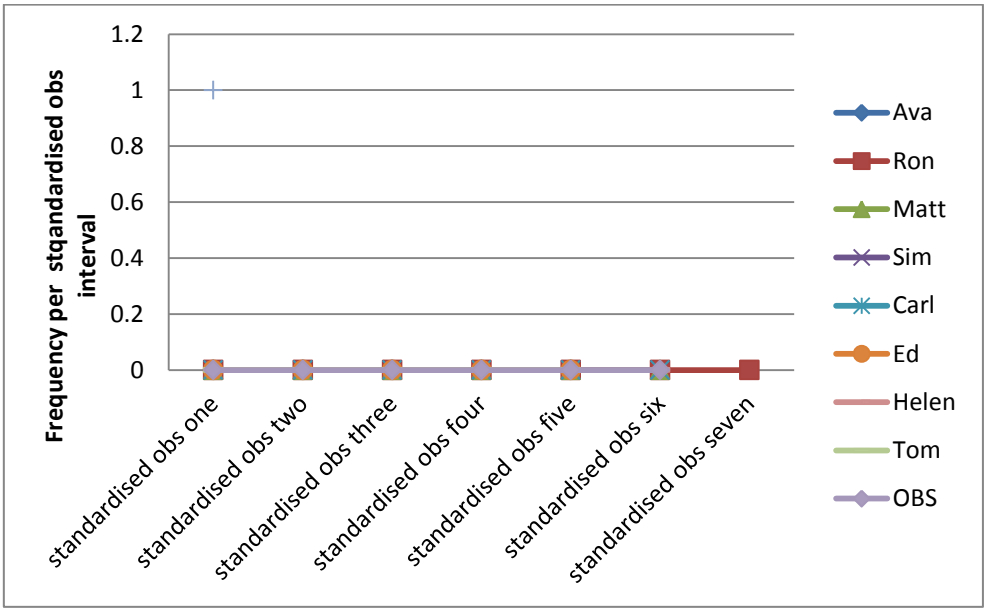

Figure A.10.10

Ajay Cuddling /Hugging Carers in each Standardised Staff Participant Observation Interval

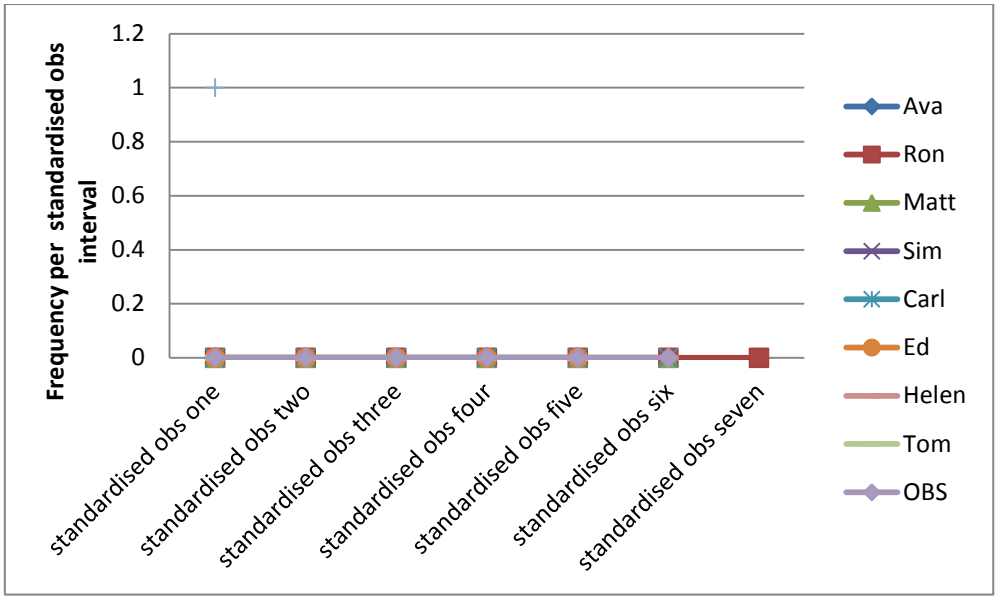

Figure A.10.11

Ajay Kissing Carers in each Standardised Staff Participant Observation Interval

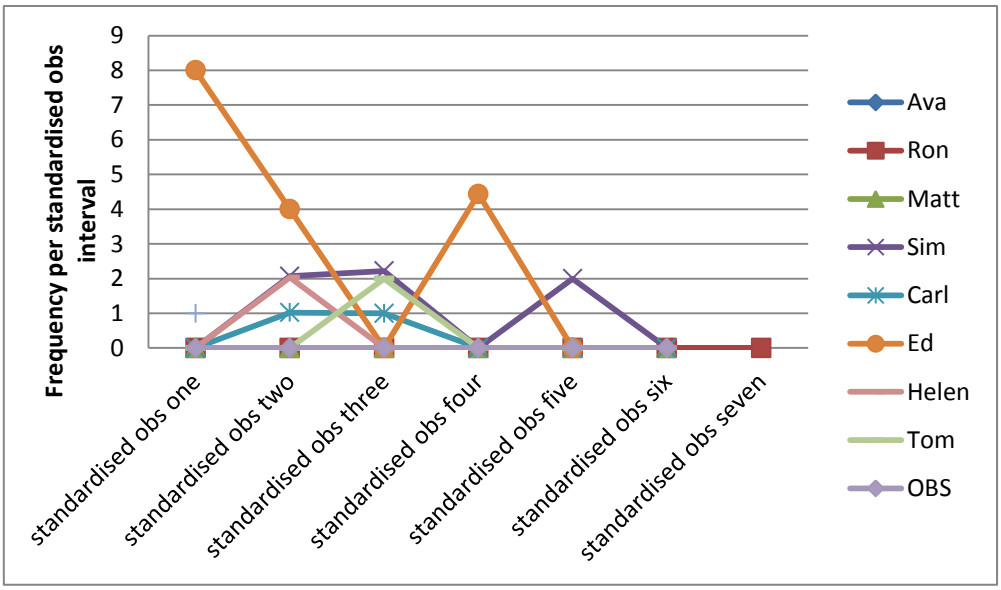

Figure A.10.12

Ajay Touching Carers in each Standardised Staff Participant Observation Interval

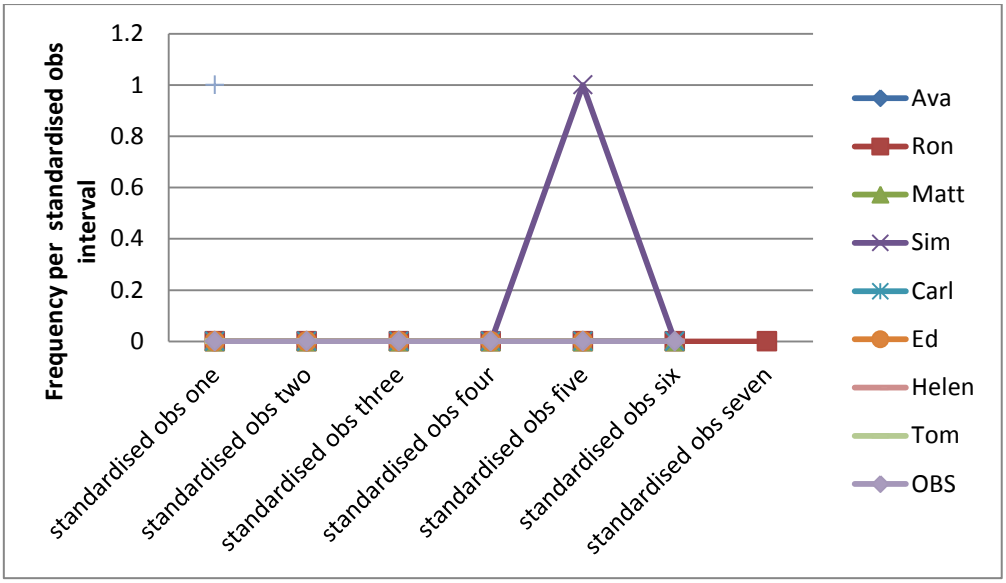

Figure A.10.13

Ajay Lightly Tapping Carers in each Standardised Staff Participant Observation Interval

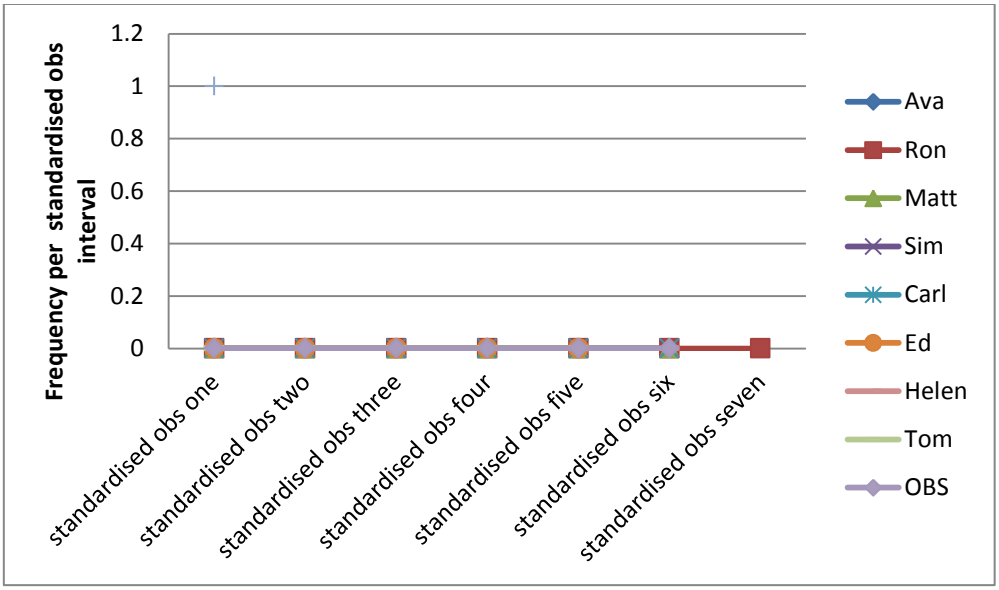

Figure A.10.14

Ajay Stroking Carers in each Standardised Staff Participant

Observation Interval

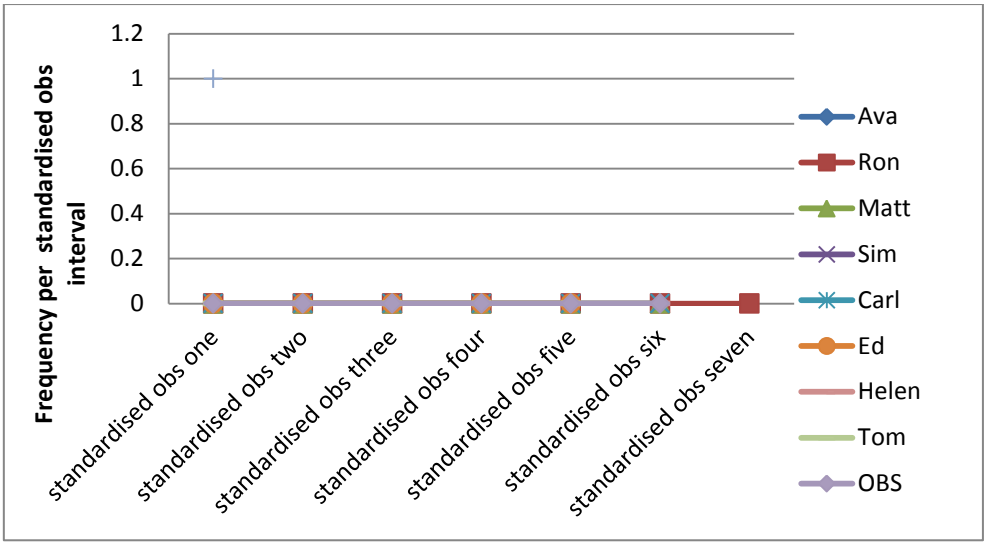

Figure A.10.15

Ajay Holding Carers Hand in each Standardised Staff Participant Observation Interval

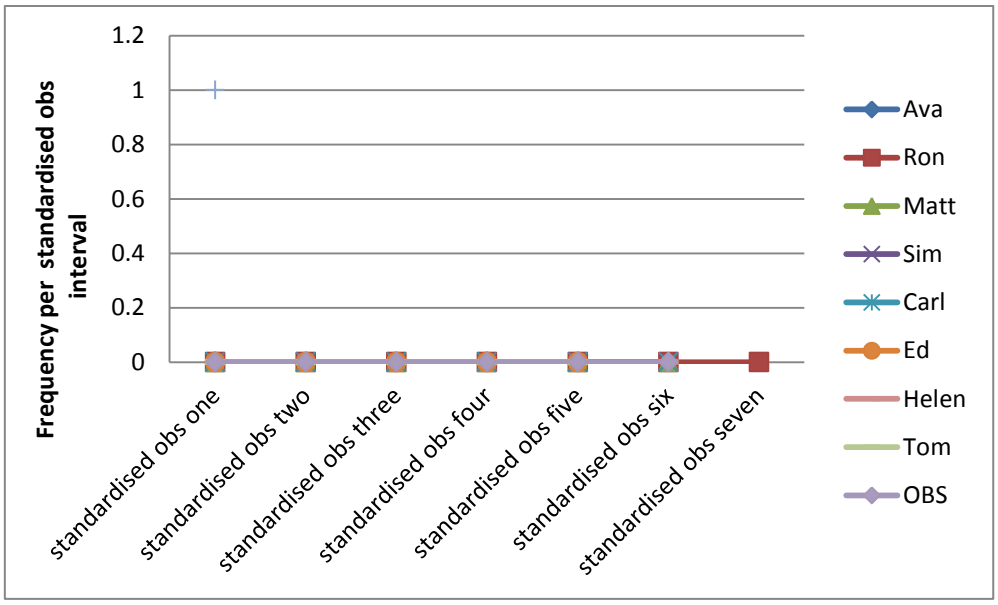

Figure A.10.16

Ajay High Five Toward Carers in each Standardised Staff Participant Observation Interval

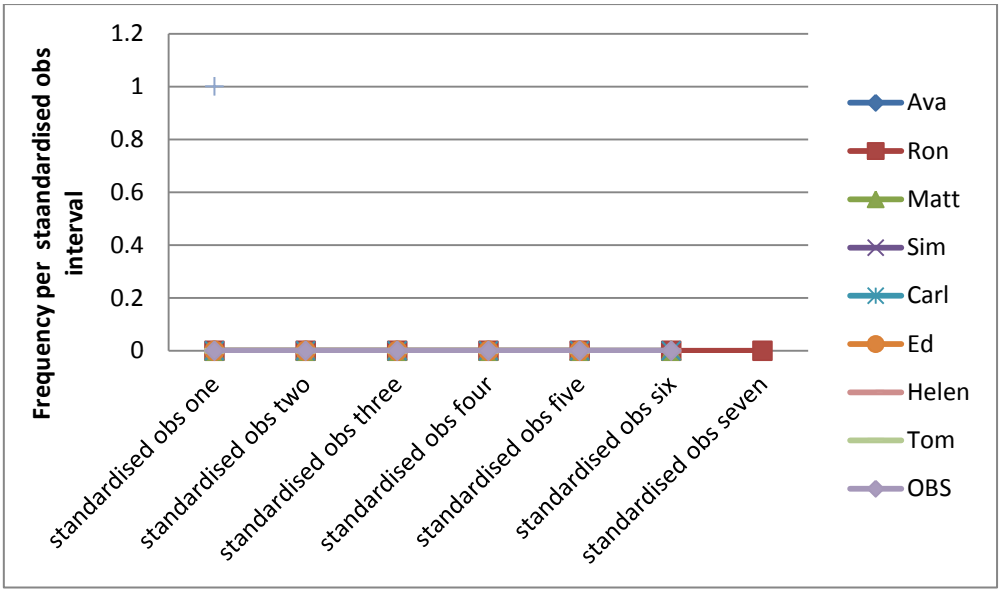

Figure A.10.17

Ajay Leading Carers in each Standardised Staff Participant Observation Interval

Gestures

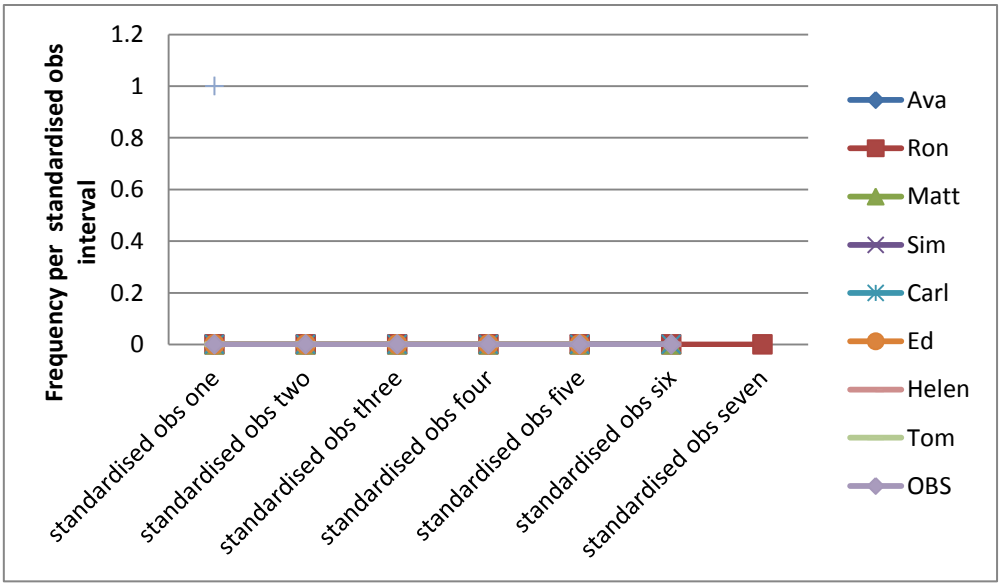

Figure A.10.18

Ajay Beckoning Carers in each Standardised Staff Participant Observation Interval

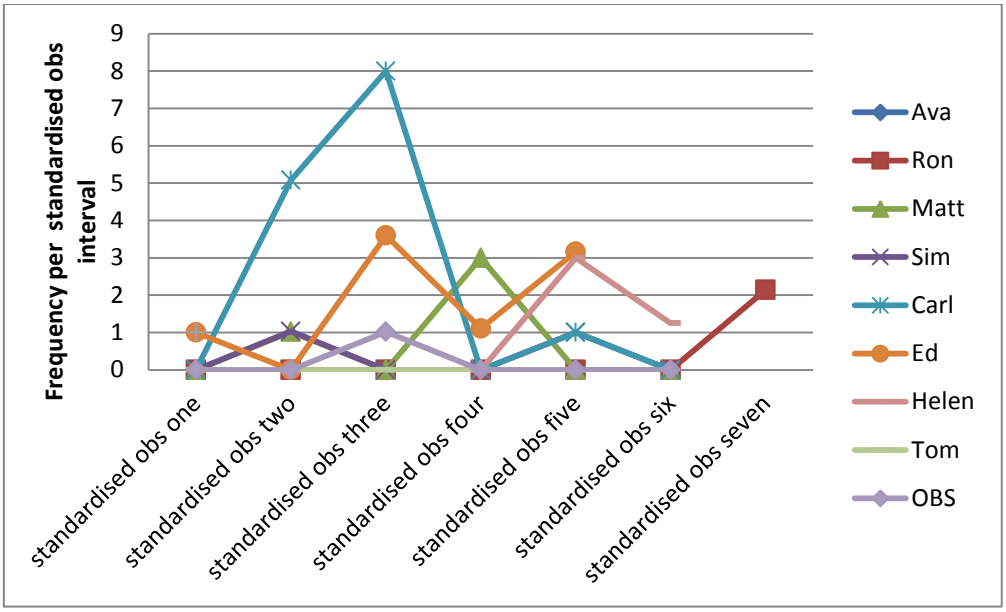

Figure A.10.19

Ajay Pointing Directed at Carers in each Standardised Staff Participant Observation Interval

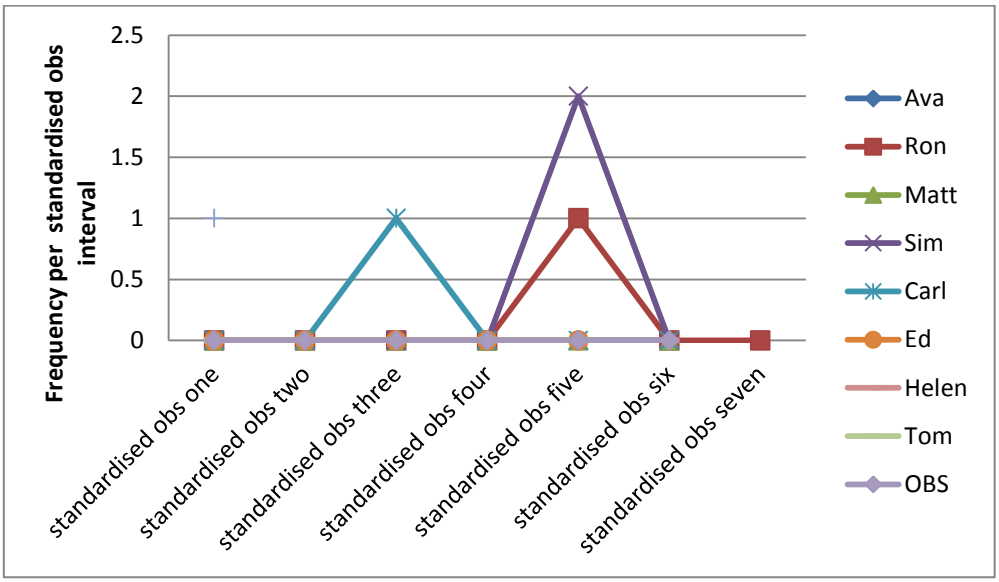

Figure A.10.20

Ajay Mimicking Carers in each Standardised Staff Participant Observation Interval

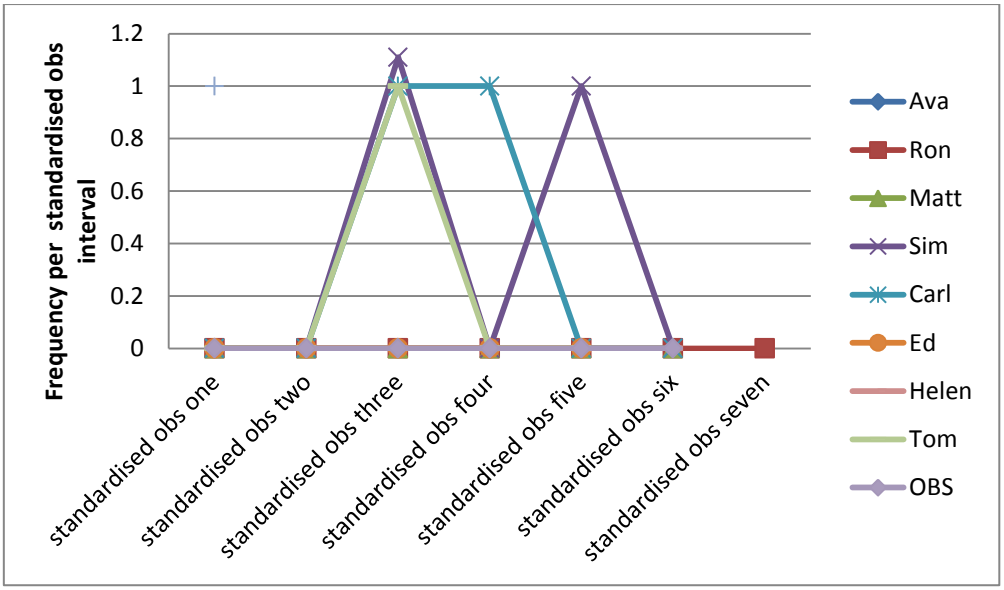

Figure A.10.21

Ajay Signing Thumbs Up Carers in each Standardised Staff Participant Observation Interval

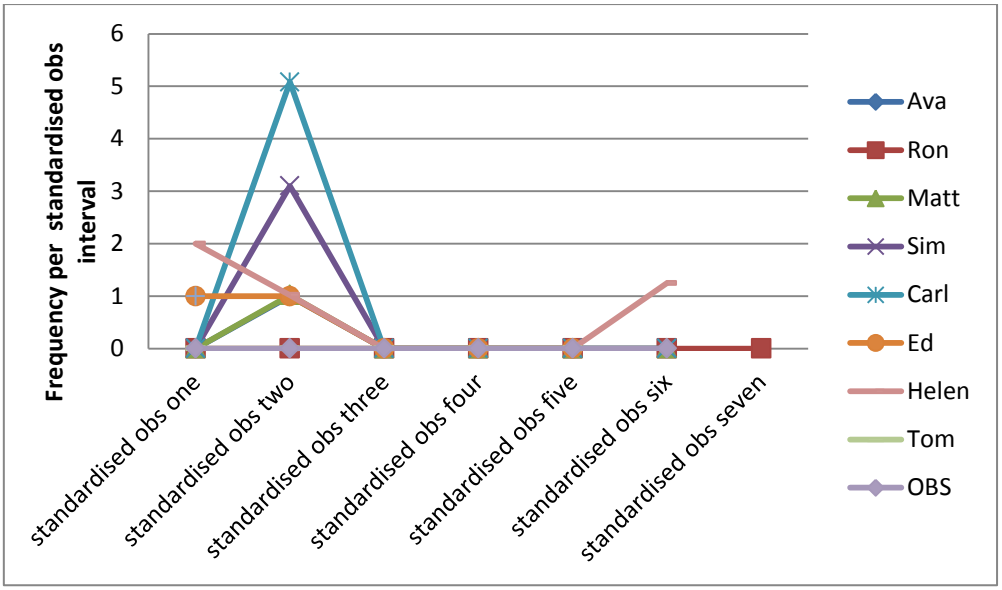

Figure A.10.22

Ajay Directing Sign Language Towards Carers in each Standardised Staff Participant Observation Interval

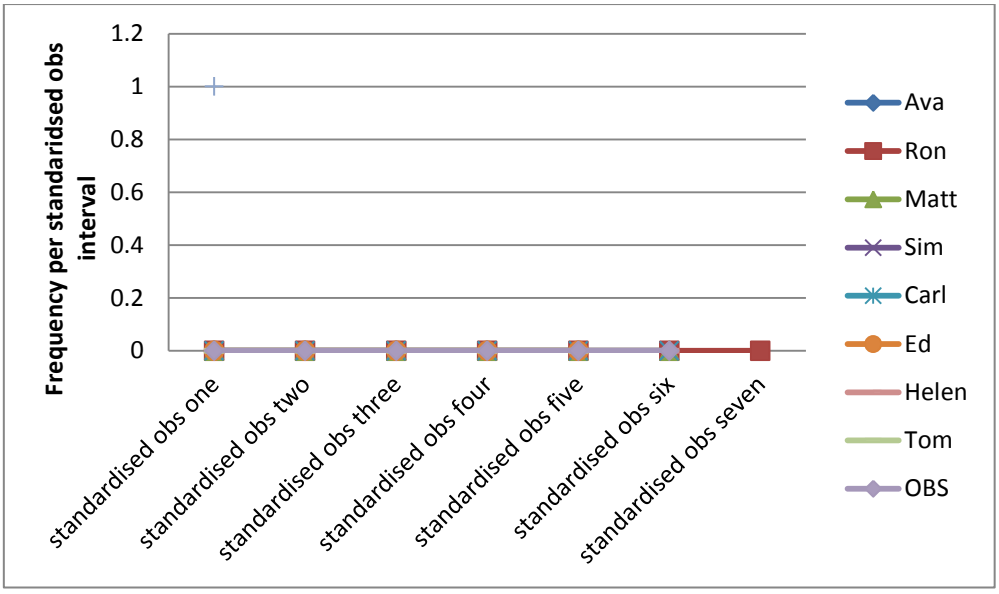

Figure A.10.23

Ajay Nodding Head While Interacting With Carers in each Standardised Staff Participant Observation Interval

Eye gaze

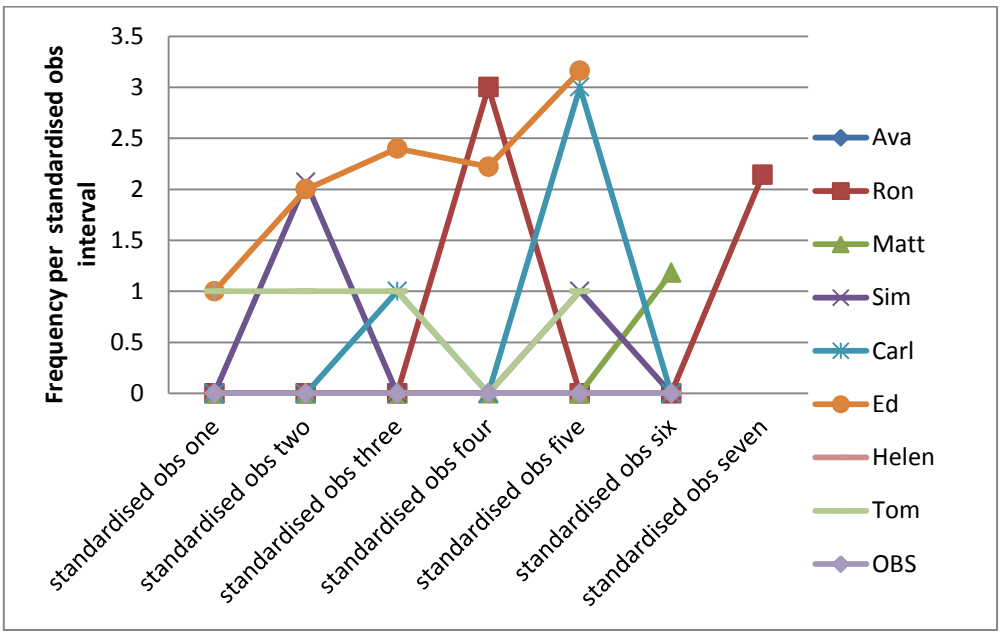

Figure A.10.24

Ajay Visually Tracking a Moving Carer in each Standardised Staff Participant Observation Interval

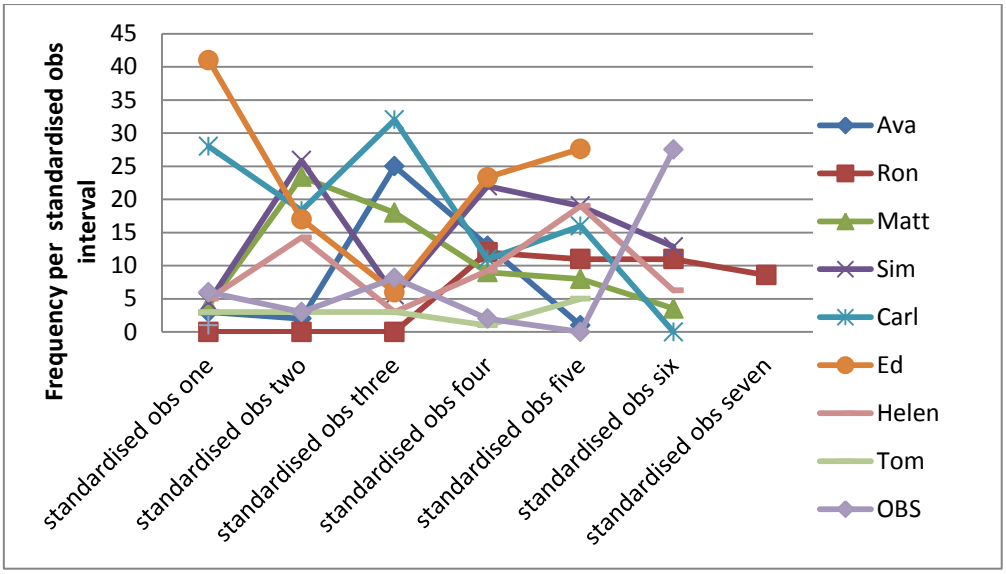

Figure A.10.25

Ajay Looking at a Stationary Carer in

each Standardised Staff Participant Observation Interval

Ajay Summary of Graphs

The graphs show that Ajay made approaches to staff participants (Figure A.10.1), and that this was a highly scored element of the IRM. Proximity to staff participants is also high (Figure A.10.2), as Ajay would typically engage in his own activity close to staff participants.

Ajay had good mobility and appeared to seek out staff participants, the graphs of Approaching Stationary Carers (Figure A.10.1) and Following Moving Carers (Figure A.10.3) reflect the seeking out staff participants.

The graphs show that Smiling Giggling or Laughing was coded across a range of staff participants see Figure A.10.4.

Ajay has some verbal language and speaks one or two words. Verbal language was coded and shown on Figure A.10.5 the graph for Word Approximations. Verbal language was used with a range of staff participants. The graph for Singing and Joking (Figure A.10.7) shows that these were elements of coding that did not score, and they may have been outside the skill repertoire of Ajay.

Ajay did use staff participants' names or ask for staff when they were present (Figure A.10.8), and when they were not on duty (Figure A.10.9).

Many of the graphs for Physical Contact (Figures A.10.10, A.10.11 and A.10.13 to A.10.17) show that these were category codes that were not observed. Stroking Carers, Holding Carers Hand, High Five Leading carers and Light Tapping all show zero coding in the graphs. Touching Carers (Figure A.10.12) did score for Ajay, and is shown in the graph across a number of staff participants. Ajay had an idiosyncratic way of greeting or

approaching staff as he held out a flat hand for them to touch this is reflected in the high score for Touching Carers in Figure A.10.12.

The graphs show that Gesture some codes such as Pointing (Figure A.10.19), Thumbs Up (Figure A.10.21) and Sign Language Attempts (Figure A.10.22) were scored for Ajay

Spearman correlation

Appendix: A.11.

Full table for Spearman Correlation Matrix or each intellectually disabled participant to show the relationship between categories

Table A.11.1

Bernie Spearman Correlation Matrix category and overall Total

			ActionstotBernie	PositiveFEtotBernie	VocalSStotBernie	PhysicalCtotBernie	GesturestotBernie	EyegazetotBernie	overalltotBernie
Spearman's rho	ActionstotBernie	Correlation Coefficient	1.000	.573	.519	.687*	.804**	.655	.698*
		Sig. (2-tailed)	.	.107	.152	.041	.009	.055	.037
		N	9	9	9	9	9	9	9
	PositiveFEtotBernie	Correlation Coefficient	.573	1.000	.971**	.728*	.597	.904**	.979**
		Sig. (2-tailed)	.107	.	.000	.026	.090	.001	.000
		N	9	9	9	9	9	9	9
	VocalSStotBernie	Correlation Coefficie	.519	.971**	1.000	.725*	.542	.817**	.933**

		nt							
		Sig. (2-tailed)	.152	.000	.	.027	.132	.007	.000
		N	9	9	9	9	9	9	9
	PhysicalCtotBernie	Correlation Coefficient	.687*	.728*	.725*	1.000	.652	.621	.725*
		Sig. (2-tailed)	.041	.026	.027	.	.057	.074	.027
		N	9	9	9	9	9	9	9
	GesturestotBernie	Correlation Coefficient	.804**	.597	.542	.652	1.000	.726*	.691*
		Sig. (2-tailed)	.009	.090	.132	.057	.	.027	.039
		N	9	9	9	9	9	9	9
	EyegazetotBernie	Correlation Coefficient	.655	.904**	.817**	.621	.726*	1.000	.950**
		Sig. (2-tailed)	.055	.001	.007	.074	.027	.	.000
		N	9	9	9	9	9	9	9
	overalltotBernie	Correlation	.698*	.979**	.933**	.725*	.691*	.950**	1.000

		Coefficient							
		Sig. (2-tailed)	.037	.000	.000	.027	.039	.000	.
		N	9	9	9	9	9	9	9

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Table A.11.2

Alanis Spearman Correlation Matrix category and overall Total

			ActionstotAlanis	PositiveFEtotAlanis	VocalSStotAlanis	PhysicalCtotAlanis	GesturestotAlanis	EyegazetotAlanis	OveralltotAlanis
Spearman's rho	ActionstotAlanis	Correlation Coefficient	1.000	.891**	.912**	.707*	.728*	.883**	.883**
		Sig. (2-tailed)	.	.001	.001	.033	.026	.002	.002
		N	9	9	9	9	9	9	9
	PositiveFEtotAlanis	Correlation Coefficien	.891**	1.000	.840**	.713*	.861**	.924**	.924**

		t							
		Sig. (2-tailed)	.001	.	.005	.031	.003	.000	.000
		N	9	9	9	9	9	9	9
	VocalSStotAlanis	Correlation Coefficient	.912**	.840**	1.000	.733*	.832**	.954**	.954**
		Sig. (2-tailed)	.001	.005	.	.025	.005	.000	.000
		N	9	9	9	9	9	9	9
	PhysicalCtotAlanis	Correlation Coefficient	.707*	.713*	.733*	1.000	.710*	.730*	.730*
		Sig. (2-tailed)	.033	.031	.025	.	.032	.025	.025
		N	9	9	9	9	9	9	9
	GesturestotAlanis	Correlation Coefficient	.728*	.861**	.832**	.710*	1.000	.929**	.929**
		Sig. (2-tailed)	.026	.003	.005	.032	.	.000	.000
		N	9	9	9	9	9	9	9
	EyegazetotAlanis	Correlation	.883**	.924**	.954**	.730*	.929**	1.000	1.000**

		Coefficient							
		Sig. (2-tailed)	.002	.000	.000	.025	.000	.	.
		N	9	9	9	9	9	9	9
	OveralltotAlanis	Correlation Coefficient	.883**	.924**	.954**	.730*	.929**	1.000**	1.000
		Sig. (2-tailed)	.002	.000	.000	.025	.000	.	.
		N	9	9	9	9	9	9	9

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table A.11.3

Ajay Spearman Correlation Matrix category and overall Total

			ActionstotAjay	PositiveFEtotAjay	VocalSStotAjay	PhysicalCtotAjay	GesturestotAjay	EyegazetotAjay	OveralltotAjay
Spearman's rho	ActionstotAjay	Correlation Coefficient	1.000	.731*	.954**	.816**	.865**	.900**	.967**
		Sig. (2-tailed)	.	.025	.000	.007	.003	.001	.000
		N	9	9	9	9	9	9	9
	PositiveFEtotAjay	Correlation Coefficient	.731*	1.000	.675*	.729*	.650	.622	.689*
		Sig. (2-tailed)	.025	.	.046	.026	.058	.074	.040
		N	9	9	9	9	9	9	9
	VocalSStotAjay	Correlation Coefficient	.954**	.675*	1.000	.721*	.953**	.921**	.996**
		Sig. (2-tailed)	.000	.046	.	.028	.000	.000	.000
		N	9	9	9	9	9	9	9
	PhysicalCtotAjay	Correlation Coefficient	.816**	.729*	.721*	1.000	.676*	.594	.718*
		Sig. (2-tailed)	.007	.026	.028	.	.045	.092	.029

		N	9	9	9	9	9	9	9
	GesturestotAjay	Correlation Coefficient	.865**	.650	.953**	.676*	1.000	.881**	.932**
		Sig. (2-tailed)	.003	.058	.000	.045	.	.002	.000
		N	9	9	9	9	9	9	9
	EyegazetotAjay	Correlation Coefficient	.900**	.622	.921**	.594	.881**	1.000	.933**
		Sig. (2-tailed)	.001	.074	.000	.092	.002	.	.000
		N	9	9	9	9	9	9	9
	OveralltotAjay	Correlation Coefficient	.967**	.689*	.996**	.718*	.932**	.933**	1.000
		Sig. (2-tailed)	.000	.040	.000	.029	.000	.000	.
		N	9	9	9	9	9	9	9

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Spearman Correlation Summary Tables with Staff Participant Beth included Appendix: A.12.

Key Correlation is significant at the 0.01 level (Two Tailed)

Correlation is significant at the 0.05 level (Two Tailed)

Table A.12.1

Bernie Spearman Correlation AB Included

		Mc Laughlin and Carr Measures		
Indicators of Rapport measure Category code		Total of Times Chosen on Preference Testing Bernie	Staff Self Rating Bernie	Average Rating By other Staff Bernie
Touching Carers Tot for Bernie	Correlation Coefficient	-.11	.28	-.72

Table A.12.2

Alanis Spearman Correlation AB Included

		McLaughlin and Carr Measures		
Indicators of Rapport measure Category code		Total of Times Chosen on Preference Testing Alanis	Staff Self Rating Alanis	Average Rating by Other Staff Alanis
Close to Stationary Carer Total Alanis	Correlation Coefficient	.85	.29	-.68
Following Moving Carer Total Alanis	Correlation Coefficient	.54	.49	-.80
Smiling Giggling Laughing Total Alanis	Correlation Coefficient	.84	.10	-.58
Word Approximations Total Alanis	Correlation Coefficient	.62	.43	-.69
Singing and Joking Total Alanis	Correlation Coefficient	.70	.16	-.78
Asking for staff when they are absent / not on duty	Correlation Coefficient	.82	.66	-.89
Touching Carers Total Alanis	Correlation Coefficient	.72	.16	-.81
Pointing To Engage Carer Total Alanis	Correlation Coefficient	.69	.43	-.72
Nodding Head Total Alanis	Correlation Coefficient	.71	-.02	-.30

Table A.12.3

Ajay Spearman Correlation AB Included

		Mc Laughlin and Carr Measures		
Indicators of Rapport measure Category code		Total of Times Chosen on Preference Testing Ajay	Staff Self Rating Ajay	Average Rating By Other Staff Ajay
Thumbs Up Total Ajay	Correlation Coefficient	-.56	.37	-.77

Spearman Correlation Full SPSS Tables Beth Not Included Appendix: A.13.

A.13.1

Bernie Spearman Correlation Full SPSS Table AB Not Included

Spearman's rho		ASCtotBernie	CSCtotBernie	FMCtotBernie	SGLtotBernie	WAtotBernie	VWStotBernie	SJtotBernie	ACNtotBernie	CHtotBernie	KtotBernie	TCtotBernie	LTCtotBernie	SCtotBernie	HHtotBernie	HFtotBernie	LCtotBernie	BCtotBernie	PCtotBernie	MCtotBernie	TUtotBernie	SLAtotBernie	NHtotBernie	TMCtotBernie	LSCtotBernie	Preference Testing Bernie	By other Staff Bernie	
ASCtotBernie	Correlation Coefficient	1.00	.40	.52	.38	.27	.28	.	.	.	.	.32	.	.	.	.	.	.	.	.	.29	.33	**.91**	**.68**	.60	-.47	-.63	
	Sig. (2-tailed)	.	.29	.15	.31	.48	.46	.	.	.	.	.39	.	.	.	.	.	.	.	.	.46	.38	.00	.04	.09	.24	.09	
	N	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	8	8	
CSCtotBernie	Correlation Coefficient	.40	1.00	.62	.49	.56	.37	.	.	.	.	.62	.	.	.	.	.	.	.	.	.55	.64	.47	**.81**	.33	-.26	-.40	
	Sig. (2-tailed)	.29	.	.07	.18	.11	.32	.	.	.	.	.07	.	.	.	.	.	.	.	.	.12	.06	.20	.01	.38	.53	.32	
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	
FMCtotBernie	Correlation Coefficient	.52	.62	1.00	.16	.26	.10	.	.	.	.	.17	.	.	.	.	.	.	.	.	.58	.24	.54	.64	.07	-.44	-.25	
	Sig. (2-tailed)	.15	.07	.	.67	.50	.79	.	.	.	.	.67	.	.	.	.	.	.	.	.	.10	.53	.14	.06	.86	.27	.55	
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	

SGLtotBernie	Correlation Coefficient	.38	.49	.16	1.00	**.94**	**.96**	.	.	.	.	**.73**	.	.	.	.	.	.	.	.	.41	**.71**	.51	.54	**.88**	-.28	-.60
	Sig. (2-tailed)	.31	.18	.67	.	.00	.00	.	.	.	.	.03	.	.	.	.	.	.	.	.	.27	.03	.16	.14	.00	.51	.12
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00
WAtotBernie	Correlation Coefficient	.27	.56	.26	**.94**	1.00	**.92**	.	.	.	.	**.76**	.	.	.	.	.	.	.	.	.57	**.76**	.45	.48	**.77**	-.38	-.57
	Sig. (2-tailed)	.48	.11	.50	.00	.	.00	.	.	.	.	.02	.	.	.	.	.	.	.	.	.11	.02	.22	.20	.01	.36	.14
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00
VWStotBernie	Correlation Coefficient	.28	.37	.10	**.96**	**.92**	1.00	.	.	.	.	**.73**	.	.	.	.	.	.	.	.	.41	**.71**	.48	.42	**.80**	-.28	-.51
	Sig. (2-tailed)	.46	.32	.79	.00	.00	.	.	.	.	.	.03	.	.	.	.	.	.	.	.	.27	.03	.19	.26	.01	.50	.19
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00
SJtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00
ACNtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00
CHtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8
KtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8
TCtotBernie	Correlation Coefficient	.32	.62	.17	**.73**	**.76**	**.73**	.	.	.	.	1.00	.	.	.	.	.	.	.	.	.66	**.99**	.55	**.68**	.52	.00	**-.76**	
	Sig. (2-tailed)	.39	.07	.67	.03	.02	.03	.	.	.	.	.	.	.	.	.	.	.	.	.	.05	.00	.12	.04	.15	1.00	.03	
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8
LTCtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8
SCtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8
HHtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8

HFtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8
LCtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8
BCtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8
PCtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8
MCtotBernie	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8
TUtotBernie	Correlation Coefficient	.29	.55	.58	.41	.57	.41	.	.	.	.	.66	.	.	.	.	.	.	.	.	1.00	**.75**	.58	.55	.14	-.41	-.41	

	Sig. (2-tailed)	.46	.12	.10	.27	.11	.27	.	.	.	.	.05	.	.	.	.	.	.	.	.	.	.02	.10	.12	.72	.31	.31
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00
SLAtotBernie	Correlation Coefficient	.33	.64	.24	**.71**	**.76**	**.71**	.	.	.	.	**.99**	.	.	.	.	.	.	.	.	**.75**	1.00	.58	**.69**	.48	-.08	**-.73**
	Sig. (2-tailed)	.38	.06	.53	.03	.02	.03	.	.	.	.	.00	.	.	.	.	.	.	.	.	.02	.	.10	.04	.19	.85	.04
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00
NHtotBernie	Correlation Coefficient	**.91**	.47	.54	.51	.45	.48	.	.	.	.	.55	.	.	.	.	.	.	.	.	.58	.58	1.00	**.70**	.57	-.63	-.63
	Sig. (2-tailed)	.00	.20	.14	.16	.22	.19	.	.	.	.	.12	.	.	.	.	.	.	.	.	.10	.10	.	.03	.11	.09	.10
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00
TMCtotBernie	Correlation Coefficient	**.68**	**.81**	.64	.54	.48	.42	.	.	.	.	**.68**	.	.	.	.	.	.	.	.	.55	**.69**	**.70**	1.00	.43	-.05	**-.75**
	Sig. (2-tailed)	.04	.01	.06	.14	.20	.26	.	.	.	.	.04	.	.	.	.	.	.	.	.	.12	.04	.03	.	.25	.90	.03
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00
LSCtotBernie	Correlation Coefficient	.60	.33	.07	**.88**	**.77**	**.80**	.	.	.	.	.52	.	.	.	.	.	.	.	.	.14	.48	.57	.43	1.00	-.33	-.71
	Sig. (2-tailed)	.09	.38	.86	.00	.01	.01	.	.	.	.	.15	.	.	.	.	.	.	.	.	.72	.19	.11	.25	.	.42	.05
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00
Total of Times Chosen on Preference Testing Bernie	Correlation Coefficient	-.47	-.26	-.44	-.28	-.38	-.28	.	.	.	.	.00	.	.	.	.	.	.	.	.	-.41	-.08	-.63	-.05	-.33	1.00	-.12
	Sig. (2-tailed)	.24	.53	.27	.51	.36	.50	.	.	.	.	1.00	.	.	.	.	.	.	.	.	.31	.85	.09	.90	.42	.	.78
	N	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00

Average Rating By other Staff Bernie	Correlation Coefficient	-.63	-.40	-.25	-.60	-.57	-.51	.	.	.	.	-.76	.	.	.	.	.	.	.	.	-.41	**-.73**	-.63	**-.75**	-.71	-.12	1.00	
	Sig. (2-tailed)	.09	.32	.55	.12	.14	.19	.	.	.	.	.03	.	.	.	.	.	.	.	.	.31	.04	.10	.03	.05	.78	.	
	N	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8
Staff Self Rating Bernie	Correlation Coefficient	-.22	.45	.01	-.08	.04	-.28	.	.	.	.	.20	.	.	.	.	.	.	.	.	.35	.24	-.19	.28	-.12	.13	-.01	1
	Sig. (2-tailed)	.60	.27	.97	.86	.92	.50	.	.	.	.	.63	.	.	.	.	.	.	.	.	.39	.56	.66	.49	.79	.76	.98	
	N	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8

A guide to the labels used in the spearman correlation for Bernie is provided at the end of this section.

Table A.13.2

Alanis Spearman Correlation Full SPSS AB Not Included

Spearman's rho		ASCtotAlanis	CSCtotAlanis	FMCtotAlanis	SGLtotAlanis	WAtotAlanis	VWStotAlanis	SJtotAlanis	ACNtotAlanis	absent / not on duty	CHtotAlanis	KtotAlanis	TCtotAlanis	LTCtotAlanis	SCtotAlanis	HHtotAlanis	HFtotAlanis	LCtotAlanis	BCtotAlanis	PCtotAlanis	MCtotAlanis	TUtotAlanis	SLAtotAlanis	NHtotAlanis	TMCtotAlanis	LSCtotAlanis	Preference Testing Alanis	Staff Self Rating Alanis	Average Rating by Other Staff Alanis
ASCtotAlanis	Correlation Coefficient	1.00	**.77**	**.83**	.66	.66	.48	.67	.30	.80	.	.	**.67**	.	.	.	.	.	.	.50	.35	.18	.58	.41	.31	.66	.63	.42	-.63
	Sig. (2-tailed)	.	.01	.01	.05	.05	.19	.05	.44	.10	.	.	.05	.	.	.	.	.	.	.17	.35	.65	.10	.27	.42	.05	.09	.30	.09
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
CSCtotAlanis	Correlation Coefficient	**.77**	1.00	**.81**	**.91**	**.91**	.31	**.71**	.53	**.89**	.	.	**.71**	.	.	.	.	.	.	**.76**	.41	.42	**.84**	**.82**	.54	**.89**	**.83**	.30	-.55
	Sig. (2-tailed)	.01	.	.01	.00	.00	.41	.03	.15	.04	.	.	.03	.	.	.	.	.	.	.02	.27	.25	.00	.01	.14	.00	.01	.47	.16
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
FMCtotAlanis	Correlation Coefficient	**.83**	**.81**	1.00	.65	**.86**	.11	**.80**	.61	.80	.	.	**.80**	.	.	.	.	.	.	**.79**	.60	.57	**.77**	.43	.27	**.86**	.55	.54	**-.76**
	Sig. (2-tailed)	.01	.01	.	.06	.00	.77	.01	.08	.10	.	.	.01	.	.	.	.	.	.	.01	.09	.11	.02	.24	.49	.00	.16	.17	.03
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00
SGLtotAlanis	Correlation Coefficient	.66	**.91**	.65	1.00	**.85**	.47	.71	.40	.89	.	.	**.71**	.	.	.	.	.	.	**.78**	.41	.48	**.85**	**.90**	.67	**.87**	**.83**	.08	-.45

	Sig. (2-tailed)	.05	.00	.06	.	.00	.20	.03	.28	.04	.	.	.03	.	.	.	.	.	.	.01	.27	.19	.00	.00	.05	.00	.01	.85	.27
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
WAtotAlanis	Correlation Coefficient	.66	**.91**	**.86**	**.85**	1.00	.21	**.73**	**.69**	.78	.	.	**.73**	.	.	.	.	.	.	**.88**	.55	.59	**.96**	**.80**	.54	**.98**	.56	.46	-.57
	Sig. (2-tailed)	.05	.00	.00	.00	.	.59	.03	.04	.12	.	.	.03	.	.	.	.	.	.	.00	.13	.10	.00	.01	.13	.00	.15	.25	.14
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
VWStotAlanis	Correlation Coefficient	.48	.31	.11	.47	.21	1.00	.28	-.46	.79	.	.	.28	.	.	.	.	.	.	.16	-.19	.00	.16	.42	.38	.21	.26	.14	.00
	Sig. (2-tailed)	.19	.41	.77	.20	.59	.	.46	.22	.11	.	.	.46	.	.	.	.	.	.	.69	.63	1.00	.68	.26	.31	.59	.54	.73	1.00
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
SJtotAlanis	Correlation Coefficient	**.67**	**.71**	**.80**	**.71**	**.73**	.28	1.00	.30	.88	.	.	1.00	.	.	.	.	.	.	**.71**	**.75**	**.76**	.66	.51	.35	**.73**	**.75**	.14	**-.73**
	Sig. (2-tailed)	.05	.03	.01	.03	.03	.46	.	.43	.05	.	.	.	.	.	.	.	.	.	.03	.02	.02	.05	.16	.36	.03	.03	.74	.04
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
ACNtotAlanis	Correlation Coefficient	.30	.53	.61	.40	**.69**	-.46	.30	1.00	-.06	.	.	.30	.	.	.	.	.	.	.52	.60	.26	**.75**	.40	.24	**.69**	.10	.37	-.26
	Sig. (2-tailed)	.44	.15	.08	.28	.04	.22	.43	.	.93	.	.	.43	.	.	.	.	.	.	.16	.09	.51	.02	.28	.53	.04	.81	.37	.54
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
Asking for staff when they are absent / not on duty	Correlation Coefficient	.80	**.89**	.80	**.89**	.78	.79	.88	-.06	1.00	.	.	.88	.	.	.	.	.	.	**.89**	.40	.80	.63	.34	.23	.78	**.89**	.63	**-.89**
	Sig. (2-tailed)	.10	.04	.10	.04	.12	.11	.05	.93	.	.	.	.05	.	.	.	.	.	.	.04	.51	.10	.25	.58	.71	.12	.04	.26	.04

	N	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
CHtotAlanis	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
KtotAlanis	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
TCtotAlanis	Correlation Coefficient	**.67**	**.71**	**.80**	**.71**	**.73**	.28	**1.00**	.30	.88	.	.	1.00	.	.	.	.	.	.	**.71**	**.75**	**.76**	.66	.51	.35	**.73**	**.75**	.14	**-.73**
	Sig. (2-tailed)	.05	.03	.01	.03	.03	.46	.	.43	.05	.	.	.	.	.	.	.	.	.	.03	.02	.02	.05	.16	.36	.03	.03	.74	.04
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
LTCtotAlanis	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
SCtotAlanis	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00

HHtotAlanis	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
HFtotAlanis	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
LCtotAlanis	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
BCtotAlanis	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
PCtotAlanis	Correlation Coefficient	.50	**.76**	**.79**	**.78**	**.88**	.16	**.71**	.52	**.89**	.	.	**.71**	.	.	.	.	.	.	1.00	.41	**.81**	**.82**	.64	.46	**.92**	.59	.47	-.61
	Sig. (2-tailed)	.17	.02	.01	.01	.00	.69	.03	.16	.04	.	.	.03	.	.	.	.	.	.	.	.27	.01	.01	.06	.22	.00	.12	.24	.11
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00

MCtotAlanis	Correlation Coefficient	.35	.41	.60	.41	.55	-.19	**.75**	.60	.40	.	.	**.75**	.	.	.	.	.	.	.41	1.00	.57	.57	.28	.07	.55	.42	.09	-.41
	Sig. (2-tailed)	.35	.27	.09	.27	.13	.63	.02	.09	.51	.	.	.02	.	.	.	.	.	.	.27	.	.11	.11	.47	.85	.13	.30	.82	.31
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
TUtotAlanis	Correlation Coefficient	.18	.42	.57	.48	.59	.00	**.76**	.26	.80	.	.	**.76**	.	.	.	.	.	.	**.81**	.57	1.00	.50	.33	.13	.62	.49	.29	-.55
	Sig. (2-tailed)	.65	.25	.11	.19	.10	1.00	.02	.51	.10	.	.	.02	.	.	.	.	.	.	.01	.11	.	.17	.38	.75	.07	.22	.49	.16
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
SLAtotAlanis	Correlation Coefficient	.58	**.84**	**.77**	**.85**	**.96**	.16	.66	**.75**	.63	.	.	.66	.	.	.	.	.	.	**.82**	.57	.50	1.00	**.83**	.68	**.96**	.47	.34	-.48
	Sig. (2-tailed)	.10	.00	.02	.00	.00	.68	.05	.02	.25	.	.	.05	.	.	.	.	.	.	.01	.11	.17	.	.01	.05	.00	.24	.41	.23
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
NHtotAlanis	Correlation Coefficient	.41	**.82**	.43	**.90**	**.80**	.42	.51	.40	.34	.	.	.51	.	.	.	.	.	.	.64	.28	.33	**.83**	1.00	**.79**	**.77**	.60	.01	-.16
	Sig. (2-tailed)	.27	.01	.24	.00	.01	.26	.16	.28	.58	.	.	.16	.	.	.	.	.	.	.06	.47	.38	.01	.	.01	.01	.11	.97	.71
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
TMCtotAlanis	Correlation Coefficient	.31	.54	.27	.67	.54	.38	.35	.24	.23	.	.	.35	.	.	.	.	.	.	.46	.07	.13	**.68**	**.79**	1.00	.54	.31	-.31	-.34
	Sig. (2-tailed)	.42	.14	.49	.05	.13	.31	.36	.53	.71	.	.	.36	.	.	.	.	.	.	.22	.85	.75	.05	.01	.	.13	.45	.46	.41
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00

LSCtotAlanis	Correlation Coefficient	.66	**.89**	**.86**	**.87**	**.98**	.21	**.73**	**.69**	.78	.	.	.73	.	.	.	.	.	.	**.92**	.55	.62	**.96**	**.77**	.54	1.00	.56	.46	-.57
	Sig. (2-tailed)	.05	.00	.00	.00	.00	.59	.03	.04	.12	.	.	.03	.	.	.	.	.	.	.00	.13	.07	.00	.01	.13	.	.15	.25	.14
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	5.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
Total of Times Chosen on Preference Testing Alanis	Correlation Coefficient	.63	.83	.55	**.83**	.56	.26	**.75**	.10	**.89**	.	.	**.75**	.	.	.	.	.	.	.59	.42	.49	.47	.60	.31	.56	1.00	-.17	-.54
	Sig. (2-tailed)	.09	.01	.16	.01	.15	.54	.03	.81	.04	.	.	.03	.	.	.	.	.	.	.12	.30	.22	.24	.11	.45	.15	.	.69	.17
	N	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	5.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Staff Self Rating Alanis	Correlation Coefficient	.42	.30	.54	.08	.46	.14	.14	.37	.63	.	.	.14	.	.	.	.	.	.	.47	.09	.29	.34	.01	-.31	.46	-.17	1.00	.00
	Sig. (2-tailed)	.30	.47	.17	.85	.25	.73	.74	.37	.26	.	.	.74	.	.	.	.	.	.	.24	.82	.49	.41	.97	.46	.25	.69	.	1.00
	N	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	5.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Average Rating by Other Staff Alanis	Correlation Coefficient	-.63	-.55	**-.76**	-.45	-.57	.00	-.73	-.26	**-.89**	.	.	**-.73**	.	.	.	.	.	.	-.61	-.41	-.55	-.48	-.16	-.34	-.57	-.54	.00	1.00
	Sig. (2-tailed)	.09	.16	.03	.27	.14	1.00	.04	.54	.04	.	.	.04	.	.	.	.	.	.	.11	.31	.16	.23	.71	.41	.14	.17	1.00	.
	N	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	5.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00

A guide to the labels used in the spearman correlation for Alanis is provided at the end of this section.

Table A.13.3

Ajay Spearman Correlation Full SPSS Table AB Not Included

Spearman's rho		ASCtotAjay	CSCtotAjay	FMCtotAjay	SGLtotAjay	WAtotAjay	VWStotAjay	SJtotAjay	ACNtotAjay	they are absent / not on duty	CHtotAjay	KtotAjay	TCtotAjay	LTCtotAjay	SCtotAjay	HHtotAjay	HFtotAjay	LCtotAjay	BCtotAjay	PCtotAjay	MCtotAjay	TUtotAjay	SLAtotAjay	NHtotAjay	TMCtotAjay	LSCtotAjay	on Preference Testing Ajay	Staff Self Rating Ajay	Average Rating By Other Staff Ajay
ASCtotAjay	Correlation Coefficient	1.00	**.92**	.53	.64	**.90**	.28	.	.63	.87	.	.	**.85**	.28	.	.	.	.	.	**.72**	.10	.23	**.77**	.	.49	**.75**	-.11	-.22	-.40
	Sig. (2-tailed)	.	.00	.14	.06	.00	.47	.	.07	.33	.	.	.00	.47	.	.	.	.	.	.03	.80	.55	.02	.	.18	.02	.80	.61	.33
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
CSCtotAjay	Correlation Coefficient	**.92**	1.00	.61	**.73**	.95	.28	.	.57	**.87**	.	.	**.82**	.41	.	.	.	.	.	**.72**	.25	.36	**.83**	.	.53	**.90**	-.34	-.40	-.50
	Sig. (2-tailed)	.00	.	.08	.03	.00	.47	.	.11	.33	.	.	.01	.27	.	.	.	.	.	.03	.52	.34	.01	.	.14	.00	.41	.32	.21
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
FMCtotAjay	Correlation Coefficient	.53	.61	1.00	**.69**	.61	.51	.	.40	.50	.	.	.37	-.24	.	.	.	.	.	**.80**	-.05	.05	.44	.	.60	**.77**	.07	.03	-.44
	Sig. (2-tailed)	.14	.08	.	.04	.08	.16	.	.28	.67	.	.	.32	.53	.	.	.	.	.	.01	.89	.89	.24	.	.09	.01	.87	.95	.28
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
SGLtotAjay	Correlation Coefficient	.64	**.73**	**.69**	1.00	.61	**.81**	.	.32	.87	.	.	**.73**	.14	.	.	.	.	.	.54	.15	.64	.55	.	**.82**	.62	-.24	.24	**-.74**

	Sig. (2-tailed)	.06	.03	.04	.	.08	.01	.	.40	.33	.	.	.03	.72	.	.	.	.	.	.14	.70	.06	.12	.	.01	.07	.57	.57	.03
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
WAtotAjay	Correlation Coefficient	**.90**	**.95**	.61	.61	1.00	.18	.	.51	.87	.	.	**.75**	.41	.	.	.	.	.	**.78**	.41	.29	**.78**	.	.54	**.88**	-.11	-.39	-.45
	Sig. (2-tailed)	.00	.00	.08	.08	.	.64	.	.16	.33	.	.	.02	.27	.	.	.	.	.	.01	.28	.45	.01	.	.14	.00	.80	.34	.26
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
VWStotAjay	Correlation Coefficient	.28	.28	.51	**.81**	.18	1.00	.	.23	.50	.	.	.51	-.25	.	.	.	.	.	.26	-.01	.53	.17	.	**.79**	.18	-.10	.57	-.45
	Sig. (2-tailed)	.47	.47	.16	.01	.64	.	.	.55	.67	.	.	.16	.52	.	.	.	.	.	.50	.99	.14	.66	.	.01	.64	.81	.14	.26
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
SJtotAjay	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
ACNtotAjay	Correlation Coefficient	.63	.57	.40	.32	.51	.23	.	1.00	.87	.	.	.44	-.30	.	.	.	.	.	.55	-.24	-.15	**.70**	.	.06	.53	-.47	-.11	.18
	Sig. (2-tailed)	.07	.11	.28	.40	.16	.55	.	.	.33	.	.	.24	.43	.	.	.	.	.	.13	.53	.69	.04	.	.89	.14	.23	.79	.67
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
Asking for Staff when they are absent / not on duty	Correlation Coefficient	.87	.87	.50	.87	.87	.50	.	.87	1.00	.	.	.87	.	.	.	.	.	.	.87	**-1.00**	.	.87	.	.00	.87	-.87	-.50	-.87
	Sig. (2-tailed)	.33	.33	.67	.33	.33	.67	.	.33	.	.	.	.33	.	.	.	.	.	.	.33	.	.	.33	.	1.00	.33	.33	.67	.33

	N	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CHtotAjay	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
KtotAjay	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
TCtotAjay	Correlation Coefficient	**.85**	**.82**	.37	**.73**	**.75**	.51	.	.44	.87	.	.	1.00	.44	.	.	.	.	.	.48	.22	.50	.57	.	**.70**	.59	-.16	-.21	-.43
	Sig. (2-tailed)	.00	.01	.32	.03	.02	.16	.	.24	.33	.	.	.	.24	.	.	.	.	.	.20	.56	.17	.11	.	.04	.09	.70	.61	.29
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
LTCtotAjay	Correlation Coefficient	.28	.41	-.24	.14	.41	-.25	.	-.30	.	.	.	.44	1.00	.	.	.	.	.	.00	.65	.57	.28	.	.14	.27	-.17	-.44	-.41
	Sig. (2-tailed)	.47	.27	.53	.72	.27	.52	.	.43	.	.	.	.24	.	.	.	.	.	.	1.00	.06	.11	.47	.	.72	.48	.69	.28	.31
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
SCtotAjay	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00

HHtotAjay	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
HFtotAjay	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
LCtotAjay	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
BCtotAjay	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
PCtotAjay	Correlation Coefficient	**.72**	**.72**	**.80**	**.54**	**.78**	**.26**	**.**	**.55**	**.87**	**.**	**.**	**.48**	**.00**	**.**	**.**	**.**	**.**	**.**	**1.00**	**.20**	**.16**	**.76**	**.**	**.38**	**.85**	-.05	.11	-.54
	Sig. (2-tailed)	.03	.03	.01	**.14**	**.01**	**.50**	**.**	**.13**	**.33**	**.**	**.**	**.20**	**1.00**	**.**	**.**	**.**	**.**	**.**	**.**	**.60**	**.69**	**.02**	**.**	**.31**	.00	.91	.80	.17
	N	9.00	9.00	9.00	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**3.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	9.00	8.00	8.00	8.00

MCtotAjay	Correlation Coefficient	.10	.25	-.05	.15	.41	-.01	.	-.24	**-1.00**	.	.	.22	.65	.	.	.	.	.	.20	1.00	.65	.31	.	.32	.22	-.04	-.01	-.44
	Sig. (2-tailed)	.80	.52	.89	.70	.28	.99	.	.53	.	.	.	.56	.06	.	.	.	.	.	.60	.	.06	.42	.	.41	.57	.92	.99	.28
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
TUtotAjay	Correlation Coefficient	.23	.36	.05	.64	.29	.53	.	-.15	.	.	.	.50	.57	.	.	.	.	.	.16	.65	1.00	.40	.	.53	.22	-.35	.33	**-.78**
	Sig. (2-tailed)	.55	.34	.89	.06	.45	.14	.	.69	.	.	.	.17	.11	.	.	.	.	.	.69	.06	.	.29	.	.14	.57	.39	.43	.02
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
SLAtotAjay	Correlation Coefficient	**.77**	**.83**	.44	.55	**.78**	.17	.	**.70**	.87	.	.	.57	.28	.	.	.	.	.	**.76**	.31	.40	1.00	.	.18	**.80**	-.60	-.04	-.48
	Sig. (2-tailed)	.02	.01	.24	.12	.01	.66	.	.04	.33	.	.	.11	.47	.	.	.	.	.	.02	.42	.29	.	.	.64	.01	.11	.92	.23
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
NHtotAjay	Correlation Coefficient	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
TMCtotAjay	Correlation Coefficient	.49	.53	.60	**.82**	.54	**.79**	.	.06	.00	.	.	**.70**	.14	.	.	.	.	.	.38	.32	.53	.18	.	1.00	.40	.20	.18	-.52
	Sig. (2-tailed)	.18	.14	.09	.01	.14	.01	.	.89	1.00	.	.	.04	.72	.	.	.	.	.	.31	.41	.14	.64	.	.	.29	.64	.67	.19
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00

LSCtotAjay	Correlation Coefficient	**.75**	**.90**	**.77**	.62	**.88**	.18	.	.53	.87	.	.	.59	.27	.	.	.	.	.	**.85**	.22	.22	**.80**	.	.40	1.00	-.23	-.33	-.52
	Sig. (2-tailed)	.02	.00	.01	.07	.00	.64	.	.14	.33	.	.	.09	.48	.	.	.	.	.	.00	.57	.57	.01	.	.29	.	.59	.43	.18
	N	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	3.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00	8.00	8.00	8.00
Total of Times Chosen on Preference Testing Ajay	Correlation Coefficient	-.11	-.34	.07	-.24	-.11	-.10	.	-.47	-.87	.	.	-.16	-.17	.	.	.	.	.	-.05	-.04	-.35	-.60	.	.20	-.23	1.00	.17	.06
	Sig. (2-tailed)	.80	.41	.87	.57	.80	.81	.	.23	.33	.	.	.70	.69	.	.	.	.	.	.91	.92	.39	.11	.	.64	.59	.	.68	.89
	N	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	3.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Staff Self Rating Ajay	Correlation Coefficient	-.22	-.40	.03	.24	-.39	.57	.	-.11	-.50	.	.	-.21	-.44	.	.	.	.	.	.11	-.01	.33	-.04	.	.18	-.33	.17	1.00	-.37
	Sig. (2-tailed)	.61	.32	.95	.57	.34	.14	.	.79	.67	.	.	.61	.28	.	.	.	.	.	.80	.99	.43	.92	.	.67	.43	.68	.	.37
	N	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	3.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Average Rating By Other Staff Ajay	Correlation Coefficient	-.40	-.50	-.44	**-.74**	-.45	-.45	.	.18	-.87	.	.	-.43	-.41	.	.	.	.	.	-.54	-.44	**-.78**	-.48	.	-.52	-.52	.06	-.37	1.00
	Sig. (2-tailed)	.33	.21	.28	.03	.26	.26	.	.67	.33	.	.	.29	.31	.	.	.	.	.	.17	.28	.02	.23	.	.19	.18	.89	.37	.
	N	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	3.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00

A guide to the labels used in the spearman correlation for Ajay is provided at the end of this section.

Guide to labels in spearman correlation table.

ASC	Approach stationary carer
CSC	Close to stationary carer Maintain proximity
FMC	Follow moving carer
SGL	Smiling giggling or laughing
WA	Word approximations
VWS	Vocalisations while smiling
SJ	Singing joking
ACN	Asking for an absent carer or calling a carer by name
CH	Cuddle/hug
K	Kissing
TC	Touching
LT	Lightly tapping
SC	stroking
HH	Hand holding
HF	High five
LC	Leading carer
BC	Beckon
PC	Pointing
MC	Mimicking
TU	Thumbs up
SLA	Sign language or attempts
NH	Nodding head
TMC	Tracking a moving carer
LSC	Looking at a stationary carer

Graphs of IRM category codes and McLaughlin and Carr measures Appendix:A.14.

The graphs in Figures A.14.1 to A.14.18 have been structured so that they examine data at the IRM category code level for one McLaughlin and Carr measure at a time.

Figures A.14.1 to A.14.6 are based on Staff Self Rating results

Figures A.14.7 to A.14.12 examine the results from Staff Rating of Other Staff rapport

Figures A.14.13 to A.14.18 cover the results of Preference Testing

The comparison in Figure A.14.1 is between Staff Self-Rating results and the total IRM score for Actions. Actions are the proximity between participants with an intellectual disability and SP. The graph shows SP who rated their rapport with the IDP as good or poor. Mean IRM Actions scores for SP who rated themselves as having a good rapport was 41.56 In comparison mean IRM scores for SP who rated themselves as poor on the Staff Self-Rating form was slightly lower at 36.88. The results of the Mann-Whitney U test carried out between the IRM Actions total for SP in the Self-Rating Good Rapport and Self-Rating Poor Rapport groups were (U = 55.500 p = .305) . This Figure is not below the required 0.05 level of statistical significance. Standard deviation for this data was 47.01 with a small effect size of 0.10.

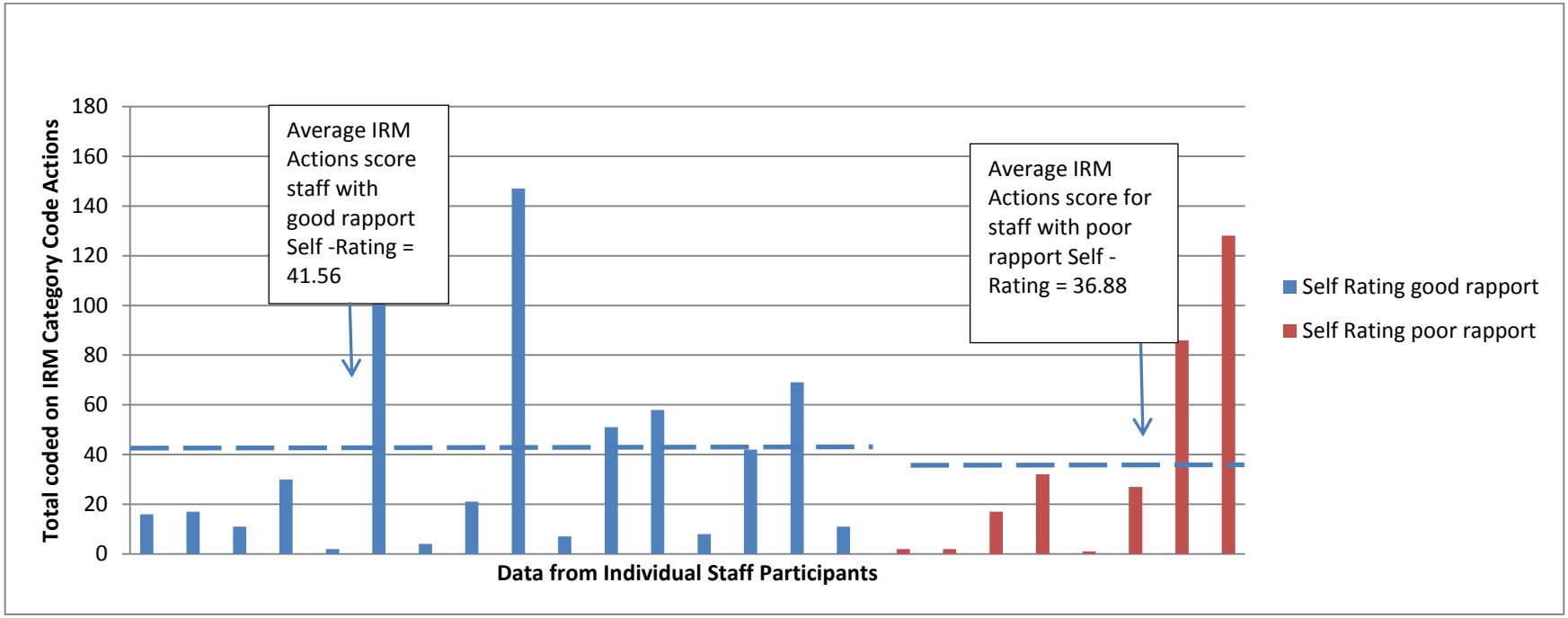

Figure A.14.1

Staff self-rating and IRM category code Actions

Figure A.14.2 shows the results of the next IRM Category code Positive Facial Expression and the Staff Participant Self Rating results. The mean or average Positive Facial Expression score for SP with a good rapport Self-Rating score was 9.06 For SP with a Poor rapport there was a lower mean IRM Positive Facial Expression score of 4.88.

Mann-Whitney U test carried out between the IRM Positive Facial Expression total for SP in the Self-Rating Good Rapport and Self-Rating Poor Rapport resulted in (U = 54.000 p = .285). This figure is not lower than the 0.05 cut off point of statistical significance. Standard Deviation for this data was 7.94 with a mid-range effect size of 0.53.

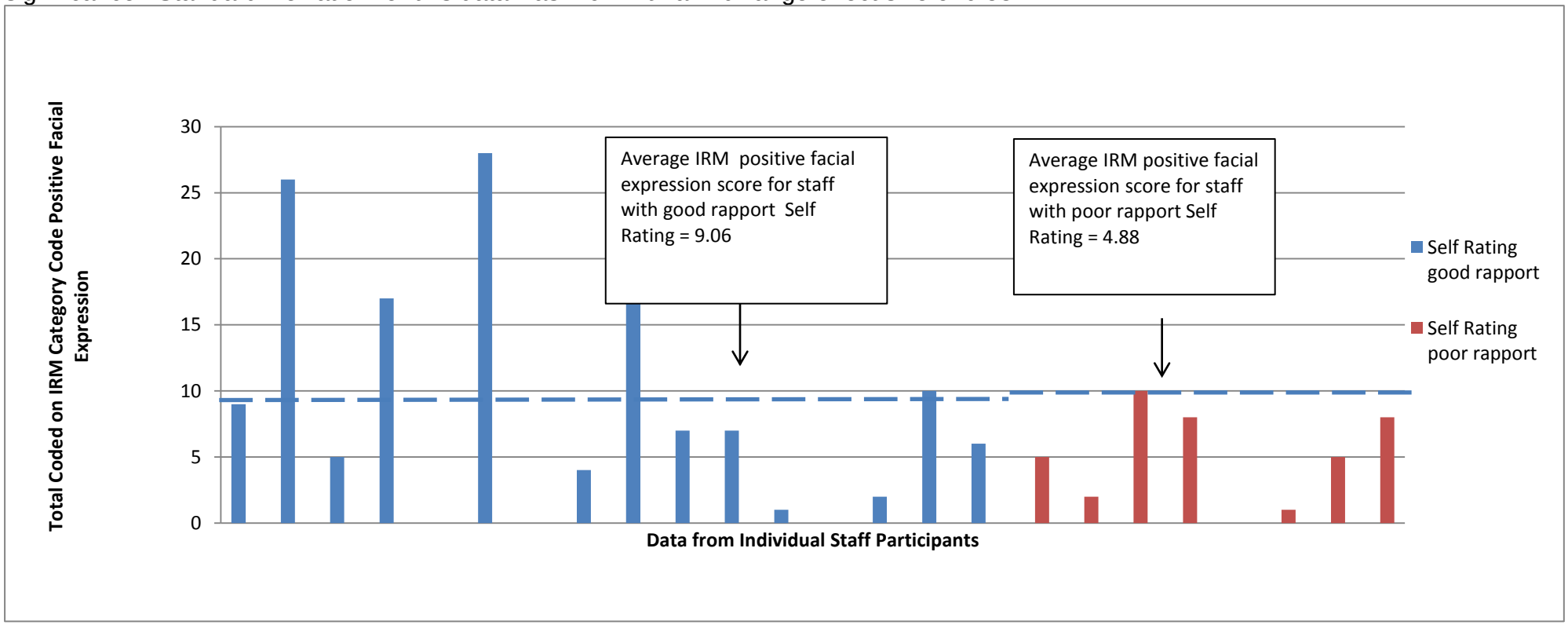

Figure A.14.2

Staff self-rating and IRM category code Positive Facial Expression

Continuing with the staff participant Self-Rating data Figure A.14.3 compares the Staff Self-Rating results with the IRM category Code Vocalisation. Mean IRM Vocalisation scores for SP who rated themselves as having a good rapport was 41.88. In comparison mean IRM Vocalisation scores for SP who rated themselves as poor on the Staff Self-Rating form was somewhat less at 31.38. Results of the test Mann-Whitney U test carried out between the IRM Vocalisation total for of SP in the Self Rating Good Rapport and Self-Rating Poor Rapport were (U = 53.500 p = .264). This result is not below the 0.05 required to be statistically significant. The standard deviation for this data was 40.22 with a small effect size of 0.26.

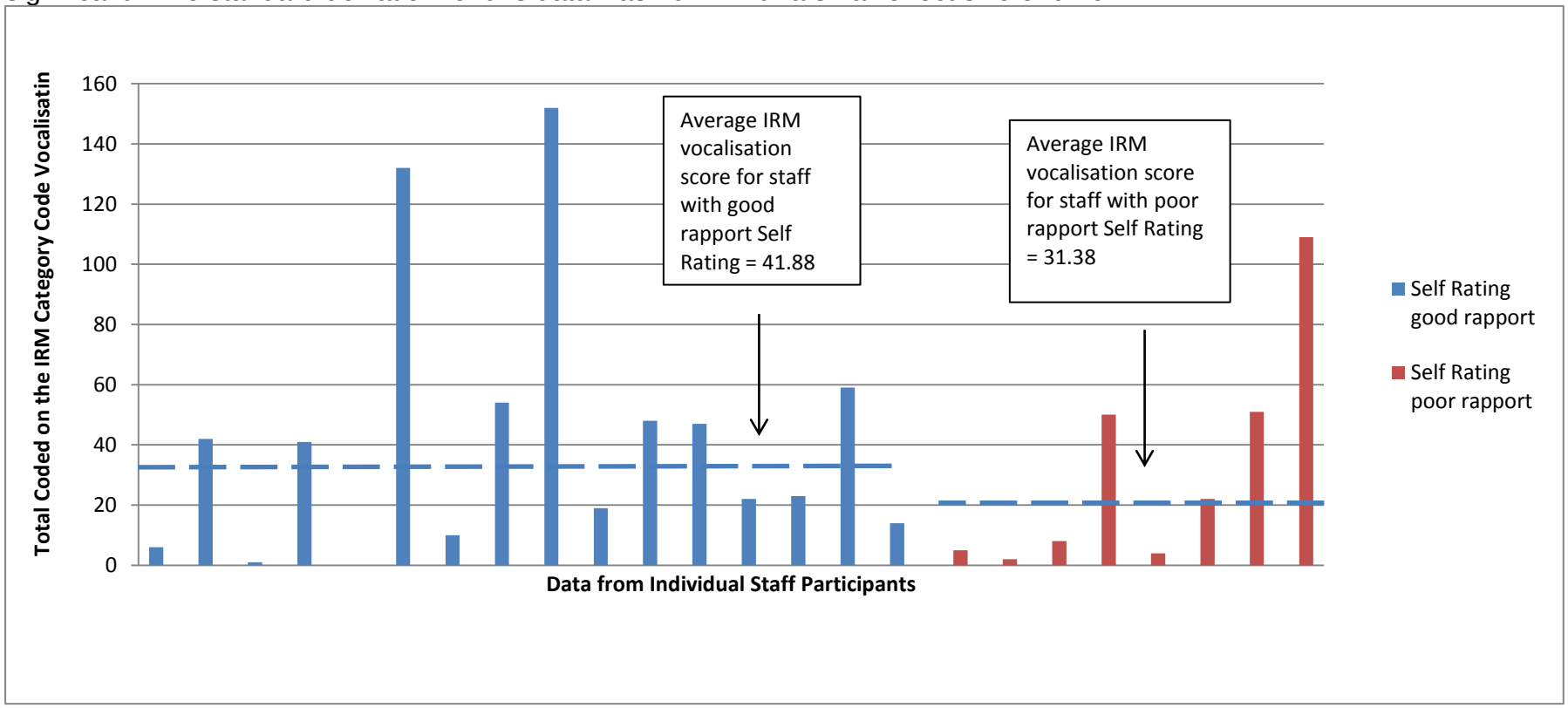

Figure A.14.3

Staff self-rating and IRM category code Vocalisation

IRM Category code Physical Contact is compared with the SP Self-Rating in Figure A.14.4. Figure A.14.4 shows that Mean IRM Physical Contact scores for SP who rated themselves as having a good rapport was 4.31. In comparison mean IRM Physical Contact scores for SP who rated themselves as poor on the Staff Self-Rating form was just below this and scored 2.88.

Results of the Mann-Whitney U test carried out between the IRM Physical Contact total for of SP in the Self Rating Good Rapport and Self-Rating Poor Rapport were (U = 55.000 p = .305). This p value is not considered to be statistically significant. Standard deviation for this data was 9.56 with a small effect size of 0.15.

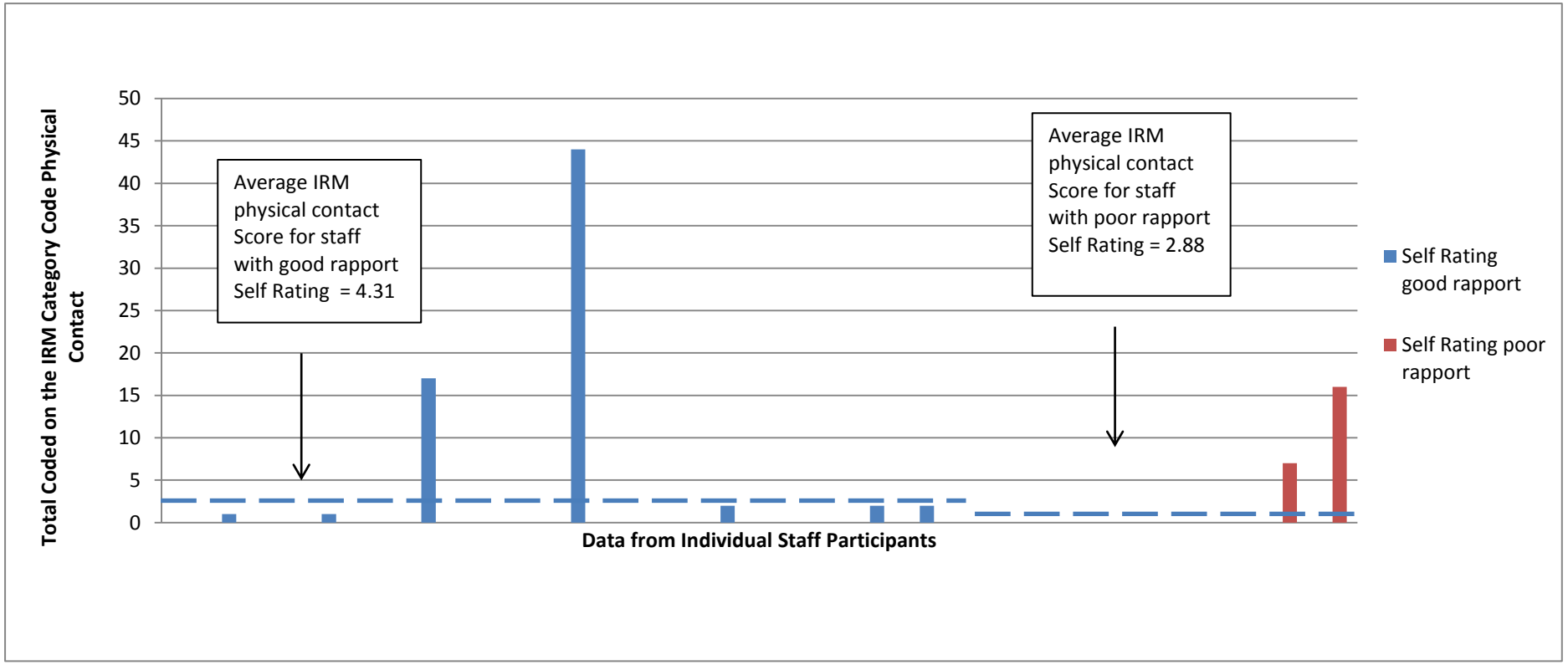

Figure A.14.4 Staff self-rating and IRM category code Physical Contact

The graph below Figure A.14.5 shows that the Mean IRM Gestures score for SP who rated themselves as having a good rapport was 10.81. There was a lower mean IRM Gestures scores of 6.38 for SP who rated themselves as poor on the Staff Self-Rating - Form.

Results of a test Mann-Whitney U test which was undertaken between the IRM Gestures total for SP in the Self Rating Good Rapport and Self-Rating Poor Rapport were (U = 53.500 p =.264). The p value for this data is above the 0.05 level which would be considered statistically significant. Standard deviation for this data was 11.48 with a mid-range effect size of 0.39.

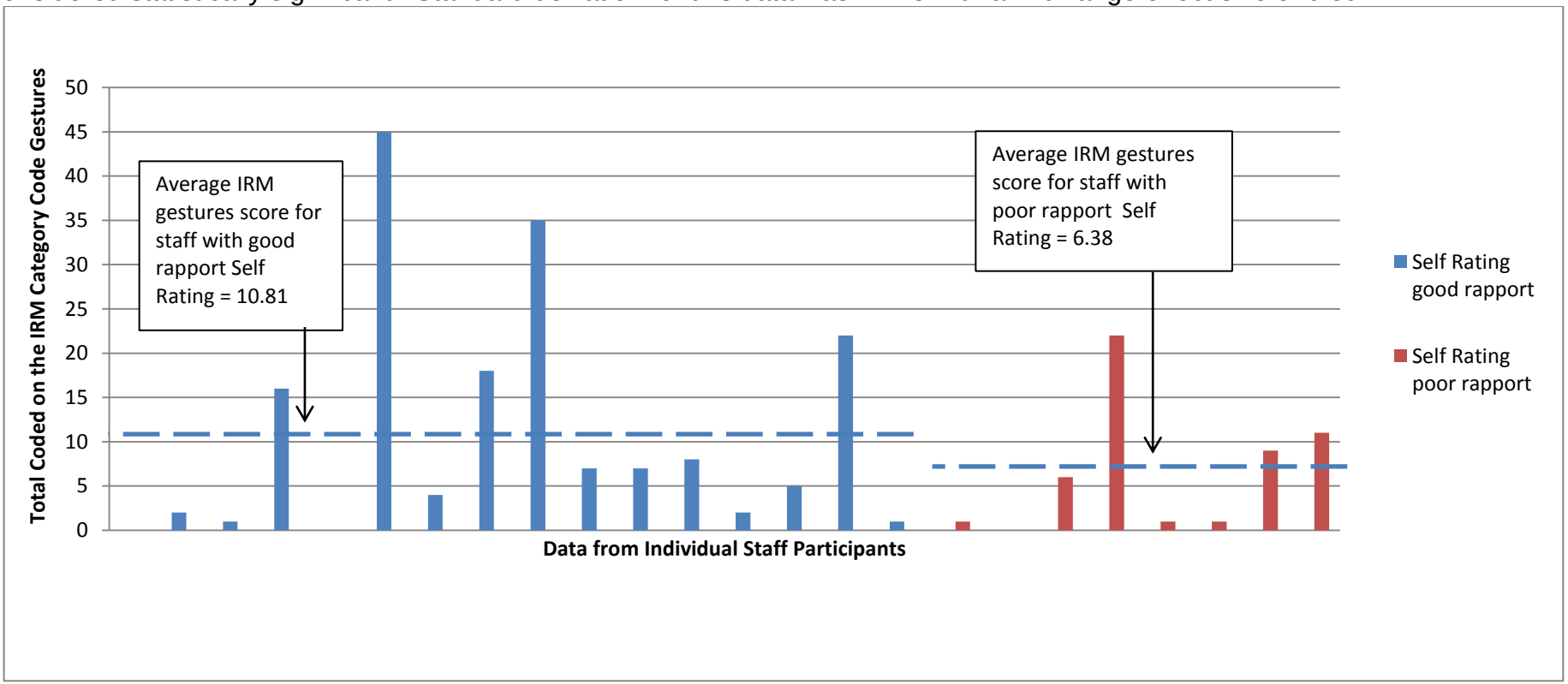

Figure A.14.5

Staff self-rating and IRM category coded Gestures

The last comparison for the staff participant Self–Rating of rapport graphs is Figure A.14.6 below. Figure A.14.6 shows that the Mean IRM Eye Gaze score was 64.75, for SP who rated themselves as having a good rapport. In contrast the mean IRM Eye Gaze score for SP who rated themselves as poor on the Staff Self-Rating form was a little lower at 53.88.

The results of a Mann-Whitney U test which was undertaken between the IRM Eye Gaze total for of SP in the good rapport Self Rating and poor rapport Self-Rating were (U = 56.500 p = .327). This p value is not considered to be statistically significant. Standard deviation for this data was 53.62 with a small effect size of 0.20.

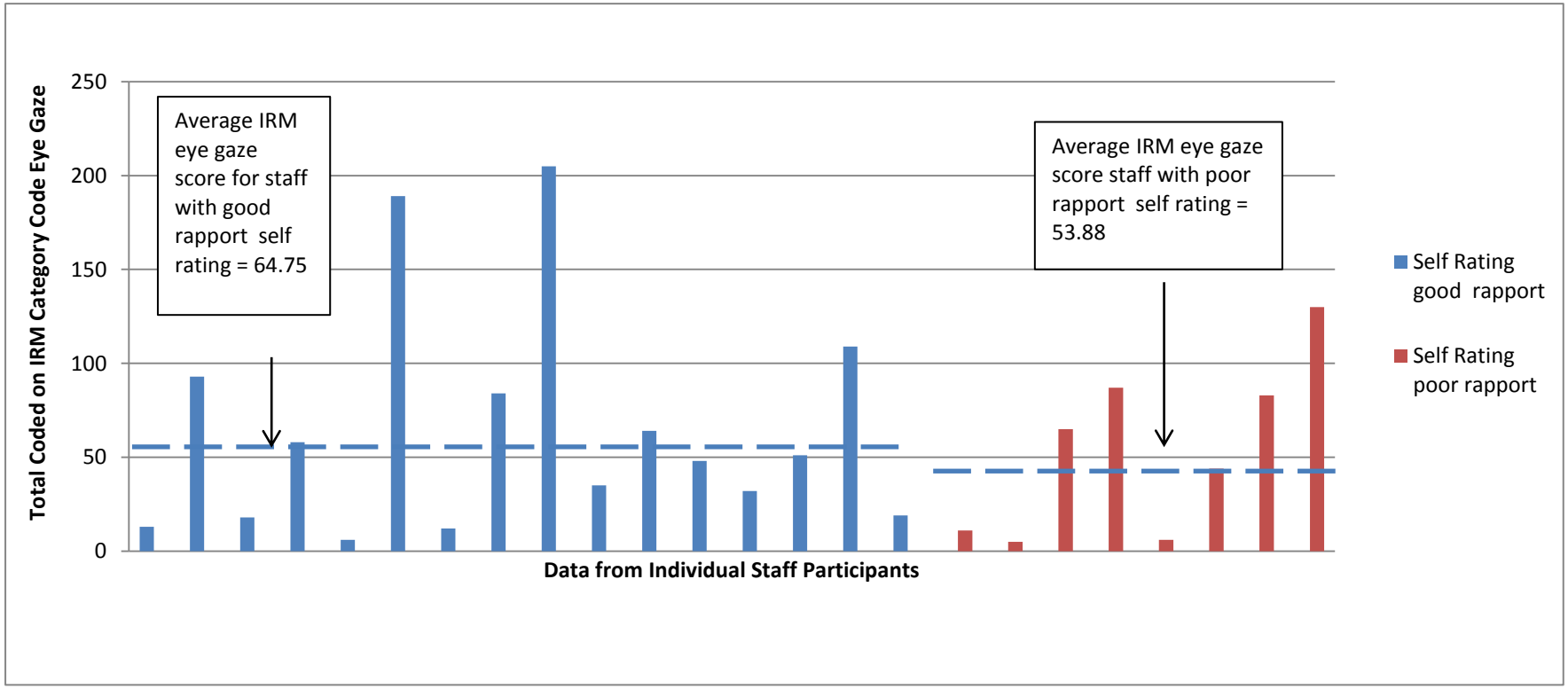

Figure A.14.6

Staff self-rating and IRM category code Eye Gaze

The next six graphs Figures A.14.7 to A.14.12 present the results from Staff Rating of Other Staff rapport. The graph below Figure A.14.7 shows that the Mean IRM Actions score was 51.92, for SP who were rated by their colleagues as having a good rapport. In comparison mean IRM Actions scores, for SP who were rated by their colleagues (other SP) as poor on the Staff Rating of Other Staff Rapport Form, was somewhat lower at 28.08. The results of a Mann-Whitney U test which was undertaken between the IRM Actions total for of SP in the good rapport and poor rapport Staff Rating of Other Staff Rapport groups were (U = 48.000 p = .0.89). This result is not below the 0.05 level that would show statistical significance. Standard deviation for this data was 47.01 with a medium effect size of 0.51.

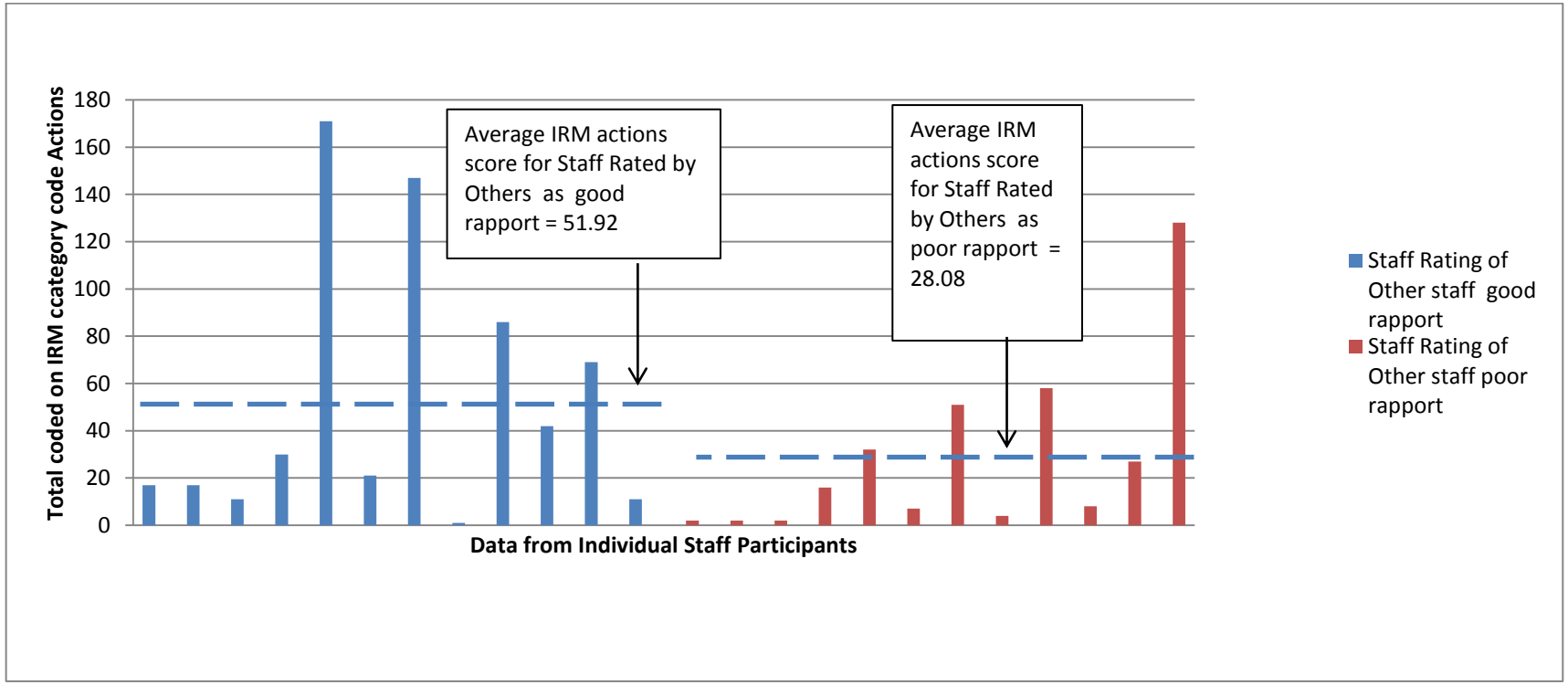

Figure A.14.7

Staff rating of other staff and IRM category code Actions

The graph below Figure A.14.8 shows that the Mean IRM Positive Facial Expression score was 11.33 for SP who were rated by their colleagues as having a good rapport. In comparison mean IRM Positive facial Expression score for SP who were rated as poor rapport on the Staff rating of Other Staff Rapport form was far lower at 4.00.

The results of a Mann-Whitney U test which was undertaken between the IRM Positive Facial Expressions total for of SP in the rapport and poor rapport Staff Rating of Other Staff Rapport groups were (U = 39.000 p = .030). This result is below 0.05 and is statistically significant. Standard deviation for this data was 7.94 with a large effect size of 0.92.

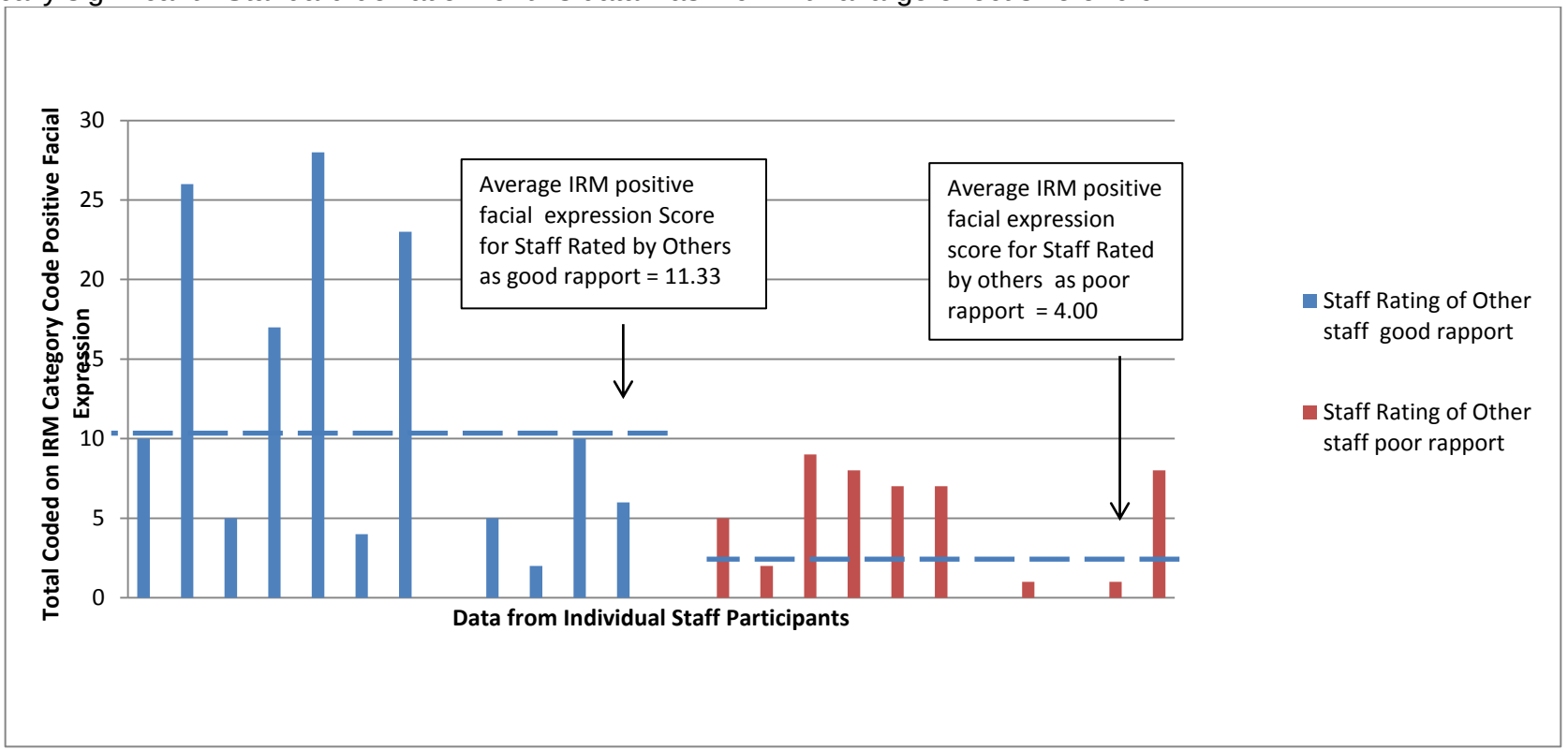

Figure A.14.8 Staff rating of other staff and IRM category code Positive Facial Expression

Figure A.14.9 shown below, outlines that the Mean IRM Vocalisations score for SP who were rated by their colleagues as having a good rapport was 48.42. For SP who were rated by their colleagues (other SP) as poor on the Staff rating of Other Staff Rapport form, the lower Vocalisations score of 28.33 was reached.

Results of a test Mann-Whitney U test using the data from the IRM Vocalisations total for SP in the good rapport and poor rapport Staff Rating of Other Staff Rapport groups were (U = 51.000 p = .121). The p value for this data is above 0.05 and not considered statistically significant. Standard deviation for this data was 40.22 with a mid-range effect size of 0.50.

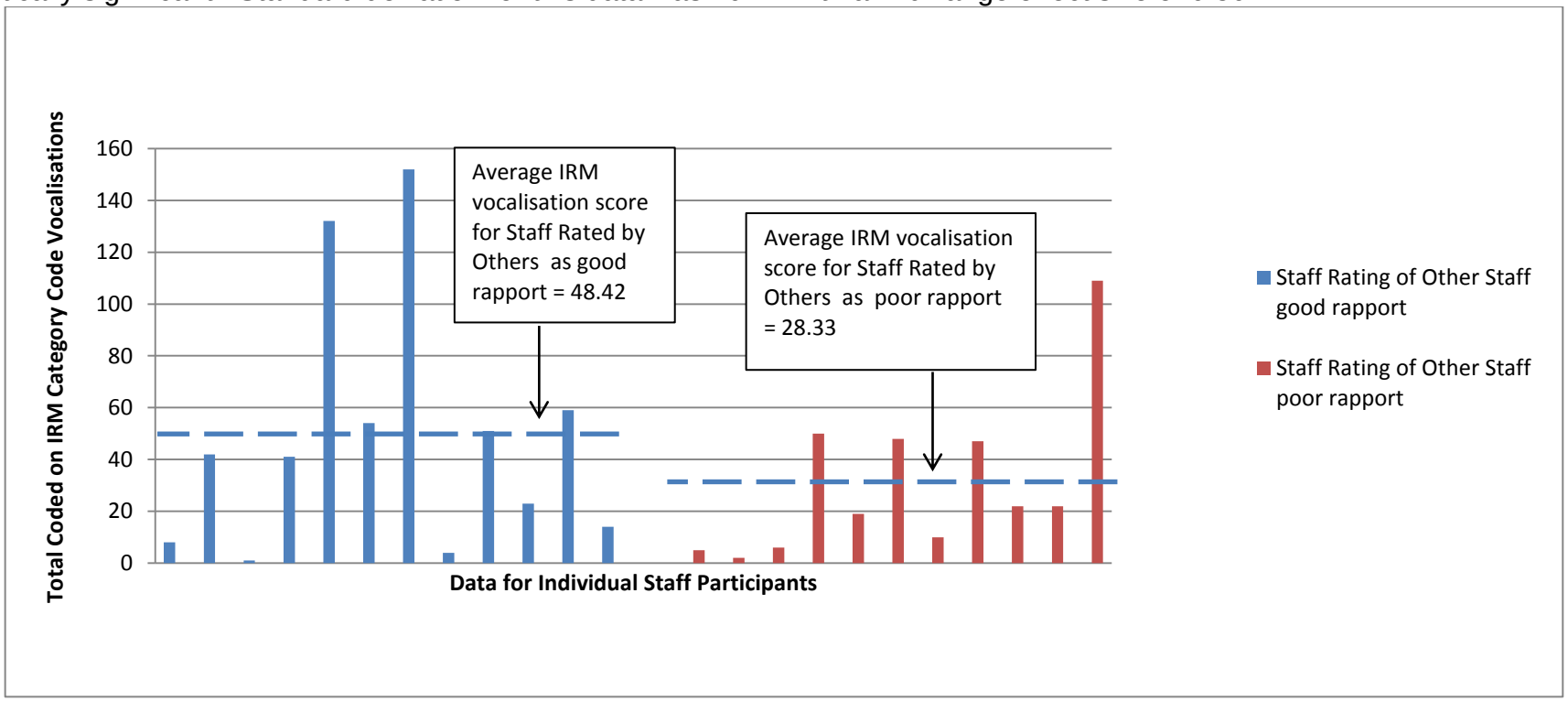

Figure A.14.9

Staff rating of other staff and IRM category code Vocalisations

The graph below, Figure A.14.10 shows that the Mean IRM Physical Contact score for SP who were rated by their colleagues as having a good rapport was 6.17. In comparison for SP who were rated by other SP as having a poor rapport on the Staff rating of Other Staff Rapport form the Average Physical score was lower at 1.50.

Results of a Mann-Whitney U test using the data from the IRM Physical Contact total for SP in the good rapport and poor rapport from Staff Rating of Other Staff Rapport groups were (U = 43.000 p = .051). This result is considered to be statistically significant at the 0.05 level. Standard deviation for this data was 9.56 with a mid-range effect size of 0.49.

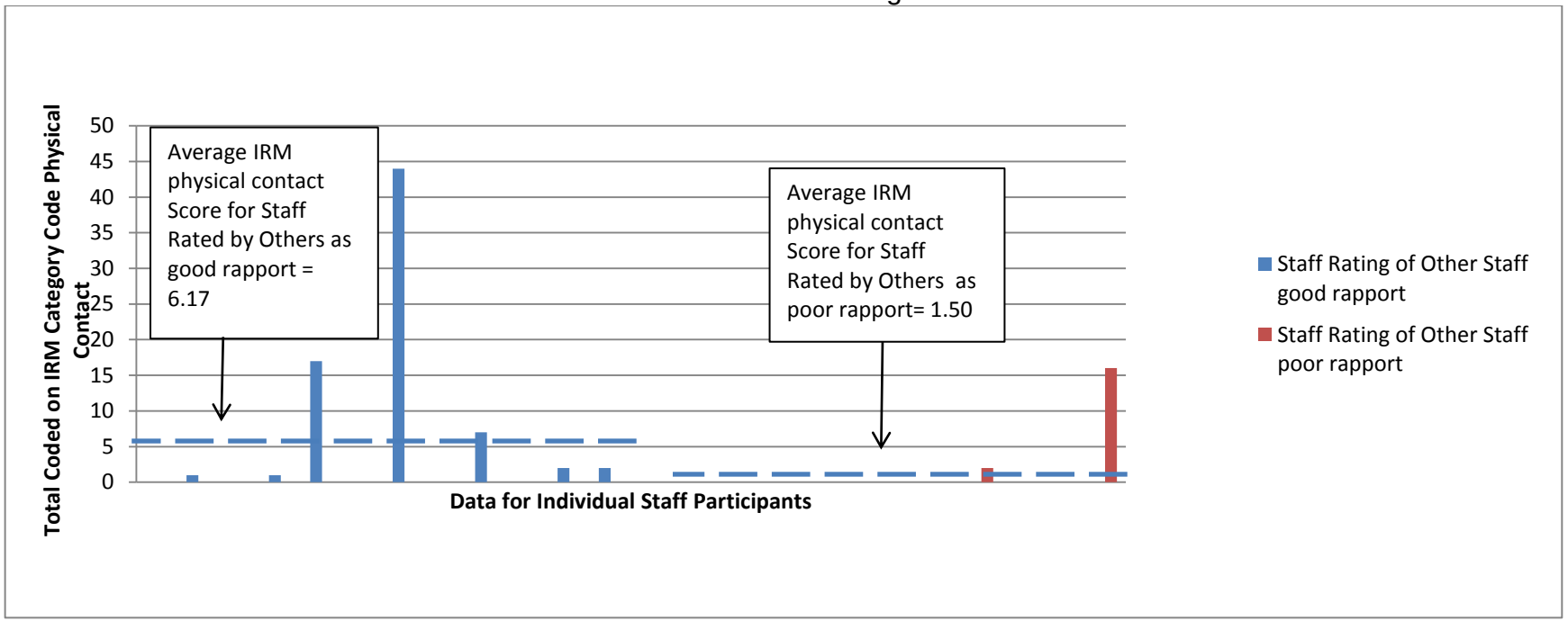

Figure A.14.10

Staff rating of other staff and IRM category code Physical Contact

Figure A.14.11 shown below, outlines that the Mean IRM Gestures score for SP who were rated by their colleagues as having a good rapport was 13.42. For SP who were rated by their colleagues as poor on the Staff Rating of Other Staff Rapport Form the far lower Mean Gestures score of 5.25 was reached. A Mann-Whitney U test was undertaken using the data from the IRM gestures total for SP in the good rapport and poor rapport Staff Rating of Other Staff Rapport groups were (U = 45.000 p = .064). This data was not statistically significant it at the 0.05 level. Standard deviation for this data was 11.48 with a reasonable effect size of 0.71.

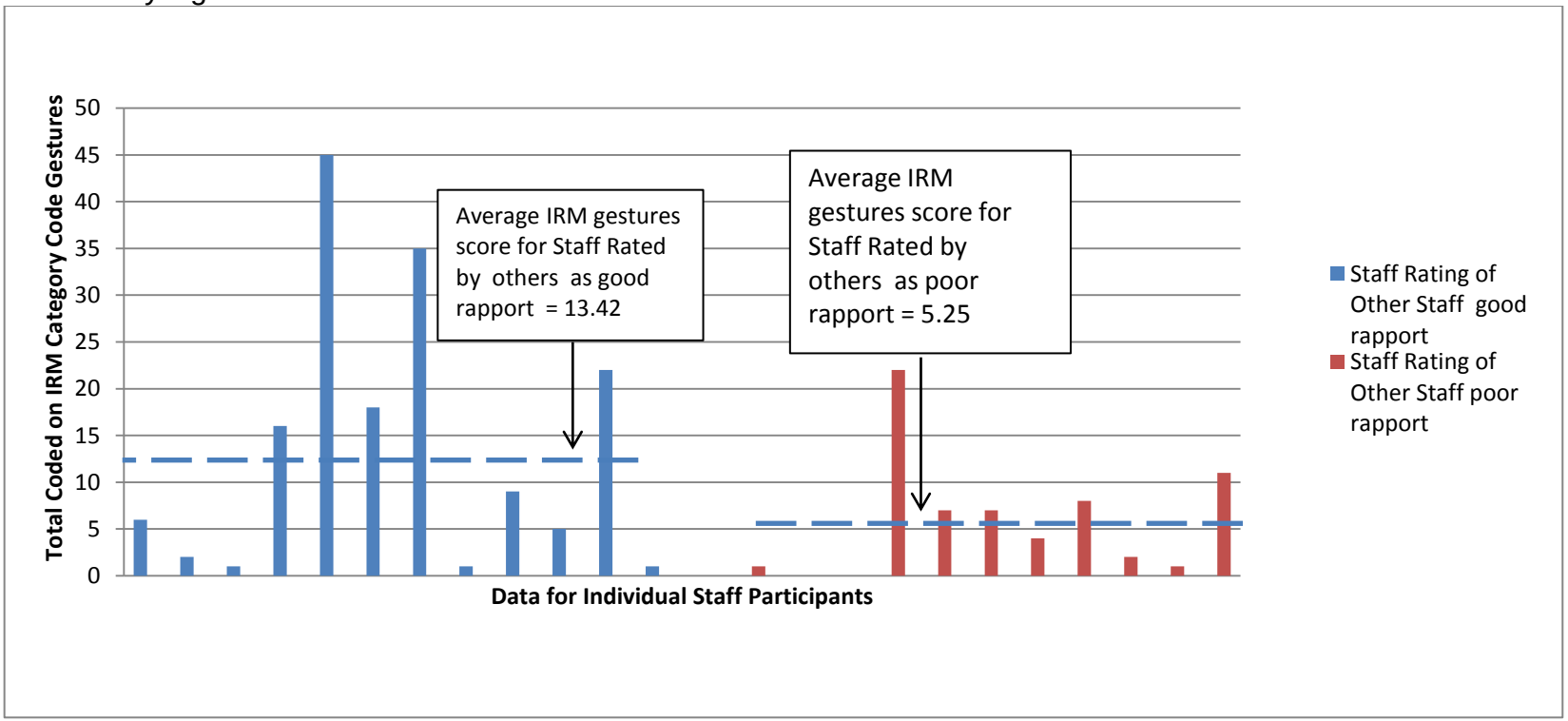

Figure A.14.11

Staff rating of other staff and IRM category code Gestures

Figure A.14.12 below is the last graph for the McLaughlin and Carr measure Staff Rating of Other Staff Rapport. Figure A.14.12 examines the IRM category code Eye Gaze. The mean IRM Eye Gaze score for SP who were rated by their colleagues as having

a good rapport was 81.67. For SP who were rated by their colleagues as poor on the Staff rating of Other Staff Rapport form the lower Eye Gaze score was 50% lower than the good rapport staff at 40.58.

Results of a Mann-Whitney U test using the data from the IRM Eye Gaze total for SP in the good rapport and poor rapport Staff Rating of Other Staff Rapport groups were (U = 38.500 p = .026). The p value is considered statistically significant at the 0.05 level. Standard deviation for this data is 53.62 with a good effect size of 0.77.

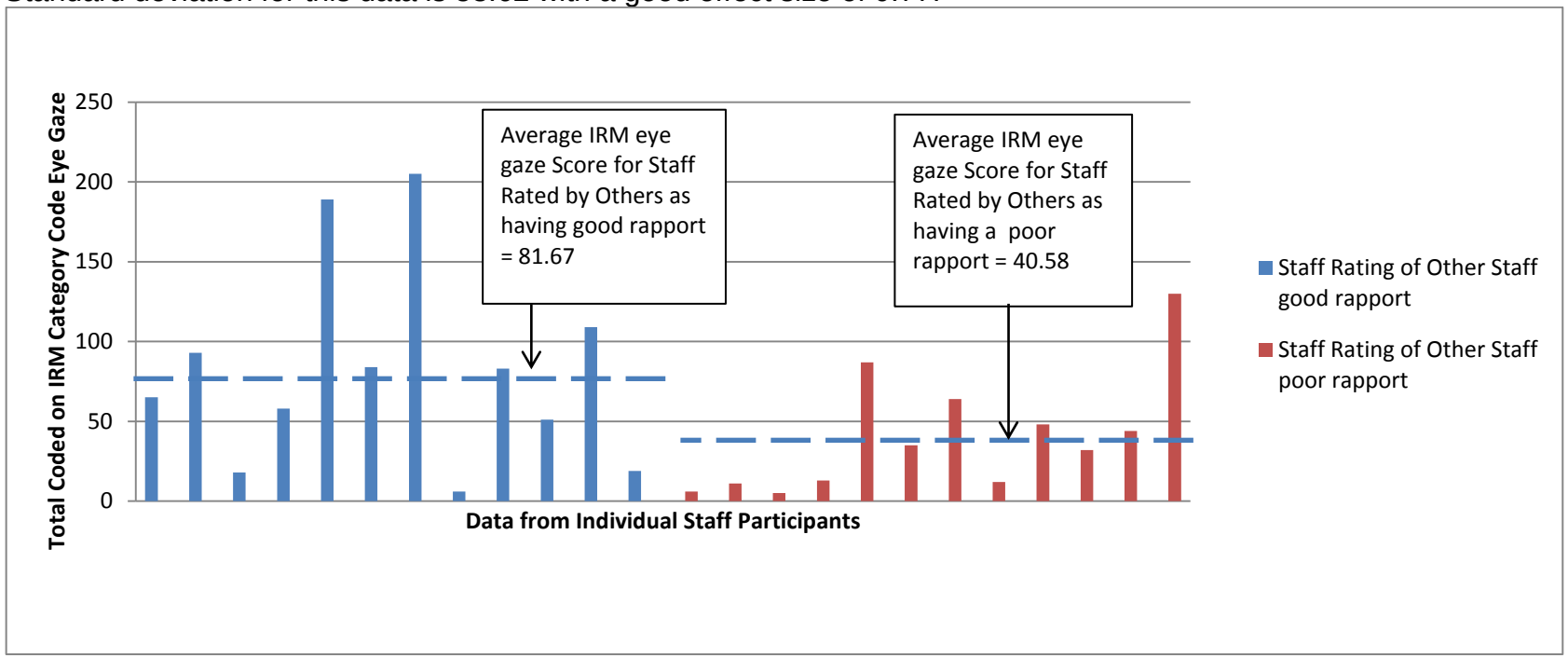

Figure A.14.12

Staff rating of other staff and IRM category code Eye Gaze

The next six graphs Figures A.14.13 to A.14.18 focuses on comparing the IRM Category codes to the McLaughlin and Carr measure of Preference Testing. The graph below Figure A.14.13, shows that a Mean IRM Actions score of 58.80 for SP who were rated ranked as having a good rapport following Preference Testing. For SP who were ranked as neutral /poor rapport following

Preference Testing, a far lower IRM Actions score of 26.57 was reached. Results of a Mann-Whitney U test which was carried out with the data from the IRM Actions total for SP in the good rapport and neutral / poor Preference Testing groups were (U = 52.500 p = .156). The p value is slightly above the 0.05 level and is not statistically significant. Standard deviation for this data was 47.01 with a medium effect size of 0.69.

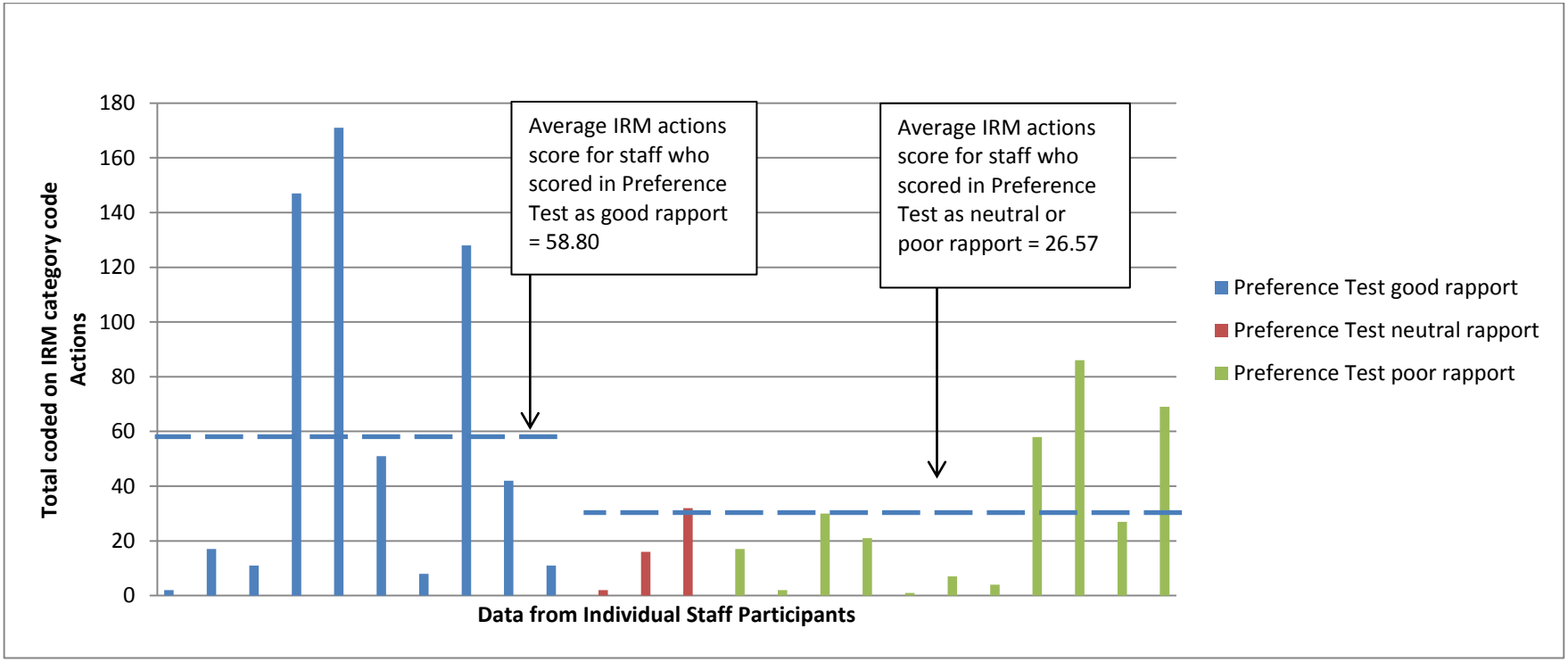

Figure A.14.13

Preference test results and IRM category code Actions

The mean IRM Positive Facial Expression score was 10.70 for SP who were rated ranked as having a good rapport following Preference Testing can be seen in Figure A.14.14. For SP who were ranked as poor rapport following Preference Testing, a lower IRM Positive Facial Expression mean score of 5.50 was reached.

Results of a Mann-Whitney U test of the data from the IRM Positive Facial Expression total for SP in the good rapport and neutral / poor rapport Preference Testing groups were (U = 53.500 p = .171). The p value is not below the 0.05 required to be significant. Standard deviation for this data was 7.94 with a mid- ranging effect size of 0.66.

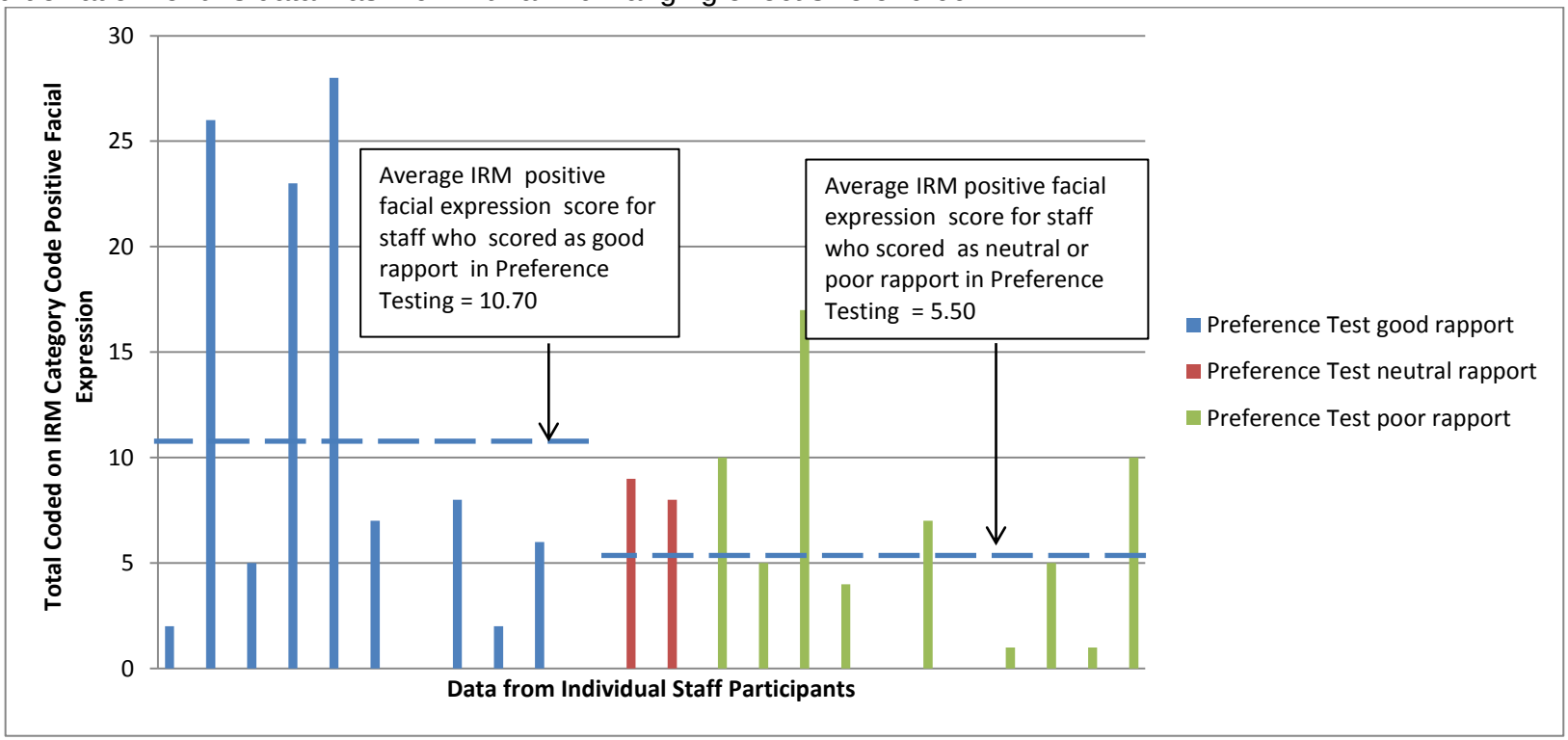

Figure A.14.14

Preference test results and IRM category code Positive Facial Expression

Figure A.14.15 below examines the IRM category code Vocalisation. Mean IRM Vocalisation score for SP who were chosen in Preference Testing as having a good rapport was 54.50. For SP who were ranked as neutral / poor rapport following Preference

Testing, the lower mean IRM Vocalisation score of 26.86 was reached. Results of a Mann-Whitney U test of the data from the IRM Positive Facial Expression total for SP in the good rapport and Neutral / poor rapport Preference Testing groups were (U = 55.500 p = .202). This p value is slightly above the 0.05 level and is not considered statistically significant. Standard deviation for this data was 40.22 with a medium effect size of 0.69.

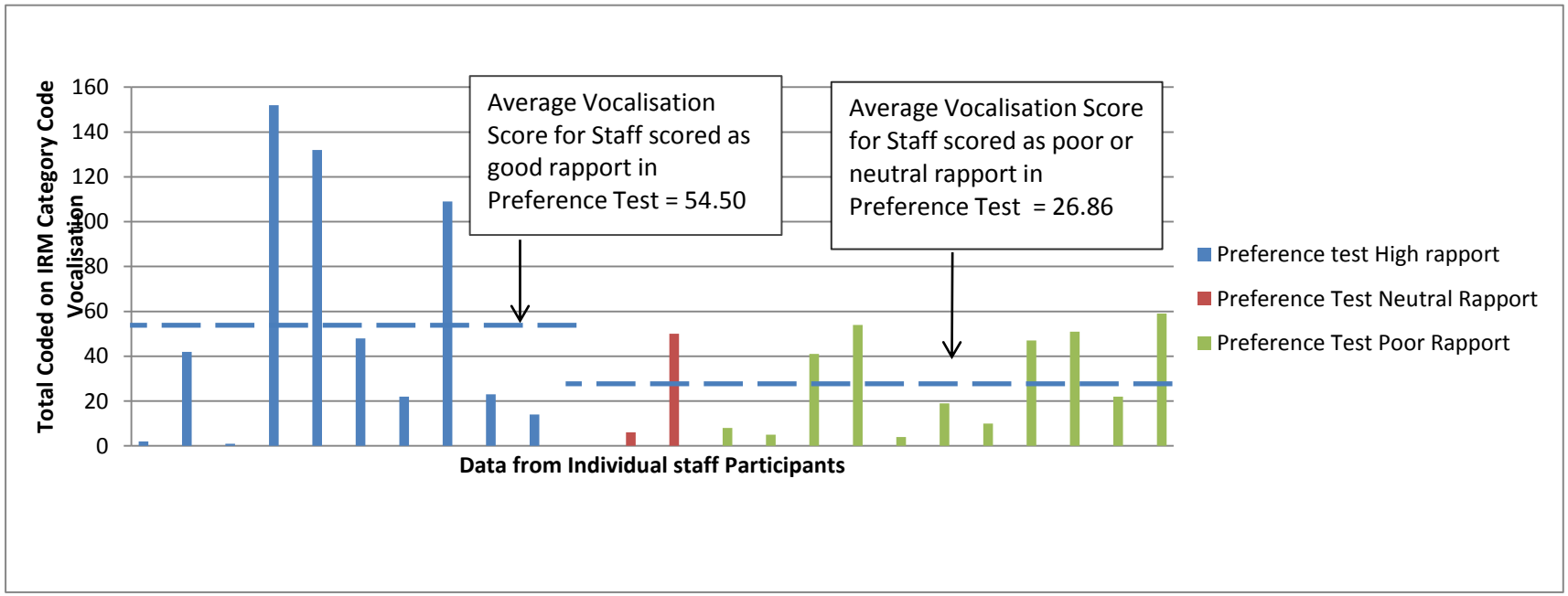

Figure A.14.15

Preference test results and IRM category code Vocalisation

Figure A.14.16 shows the mean IRM Physical Contact score of 8.00 for SP who were rated as having a good rapport following Preference Testing. For SP who were ranked as neutral / poor rapport following Preference Testing, a far lower mean IRM Physical Contact score of 0.86 was obtained. Results of a Mann-Whitney U test of the data from the IRM Physical Contact total for SP in the good rapport and neutral / poor rapport Preference Testing groups were (U = 50.500 p = .130). The p value is above the 0.05 cut off and is not considered statistically significant. Standard deviation for this data was 9.56 with a health effect size of 0.75.

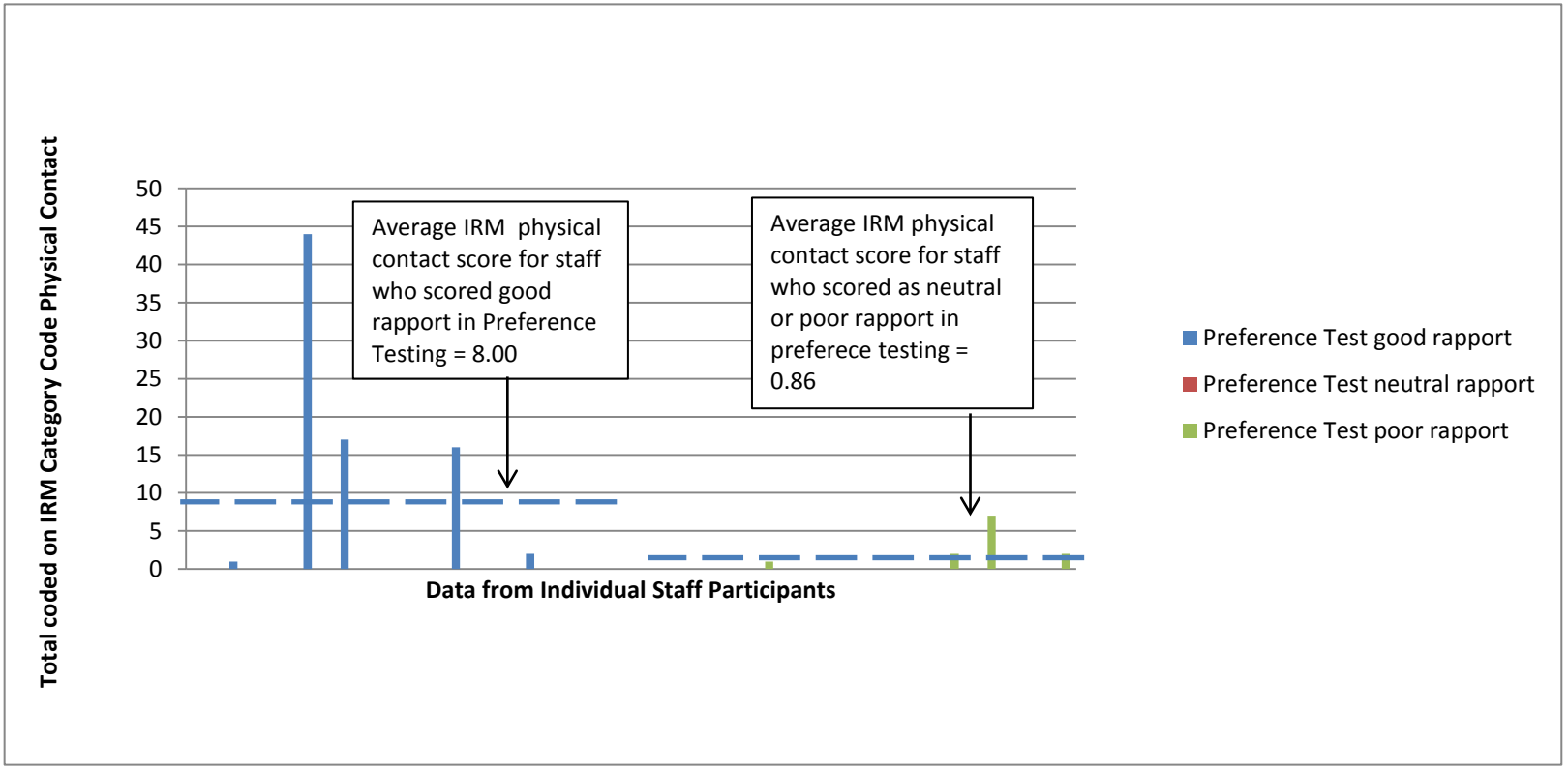

Figure A.14.16 Preference test results and IRM category code Physical Contact

The mean IRM gestures score of 10.90 for SP who were ranked as having a good rapport following Preference Testing can be seen in Figure A.14.17. For SP who were ranked as neutral / poor rapport following Preference Testing lower mean IRM Gestures score of 8.21.

Results of a Mann-Whitney U test of the data from the IRM Gestures total for SP in the good rapport and neutral / poor rapport Preference Testing groups were (U = 69.500 p =.489). The p value is not considered to be statistically significant. Standard deviation for this data was 11.48 with a small effect size of 0.23.

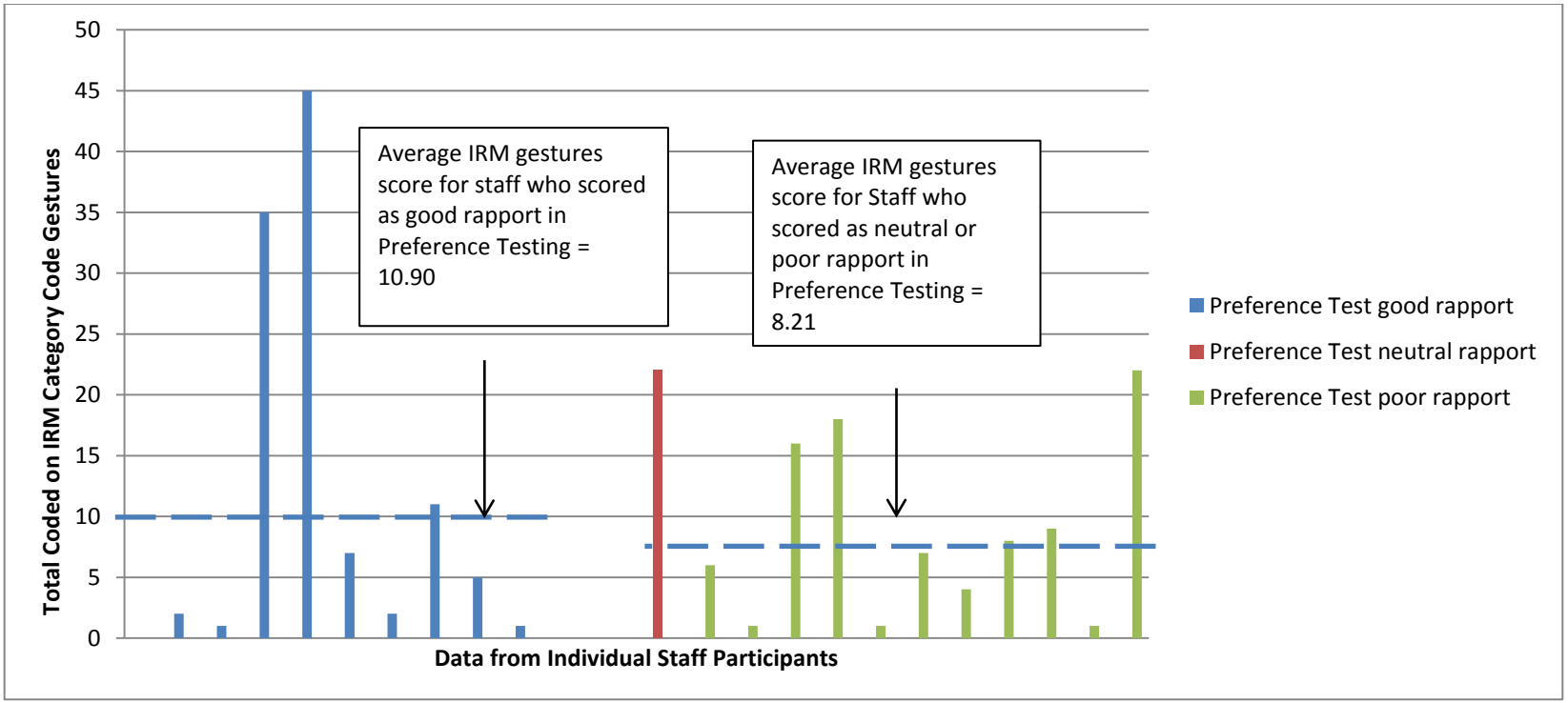

Figure A.14.17

Preference test results and IRM category code Gestures

The final graph in this series examines the IRM category code Eye Gaze and Preference Testing Results Figure A.14.18. Mean IRM Eye Gaze score for SP who were chosen in Preference Testing as having a good rapport was 80.60. For SP who were ranked as neutral / poor rapport following Preference Testing, the lower Eye Gaze score of 47.21 was reached.

Results of a Mann-Whitney U test of the data from the IRM Eye Gaze total for SP in the good rapport and neutral / poor rapport Preference Testing groups were (U = 53.000 p = . 171). The p value is not low enough to meet the 0.05, or below cut off and is not considered to be statistically significant. Standard deviation for this data is 53.62 with a mid-range effect size of 0.62.

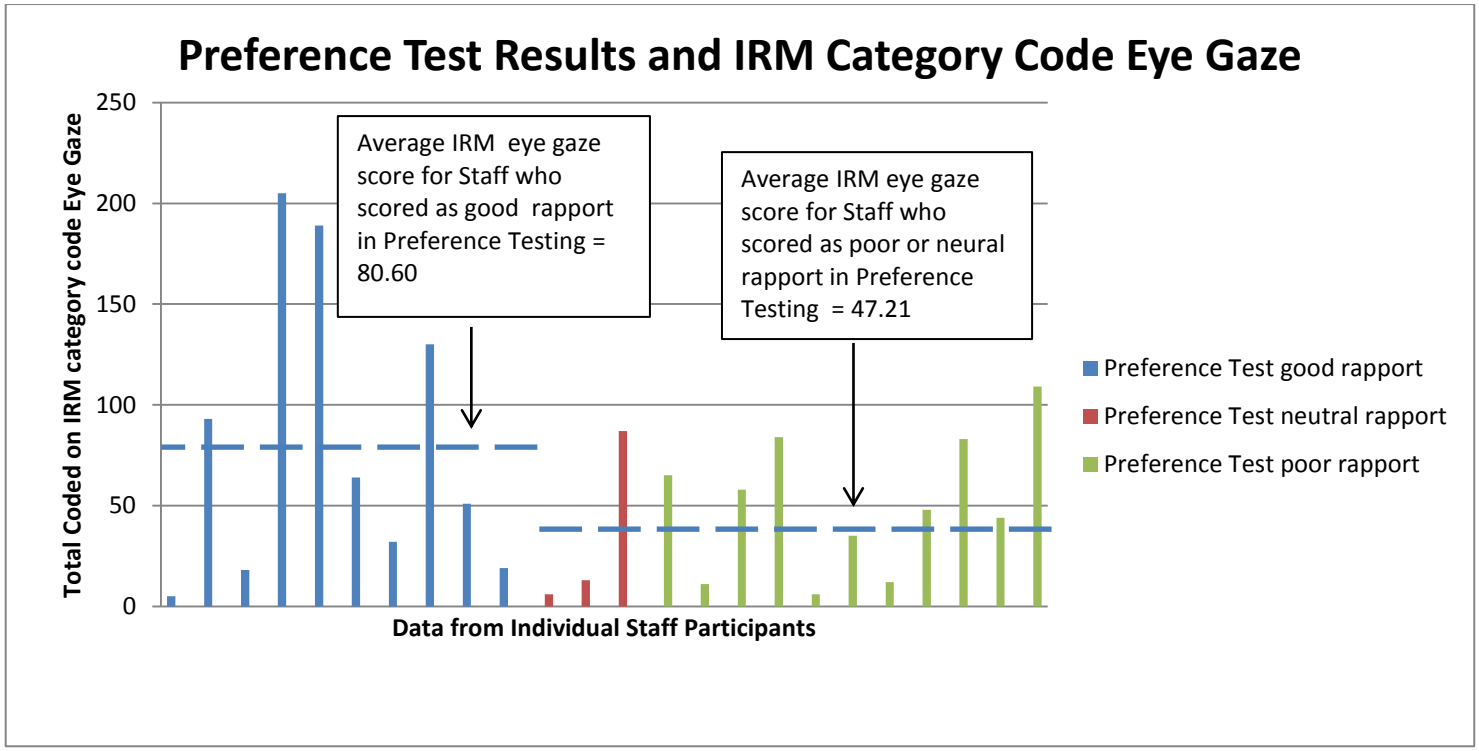

Figure A.14.18

Preference test results and IRM category code Eye Gaze

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Health Research Authority

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08 November 2012

Ms Maria A Hurman
Specialist Support and Development
Team 9 Oak Road Reigate Surrey
RH2 0BP

Dear Ms Hurman

Study title:	**Development of the Indicators of Rapport MeasureInvestigating the extent to which measurements of the behaviour of people with an intellectual disability can be used as a reliable predictor of ranked relationship quality (rapport) with carers.**
REC reference:	**09/H1102/33**
Protocol number:	**N/A**
Amendment number:	**2**
Amendment date:	**07 September 2012**

The above amendment was reviewed by the Sub-Committee in correspondence.

Ethical opinion

The Committee found no ethical issues.

The members of the Committee taking part in the review gave a favourable ethical opinion of the amendment on the basis described in the notice of amendment form and supporting documentation.

Approved documents

The documents reviewed and approved at the meeting were:

Document	Version	Date
Development of the indicators of Rapport Measure	4	07 September 2012
Notice of Substantial Amendment (non-CTIMPs)	2	07 September 2012
Summary of changes to protocol and PIS	1	07 September 2012

Membership of the Committee

The members of the Committee who took part in the review are listed on the attached sheet.

R&D approval

All investigators and research collaborators in the NHS should notify the R&D office for the relevant NHS care organisation of this amendment and check whether it affects R&D approval of the research.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

09/H1102/33:	**Please quote this number on all correspondence**

Yours sincerely

pp

Professor David Caplin
Chair

E-mail: nrescommittee.london-southeast@nhs.net

Enclosures: *List of names and professions of members who took part in the review*

Copy to: *R&D Facili Dorrie Mystris, Surrey and Borders Partnership NHS Trust*
Ms Nicole Palmer

Refining the Indicators of Rapport measure Appendix: A.16.

A blank copy of the category codes was examined one at a time to decide whether there was anything coded under each category for the three Intellectually Disabled Participants. Where a category code had been scored its level of significance for each participant was explored. The results section of the indicators of rapport study, Graphs appendix A.8 to A.10) and SPSS results (Appendix A.11 to A.13) were used to consider the significance of category codes.

Table A.16.1

Examination of Indicators of Rapport Measure Category Codes

Categories		Definition
Proximity	**Approach stationary carer**	Carer is stationary and the individual with disabilities moves to be within 1.5 meters or closer to the carer
	Bernie *Made approaches to most Staff Participants (SP) Bernie sometimes called into proximity by SP.* ***Alanis*** *Less likely to make approaches her poor mobility and being overweight were potential characteristics that impacted on making approaches.* ***Ajay*** *Approached all SP with the greatest frequency of all three ID Participants. Mobile and active character with more verbal language skills than Bernie*. SP sometimes called the Ajay and this meant that the movement was not under Ajay's volition.	
	Close to stationary carer Maintain proximity	Individual with disabilities maintains proximity of 1.5 meters for part or all of the observation interval.
	Some caution needed with this category code if SP have positioned themselves close to ID participants it is under the volition of the SP ***Bernie*** *Maintained proximity with all SP at some point in the observation however proximity was fairly low. Bernie did not engage in activities for anything more than a few minutes* ***Alanis*** *High levels of Close to stationary carer particularly good rapport carers. Alanis did not move around much. Tended to stay out of her room when occupied. Preferred staff engaged her in activities painting nails doing hair which increased proximity. Mobility hampered moving away. Some statistical significance with this measure and times chosen on preference test.* ***Ajay*** *Medium proximity codes Ajay would engage in activities either with SP or independently occupy himself directly beside staff.*	
	Follow moving carer	Individual with disabilities follows a carer from one place to another either within the house or outside, maintaining a distance of no more than approximately 1.5 meters
	Definition of this coded needs to be adjusted so that the individual with disabilities is not called by the SP or asked to follow the SP. i.e. asked 'come	

	here' or name called. ***Bernie*** *Examples of following across some SP* ***Alanis*** *Examples of following across some SP although not quite as mobile as the other two participants would move slowly which could span more intervals of following and result in greater coding. SPSS correlations of significance with Average Rating by Other Staff.* ***Ajay*** *Some good examples of following some SP Showed a preference for following A.E. this may have yielded data of significance if A.E. had not recently returned from sick leave and scored badly on other ratings.*	
Positive Facial expression	**Smiling giggling or laughing**	Individual with disabilities smiles giggles or laughs whilst looking directly at a carer either spontaneously or in response to the carer approach or interactions.
	Bernie *With no verbal language this category code was fairy frequently coded across a number of SP's for this participant* ***Alanis*** *High levels of this category code used across a number of SP. SPSS Positive correlation with Total Times chosen on Preference Test.* ***Ajay*** *Coded across different but not all SP's*	
Vocal sounds speech	**Word approximations**	Individual with disabilities directs vocal noises or speech towards a carer, either spontaneously or in response to the carer approach or interactions.
	Bernie *Vocal sounds only but scored against some SP* ***Alanis*** *Speaks in short sentences scored against all SP to differing amounts* ***Ajay*** *Speaks in one or two words scored against all SP to differing amounts.*	
	Vocalisations while smiling	Vocal sound, directed at a carer, which are preceded by interspersed with or followed by smiling laughing or giggling, (happy sounds)
	This could possibly be joined to the category code smiling giggling laughing or termed happy vocalisations ***Bernie*** *scored highest for this participant due to the happy vocal sounds.* ***Alanis*** *only scored in 4 observation intervals* ***Ajay*** *only scored in 3 observation intervals*	
	Singing joking	Individual with disabilities singing or humming tunes, or joking and kidding around which is directed at a carer.
	Bernie scored zero due to no verbal language **Alanis** scored with the two staff participants in which there was a good rapport. This participant had an interest in singing and ability to joke. SPSS significant correlation with the Average Rating by Other Staff. **Ajay** scored zero. Participant showed no interest in singing. Did not appear to joke.	
	Asking for an absent carer or calling a carer by name	Individual with disabilities asking for a carer by name (regardless of whether they are present or not) / using a carers name when talking to them. (Record carers name).
	Bernie *No verbal language* ***Alanis*** *Regularly used SP names*	

	***Ajay** had sufficient language to regularly use SP names*	
	Asking for staff when they are absent / not on duty	
	***Bernie** No verbal language* ***Alanis** Regularly spoke about absent SP. SPSS* significant correlation with the Average Rating by Other Staff. ***Ajay** Regularly spoke about absent SP*	
Physical contact	**Cuddle/hug**	Person with disabilities places their arm or arms around a carer.
	Bernie** scored zero for all three ID participants* ***Alanis ***Ajay***	
	Kissing	Person with disabilities kissing a carer
	Bernie** scored zero for all three ID participants* ***Alanis ***Ajay***	
	Touching	Individual with disabilities bringing their hand into non forceful contact with any part of a carers body
	***Bernie** scored twice for this participant. SPSS significant correlation with the Average Rating by Other Staff.* ***Alanis** Scored highly for two staff. SPSS significant correlation with the Average Rating by Other Staff. Needs to be interpreted with caution because some lengthy activities hit a number of intervals and involved touch. (nail painting and hair being styled)* ***Ajay** Scored across a number of SP. This participant liked to hold out his flat open hand almost as a greeting.*	
	Lightly tapping	Person with disabilities bringing their hand into light repeated contact with any part of the carers body, (as if to gain attention)
	***Bernie** coded zero* ***Alanis** coded zero* ***Ajay** coded once*	
	stroking	Individual with disabilities gently rubbing the flat of their hand against a carers body (typically arm or hand)
	Bernie** scored zero for all three ID participants* ***Alanis ***Ajay***	
	Hand holding	Holding the hand of a carer which is initiated by the person with disabilities. (do not code if carers have held the individuals hand to ensure safety crossing roads etc)
	Bernie** scored zero for all three ID participants* ***Alanis ***Ajay***	

	High five	Individual with disabilities holding up their hand in order to initiate high five with carers
	Bernie *scored zero for all three ID participants* ***Alanis*** ***Ajay***	
	Leading carer	Person with disabilities taking a carer by the hand or arm in order to lead them to somewhere or to some thing
	Bernie *scored zero for all three ID participants* ***Alanis*** ***Ajay***	
Gestures	**Beckon**	Person with disabilities waving their own hand towards themselves whilst looking at carers (in an attempt to bring a carer closer to themselves)
	Bernie *scored zero for all three ID participants* ***Alanis*** ***Ajay***	
	Pointing	Person with disabilities pointing /using a hand gesture to direct a carers gaze something or someone.
	Bernie *scored zero for this participant* ***Alanis*** *Scored on this category code across most SP* ***Ajay*** *scored on this category code across most SP. Pointing needs to be interpreted with caution as SP at times asked Ajay to show them something in pictures.*	
	Mimicking	Individual with disabilities imitating the actions of carers, in a light-hearted or fun interaction.
	Bernie *scored zero for this participant (hampered by limited signing ability)* ***Alanis*** *scored minimally (once within the study)* ***Ajay*** *scored minimally (4 times within the study) echolalia and repeating SP's tone of voice + using set phrases to copy SP and laughing.*	
	Sign language or attempts	Individual with disabilities using some form of sign language whether formal or informal. Include thumbs up ok sign etc
	Bernie Scored towards one SP on 6 occasions ***Alanis*** Scored across most SP on a number of occasions ***Ajay*** Scored across most SP on a number of occasions	
	Nodding head	Person with disabilities nods their head whilst interacting with a carer who is either engaged in conversation with the individual or positioned directly beside them.
	Bernie *Scored on one occasion* ***Alanis*** *Scored highly across all SP and observer* ***Ajay*** *Scored to across 3 SP and on more than one occasion. SPSS significant correlation with the Average Rating by Other Staff.*	

Eye gaze	**Tracking a moving carer**	Individual with disabilities moving their eyes or head in order to follow the movement of a carer who is moving from one part of the room/area to another.
	There were some coding difficulties with this category code as it was difficult to always see eye gaze on film depending upon lighting, the angle of the camera and where participants were in the room. ***Bernie*** Scored across most SP on a number of occasions for all three ID Participants ***Alanis*** ***Ajay***	
	Looking at a stationary carer	Individual with a disability clearly pauses their eye gaze / head towards a stationary carer within the observation interval.
	Bernie this code was highly used for all three ID Participants Alanis Ajay	

Category codes which proved most useful

Approaching stationary carers was straightforward to identify and code
Proximity measures were useful but differ in usefulness according to the mobility of the participant with an ID. Coding for proximity measures may benefit from tightening the category code so that the proximity is under the volition of the Participant with an Intellectual Disability. Where there was even gentle support and guidance by Staff Participants to encourage an ID participant undertake an activity this brought the ID Participant into continuous proximity to the Staff Participant.

Smiling giggling and laughing was useful across all three participants and was not dependent upon an ID Participant having verbal language. Word approximations were coded across all three ID Participants.

Asking for carers by name appeared to have some usefulness and showed some statistical significance with the Average Rating made by Other SP for Alanis.

A number of the physical contact codes were not coded in the study. Unused codes included 'Cuddle/Hug, Kissing Carers, Stroking, Handholding, High Five and Leading Carers. Light Tapping was only coded once for one participant. The one physical contact code that was coded was Touching Others. Touching others had some statistical significance for Bernie and Alanis. The limited range of physical contact codes used in the current study suggests that the number of codes could be reduced.

The usefulness of gestures was mixed. All three ID Participants were scored on the category codes of nodding their head and sign language attempts. Mimicking was dependant on the ability to imitate and was rarely scored for Alanis and Ajay and never scored for Bernie. Beckoning was not scored for any participant. Pointing had some usefulness but would benefit from an adjustment in coding to ensure that the ID Participant is not being asked to point to something.

Although it was difficult to code and to see clearly from filmed data Tracking and Looking at Stationary Carers scored well for all three ID Participants.

Differences across Intellectually Disabled Participants

Approaching stationary carer was presented most frequently by Ajay who is highly mobile and very socially motivated to talk to Staff Participants.
Following moving carer may be difficult or take a prolonged number of intervals if the person with an intellectual disability has poor mobility.

Word approximations or vocal sounds differed in what was collected for each participant. Alanis spoke in short sentences whereas Bernie used only vocal sounds. The code Vocalisations while smiling was most useful for Bernie because of the 'happy sounds' he made in between bursts of laughter. This coding may to some extent have similarities to the singing or joking of a verbally able individual. Singing and joking were not scored for Bernie but did receive coding for the other two ID Participants. Asking for carers by name is a useful category for individuals with verbal language.

The ability of ID Participants to use signed communication differed. Bernie used approximated versions of signs and Alanis To mimic the gestures of another person requires you to have good gestural communication skills and this category was not scored for Bernie. Similarly pointing did not appear to be within the skill repertoire of all three ID Participants and was not coded for Bernie.

Information about the research for potential staff participants volunteering to role play films Appendix A.17.

Rapport Rating Scale

This is an invitation to take part in a research study. Before you decide you need to understand why the research is being done, and what it would involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish.

What is the purpose of the study?
This study has been set up to measure the non-verbal behaviour presented by people with learning disabilities, to see if people alter their non-verbal behaviour dependent upon their relationship with different carers.

Information will be collected by filming volunteers to play the role of people with a learning disability to demonstrate different levels of rapport with staff. The film will be watched and analysed by volunteer observers (other people) using an observation tool that has been designed for the study. This has been called the Rapport Rating Scale (RRS).

Rapport with carers is the focus of this study, as other published research is beginning to show that good rapport with carers leads to reductions in challenging behaviour. The non-verbal behaviours that are important in this study are those which indicate that there is a good rapport with particular staff. The RRS has been designed to collect information about learning disabled participants, smiling, making eye contact, talking too, moving or gesturing towards particular staff.

To ensure that the RRS can be used by clinicians easily and is a useful tool, it will be reviewed and coded by volunteers who are professionals and trainee professionals in the field of intellectual disability.

Why have I been invited?
You have been invited as you are a member of staff team with a good understanding of rapport and people with learning / intellectual disabilities and could assist in producing role played films.

Do I have to take part?
It is up to you to decide. This information sheet is for you to keep. Prior to conducting role plays I will meet with you so that I can explain the study to you, and give you the opportunity to ask questions. Agreement will also be sought from your line manager.

You will then be asked to sign a consent form to show you have agreed to take part. A copy of the signed consent form will be given to you. You will not be put under any pressure to be involved in the study, but hope I can reassure you sufficiently for you to be happy to volunteer.

Choosing not to be involved in the study will not result in you having any fewer opportunities for training, promotion etc than your colleagues who do choose to participate. You are free to withdraw at any time without giving a reason.

What will happen to me if I take part?
If you take part as a volunteer in making role plays you will be one of two colleagues who role play 3 five minute scenario's. Although the role plays are only 5 minutes long they may need to be edited or re filmed until they are a sufficiently good example of the correct level of rapport to be used in the study. The 3 scenarios will be good, neutral and poor rapport with staff. Scripts will be written and used by the participants featuring in role plays. The scripts will give an outline of how to present non-verbal indicators of rapport and the amount of and type of language that should be used in role plays. Role plays will be based on some of the best pieces of film from an earlier study that gave a clear example of good, neutral or poor rapport when rated on the IRM.

The same volunteer will role play the person with an intellectual disability or the member of staff in the good, neutral and poor rapport role play / film.

What happens when the research stops?
When the research stops general feedback will be given to volunteers who produced role plays. Following completion of this work the aim would be to incorporate the findings into teaching others about rapport. The findings will be written up as an academic paper for publication in either an intellectual disability journal or a nursing journal.

Will my taking part in the study be kept confidential?
All data will have participant numbers rather than names which appear on documentation and electronic files to ensure confidentiality. Pseudonyms can be used during role plays.

Films taken will be burnt onto a DVD and then stored in a locked cabinet. Data will be confidentially stored by the researcher until publication of the results.

Complaints
As a researcher and employee I am bound by exactly the same policies and procedures as you your manager and other colleagues. This means that I am required to follow Surrey and Borders Partnerships policy and act on issues such as, Complaints, Safeguarding Adults, and Information Governance.

If you have any concerns about the study at any point, you can speak directly to me as the researcher on 07932039868, or your manager. If you still feel unhappy about the study in any way or do not feel able to talk to the people listed above you can contact The NHS Trust I am employed by. The Person to contact is Dorrie Mystis Research and Development Facilitator Surry and Borders Partnership NHS Foundation Trust on 01276 605597. The University of Kent Research Ethics & Governance Officer Nicole Palmer 01227 824797

In the event that something did go wrong and someone was harmed, the management, design, and conduct of this research study is covered by insurance and /indemnity arrangements. Insurance is through policies with Surrey and Borders Partnership NHS Foundation Trust and the University of Kent.

This research is part of a PhD programme, supported by The Tizard Centre University of Kent. Before starting this study it has been agreed by The research and Development Department at Surrey and Borders Partnership NHS Foundation Trust and the National Research Ethics Committee.

Consent form for volunteers in role plays Appendix A.18.

Title of project
Indicators of Rapport Measure Study

Study Number 09/H1102/33

Participant Identification Number…….

Name of Researcher Maria Hurman

	Please initial box
I confirm that I have read and understand the information sheet dated 5th January 2013… (Version 1.) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	☐
I have been given a copy of the information sheet for volunteers in role plays.	☐
I am aware that my participation is voluntary and that I am free to withdraw at any time without giving any reason. Withdrawing from the study will not affect my rights for promotion training etc in the work place.	☐
I agree to take part in the above study	☐
Staff Volunteering in Role Plays Only I agree to brief clips of film in which I may appear as a staff member to be coded by volunteers in the study who have signed a University of Kent confidentiality form and that these films can be used in future training.	☐

Name of participant……...Date ……..Signature……

Name of person taking consent…….Date…..….Signature……

Rapport Rating Scale Role Play Films Appendix A.19.

Good rapport example		
Script for the 2 members of staff	**Script for the person with a disability**	**setting**
Although you are talking together you immediately include the person with disability when they arrive. Conversation needs to be positive, non-demanding, make eye contact and good fun light hearted interaction. A few minutes into the conversation you suddenly remember the laundry or the dinner and go to check. Mention to the person with a disability that you will not be long. They will follow you to the kitchen or the laundry room possibly both.	You are playing a person with a learning disability. You are able to use one or two words of verbal communication and use lots of signs or gestures. You come into the room where there are two staff talking. Sitting close beside one. You ask about the shift 'you on late shift…? Make good eye contact with both staff. Bring in something with you that you can use to interact with staff. Items from your bag perhaps that you can show to staff. Initiate brief conversation smiles and eye contact. Follow the member of staff to the kitchen or the laundry room when they go. Maintain a distance of about 1.5 meters and keep up interaction during the time they move	Based in a lounge area but with access to the kitchen or a utility room with a washing machine. Person with disabilities needs to have some items they can show people playing staff members.

Neutral rapport example		
Script for the 2 members of staff	**Script for the person with a disability**	**setting**
You are both on duty but busy with different tasks in the same room as the person with a disability (sewing an item of clothing for example reading the duty rota or something in the diary) sit in a separate chairs to the person with disabilities. At one point staff person one leaves the room because the telephone rings. You then call staff person two to the telephone. Staff person two mentions to the person with a disability that they are going. When you are spoken to	You are playing a person with a learning disability. You are able to use one or two words of verbal communication and can use signs or gestures. You are fairly bored the TV is on but you are not watching it. You have a magazine in your hand and you keep glancing at the pages. You do speak to the member of staff and you glance up but you do not do this as frequently as you do when you have a good rapport. When either of the members of staff go off to do something you	Based in a lounge area with a TV

you give brief but positive answerers and do not prolong the conversation.	follow them with your eye gaze but you make no attempt to follow. For this role play avoid smiling laughing and joking	

Poor rapport example		
Script for the 2 members of staff	**Script for the person with a disability**	**setting**
For the duration of the role play you are in the same room as the person with disability but talking to another member of staff or watching TV. Your colleague will be in the room some of the time but leave and return during the role play. When she returns you can pick up conversation from where you left off.	For this role play you make no attempt to use the verbal or sign language that you have. You sit on a separate chair from the staff members but where they would be in clear visibility. During the role play you have a magazine available to you which you sometimes look at. Avoid almost all eye contact with the exception of one or two 'eye gazes' at the members of staff. For the remainder of the time you can pick at your clothing, make stereotypical movements with your hands move about the room but away from the staff members or look downwards into your lap.	Based in a lounge area with a TV

Number of people needed to film and conduct role play

2 people to play staff members so that each film has the same number of staff present

1 person to play the individual with a learning disability who needs to be the same throughout films

1 Person to film

Copies of films used in the Rapport Rating Scale study Appendix A.20.

Rapport Rating Scale prior to piloting Appendix A.21.

Observer:	Age:	Number of years working in intellectual disability services:	
Gender:	Date:	Start time:	End time:

Name of person being observed Staff name

Number of people being supported **Initials of all staff present**	Use one sheet for each member of staff on duty **1 = not seen during observation** **2 = seen once during observation (for no more than half the duration of observation)** **3 = seen either 2-3 times or for around half the duration of the observation period** **4 = seen either more than 3 times or for the duration of the observation period**

Movement (of own volition)	**1**	**2**	**3**	**4**
Stays directly beside stationary carer				
Approaches stationary carer				
Follows moving carer				
Positive facial expression	**1**	**2**	**3**	**4**
Smiles, giggles or laughs which is directed at carer				
Vocal sounds and speech	**1**	**2**	**3**	**4**
Directs words or word approximations at carer				
Vocalises while singing or joking which is directed towards a carer and typically accompanied by smiles / laughing				
Asks for an absent carer or calls a carer by name				
Physical contact	**1**	**2**	**3**	**4**
Makes affectionate physical contact with carer e.g. cuddling, hugging, kissing or holding carer's hand				
Makes brief physical contact with carer e.g. touching, lightly tapping, stroking or high fiving carer				
Makes persistent physical contact with carer e.g. leading carer by the hand to take them somewhere or show them something				
Gestures	**1**	**2**	**3**	**4**
Gestures to carer in directing manner e.g. beckoning or pointing				
Gestures agreement to carer e.g. thumbs up or nodding head				

Uses formal sign language towards carer				
Mimics carer in order to joke				
Eye gaze	**1**	**2**	**3**	**4**
Moves eyes or head in order to track a moving carer				
Looks at stationary carer				

Information about the research for potential volunteer observers Appendix A.22.

This is an invitation to take part in a research study. This study has been set up to measure the non-verbal behaviour presented by people with learning disabilities, to see if people alter their non-verbal behaviour dependent upon their relationship with different carers.

Information on the films shows volunteers playing the role of people with a learning disability. As a volunteer observer you will be analyzing the film using an observation tool that has been designed for the study. This has been called the Rapport Rating Scale (RRS). Rapport with carers is the focus of this study, as other published research is beginning to show that good rapport with carers leads to reductions in challenging behaviour.

The non-verbal behaviours that are the focus of this study are those which indicate that there is a good rapport with particular staff. The RRS has been designed to collect information about learning disabled participants, smiling, making eye contact, talking to, moving or gesturing towards particular staff.

To ensure that the RRS can be used by clinicians easily and is a useful tool, it is being reviewed and coded by volunteers. You have been invited as you are a professional or trainee professional in the fields of health/psychology/applied behaviour analysis/intellectual disability.

If you agree to take part you will then be asked to sign a consent form to show you have agreed to take part. A copy of the signed consent form will be given to you. You will not be put under any pressure to be involved in the study, but hope I can reassure you sufficiently for you to be happy to volunteer.

Where viewing these films is part of a course you are undertaking, if you have chosen not to be a participant in the study you will be welcome to stay for this part of the session and not complete the Rapport Rating Scale. Whether or not a student on a course chooses to take part in this study will not affect marks or how you are viewed by course teaching staff.

What will happen to me if I take part?

Background information will be taken about volunteer observers prior to coding, to include experience in intellectual disability services, professional background, age and gender.

Prior to watching films participants will be given an introduction to the observation task. The introduction will either be verbal for groups of staff in training and/or via this information sheet.

Where a verbal introduction is given such as for groups of staff in training this will follow the same format as the participant information sheet to ensure observers are given the same amount of information. Following the information sheet tightly will reduce bias and the

possibility of inadvertently directing participants to form any conclusions about the level of rapport seen on the films.

Where large student groups take part as volunteer observers they will be divided into three groups to watch one of the three films to balance the background and training of observers across the three groups.

At the beginning of each film a screen shot will be shown of the people role playing staff and the person with an intellectual disability who featured in the film. People featured will be given a pseudonym so that they can be identified by the volunteer observer in order to code who rapport was aimed at.

Volunteer observers will asked to use the Rapport Rating Scale to rate one five minute clip of film which is depicting good, neutral or poor rapport. Volunteer observers will be blind to which film contains an example of good, poor or neutral rapport.

To collect data participants will be given an observation form RRS. One RRS form will be used to collect data in relation to each member of staff who features on the film.

What happens when the research stops?
Following completion of this work the aim would be to incorporate the findings into teaching others about rapport. The findings will be written up as an academic paper for publication in either an intellectual disability journal or a nursing journal.

Complaints
If you have any concerns about the study at any point, you can speak directly to me as the researcher on 07932039868, your line manager or teaching staff. If you still feel unhappy about the study in any way or do not feel able to talk to the people listed above you can contact The NHS Trust I am employed by. The Person to contact is Dorrie Mystis Research and Development Facilitator Surry and Borders Partnership NHS Foundation Trust on 01276 605597. The University of Kent Research Ethics & Governance Officer Nicole Palmer 01227 824797

Who is organising and funding the research?
This research is part of a PhD programme, supported by The Tizard Centre University of Kent. Before starting this study it has been agreed by The Research and Development Department at Surrey and Borders Partnership NHS Foundation Trust and the National Research Ethics Committee.

In the event that something did go wrong and someone was harmed, the management, design, and conduct of this research study is covered by insurance and /indemnity arrangements. Insurance is through policies with Surrey and Borders Partnership NHS Foundation Trust and the University of Kent.

Consent form for volunteer Observers Appendix A.23

Title of project
Rapport Rating Scale

Study Number 09/H1102/33

Participant Identification Number…….

Name of Researcher Maria Hurman

	Please initial box
I confirm that I have read and understand the information sheet dated 5th January 2013 (Version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	☐
I have been given a copy of the information sheet for volunteer observers.	☐
I am aware that my participation is voluntary and that I am free to withdraw at any time without giving any reason. Withdrawing from the study will not affect my rights either in the work place or as part of a course of study.	☐
I agree to take part in the above study	☐

Name of participant……...Date ……..Signature……

Name of person taking consent…….Date…..…Signature……

Ethical approval for the Rapport Action Research study Appendix A. 24.

Health Research Authority
NRES Committee London - Camden & Islington
North East REC Office
Room 002
TEDCO Business Centre
Rolling Mill Road
Jarrow
Tyne & Wear
NE32 3DT

Telephone: 0191 4283476

06 March 2014

Ms Maria A Hurman
Specialist Support and Development Team Leader
Surrey and Borders Partnership NHS Foundation Trust
Community Team for People with a Learning Disability
Bracketts Resource Centre 116-118 Station Rd E,
Oxted, Surrey
RH8 0QA

Dear Ms Hurman

Study title:	**Evaluating clinicians' experience of using rapport measurement tools with people with learning disabilities who present challenging behaviour.**
REC reference:	**14/LO/0262**
Protocol number:	**NA**
IRAS project ID:	**143473**

Thank you for your letter of 04 March 2014, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details, unless you expressly withhold permission to do so. Publication will be no earlier than three months from the date of this favourable opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to withhold permission to publish, please contact the REC Manager Hayley Henderson, nrescommittee.london-camdenandislington@nhs.net
.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Mental Capacity Act 2005

I confirm that the Committee has approved this research project for the purposes of the Mental Capacity Act 2005. The Committee is satisfied that the requirements of section 31 of the Act will be met in relation to research carried out as part of this project on, or in relation to, a person who lacks capacity to consent to taking part in the project.

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS sites

The Committee has not completed any site-specific assessment (SSA) for the non-NHS research site(s) taking part in this study. The favourable opinion does not therefore apply to any non-NHS site at present. We will write to you again as soon as an SSA application(s) has been reviewed. In the meantime no study procedures should be initiated at non-NHS sites.

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publicly accessible database within 6 weeks of recruitment of the first participant (for

medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to contest the need for registration they should contact Catherine Blewett (catherineblewett@nhs.net), the HRA does not, however, expect exceptions to be made. Guidance on where to register is provided within IRAS.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Covering Letter	Maria Hurman	27 January 2014
Covering Letter		03 March 2014
Evidence of insurance or indemnity	Zurich Municipal, Pol No: NHE-17CA02-0013, Exp: 30/07/14	26 July 2014
Investigator CV	MS M Hurman	25 January 2014
Investigator CV	Prof P McGill	30 January 2014
Participant Consent Form: Clinician	2	18 January 2014
Participant Consent Form: PLD	2	18 January 2014
Participant Consent Form: Staff in Services	2	18 January 2014
Participant Consent Form: Nominated Consultee	2	18 January 2014
Participant Consent Form: Personal Consultee	2	18 January 2014
Participant Information Sheet: Staff	3	03 March 2014
Participant Information Sheet: Nominated Consultee	3	03 March 2014
Participant Information Sheet: Potential staff working within Services	3	03 March 2014
Participant Information Sheet: Health/Care Professionals	3	03 March 2014
Participant Information Sheet: Personal Consultee		03 March 2014
Participant Information Sheet	4	03 March 2014
Protocol	2	18 January 2014
REC application	IRAS 3.5, 143473/556141/1/625	27 January 2014
Response to Request for Further Information		04 March 2014

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

Further information is available at National Research Ethics Service website > After Review

14/LO/0262	**Please quote this number on all correspondence**

We are pleased to welcome researchers and R & D staff at our NRES committee members' training days – see details at http://www.hra.nhs.uk/hra-training/

With the Committee's best wishes for the success of this project.

Yours sincerely

pp
Mrs Rosie Glazebrook
Chair

Email: nrescommittee.london-camdenandislington@nhs.net

Enclosures: "After ethical review – guidance for Researchers"

Copy to:	*Ms Nicole Palmer, Research and Ethics Governance Officer* *Ms Dorrie Mystris, Surrey and Borders Partnership NHS Foundation Trust*

Information sheet for potential clinicians (staff) Appendix A.25.

1. Research Project Title

Evaluating the clinicians' experience of using rapport measurement tools

2. Invitation to participate

I would like to invite you to take part in our research study. Before you decide we would like you to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Thank you for reading this.

3. What is the purpose of the project?

As you are aware some people with learning disabilities display "challenging" behaviour such as aggression, destruction or self-injury. Such behaviour is difficult to manage and sometimes leads to restrictive practices such as restraining the person. Research is beginning to make links between the quality of the relationship the person with a learning disability has with carers and reductions in challenging behaviour. When relationships are of a good quality challenging behaviours occur less frequently.

This study follows on from previous work in which a measure of rapport was developed. The current study seeks to implement the rapport measure 'Rapport Rating Scale' and other rapport measures used within earlier studies into clinical practice.

The aim of the current study is that clinicians would gain experience of using the rapport measures as a routine part of their clinical practice and that their experience would be evaluated.

The primary data for the current study will be interviews which explore clinician's experience of using the rapport measures.

4. **Why have I been chosen?**

You have been chosen because of the clinical work that you do which brings you into regular contact with people with a learning disability who present behaviours that pose a challenge to others. In the course of your work you are likely to be assessing and trying to understand behaviours that cause concern and writing Positive Behaviour Support (PBS) plans for people with a learning disability.

5. **Do I have to take part?**

It is up to you to decide whether or not to take part. Taking part is not a condition of your employment and if you decide not to take part this will not interfere with your current employment or future prospects in any way. If you do decide to take part you will be given this information sheet to keep (and be asked to sign a consent form). If you decide to take part you are still free to withdraw at any time, without giving a reason. If there are particular elements of the project you do not wish to take part in you can do this while still participating in other elements.

6. **What will happen to me if I take part?**

In order to make sure that all clinicians have a similar level of knowledge about rapport you will be asked to attend a training session about rapport and people with a learning disability. The training session is likely to take half a day and certainly no more than 1 day. This will take place at an NHS Base closest to the majority of participants. At the training session you will be introduced to the rapport measurement tools.

Training will introduce the following measures

- Rapport Rating Scale
- Preference Testing
- Staff rating of other Staff Rapport
- Staff Self Rating of Rapport

Introducing you to a variety of rapport measures is intended to give you a “tool kit” for the measurement of rapport so that, in principle, you could select the most appropriate tool for the situation you are working in.

You will be coached on selecting appropriate settings (including more than one setting if possible), selecting a range of key staff to involve (keyworker compared to other staff) and number of observation or

measurement tools to most effectively use. Rapport tools differ in the time taken to use them from up to 8 hours observation to a 5 minute interview.

After training it is hoped that you will use the rapport measurement with around 6 people with learning disabilities as part of an assessment you are planning to complete. For the majority of participants with an intellectual disability the clinician will use one or two of the above rapport measures with an approximate total duration of 2 hours. Measure selection will be based on the opinion that they are likely to provide clinically useful information to better support the participant with an intellectual disability.

Support will be given for clinicians to use the measure(s) identified. Support sessions will be typically linked to regular meetings. Information collected from rapport measurement will form part of the functional assessment and be reported in the notes of the participant with an intellectual disability.

After an agreed time period all participating clinicians will be interviewed individually about their experiences of using the measure. You will be encouraged to share involvement in the analysis of the initial interview material. Clinicians will re convene as a reflective group, three to six months after initial training,to share learning from the interviews and agree further actions in the development of rapport measurement tools.

7. What are the possible disadvantages and risks of taking part?

I will be gathering information from you that you would reasonably regard as personal or confidential. You may be concerned that by being involved in the study others will have access to this information. No identifiable data about the people you support will be collected. We have a strict confidentiality policy at Surrey and Borders NHS Foundation Trust and anyone supporting the research will have signed a confidentiality agreement and will follow SABP NHS Foundation Trust guidelines on confidentiality.

I appreciate that attending training, focus groups on rapport and using rapport measurement tools will take your time and you may see this as a disadvantage. The amount of time involved is relatively small and I will be happy to discuss the benefits of the study with your manager in order to allow time for this within your working day.

8. What are the possible benefits of taking part?

You will receive training on the benefits of building rapport and the potential impact on behaviours that challenge others. The training will introduce you to rapport measurement tools which are evidence based and support you to use these in clinical practice.

The study will be an opportunity to take part in Action Research as a partner in the process. It is hoped that your involvement feedback and ideas will help in producing final versions of robust rapport measurement tools.

9. What if something goes wrong?

As a researcher and employee I am bound by the same type of policies and procedures as you your manager and other colleagues. This means that I am required to follow Surrey and Borders Partnership NHS Foundation Trust policy and act on issues such as, Complaints, Safeguarding Adults, and Information Governance.

If you have any concerns about the study at any point, you can speak directly to me as the researcher on 01883 382387, or the manager of this service. If you still feel unhappy about the study in any way or do not feel able to talk to the people listed above you can contact Dorrie Mystris Research and Development Facilitator for the Trust on 01276 605597.

10. Will my taking part in this project be kept confidential?

Everything you say/report is confidential unless you tell me something that indicates that you or someone else is at risk of harm. I would discuss this with you before telling anyone else. Any information about you which is disseminated will have your name and address removed so that you cannot be recognised from it.

11. What will happen to the results of the research project?

The results of the study will be shared with other people both within and external to Surrey and Borders Partnership NHS Trust. It is intended that this will be through presentations and publication in a journal specialising in learning disability.

12. Who is organising and funding the research?

This research is part of a PhD programme, supported by The Tizard Centre University of Kent.

13. **Who has reviewed the project?**

Before starting this study it has been agreed by, The Research and Development Department at Surrey and Borders Partnership NHS Trust and the study has been reviewed by Camden and Islington Research Ethics Committee.

14. **Contact for further information**

If you feel that you require any further information about this study please feel free to contact me, Maria Hurman on 01883 382387.

Community Team for People with Learning Disabilities
East (Tandridge)
Bracketts Resource Centre
116 – 118 Station Road East
Oxted
Surrey
RH8 0QA
Tel: 01883 382387 (+ Answer Phone

Consent Form clinicians Appendix A.26.

Evaluating the Clinicians experience of using Rapport measurement tools

Thank you for considering taking part in this research. If you have any questions please discuss these with the lead researcher or others listed on the information sheet before you decide whether to take part. You will be given a copy of this Consent Form to keep and refer to at any time.

	Please tick
I confirm that I have read and understood the information sheet dated (Version 2) 18th January 2014 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my employment or legal rights being affected.	
I understand that if I withdraw from the study the data collected up to that point will be destroyed.	
I agree to take part in the following elements of the study:	
• To undertake training which will introduce the following measures, Rapport Rating Scale, Preference Testing, Staff rating of other Staff Rapport & Staff Self Rating of Rapport	
• To use my chosen rapport measurement tools with around 6 people with learning disabilities that I support (approximate total duration of 2 hours)	
• Be interviewed individually about my experiences of using the measure	
• Re convene as a reflective group to share learning from the interviews and agree further actions in the evolvement of rapport measurement tools	

Name of Participant (please print)_____

Signed _____Date _____

Name of Researcher (please print)_____

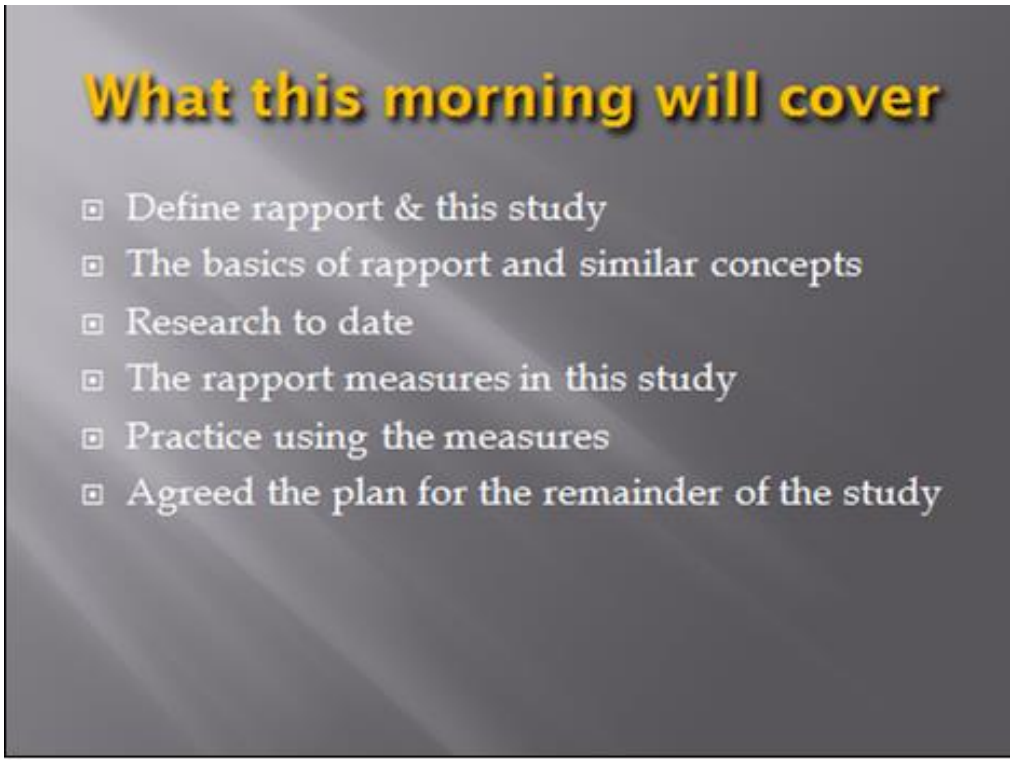
Signed _____ Date _____

Rapport Action Research Plan for Clinicians Training Appendix A.27.

9:30am -1pm

Time	Key point	Notes	Support
9.30	This is research and what does that mean briefly. Approvals NRES and SABP FT. Briefly mention Consent consultee & staff participants.		1-22
	What is this study and why		Handouts from slides with notes space to write
	What is rapport a simple understanding bank account slides and definitions		
	Study's so far		
	Links to what we know in LD other concepts.		
	Measuring the behaviour of the person with LD and not carers		
	Coffee	Coloured pens	
11.00	The rapport tools and how you use them		Rapport Measurement Handbook
	Role play preference testing	Audio speakers	Film on slides 24-26
	Trying RRS with Some examples on film.	Spare copies of good poor and neutral rapport films (with what people are watching) for participants to take away	Spare RRS forms
	Analysis of Rapport measurement data collected		Copies of all consent forms
	How to take consent What are consultee's and the muddle with adults who lack capacity and best interest meeting, link to ethical approval.	Steps to take consent sheet.	Guidance on nominating a consultee document for all
	What are the timeframes		Copies of all Participant information sheets and consent forms
	Reconvening and reflective group.		Slides 26 & 27
finish 1.00	Questions		

Slides used in Rapport Action Research Training Appendix A.28.



What is this study and research questions

- **Full title of the research:**

Evaluating clinicians' experience of using rapport measurement tools with people with learning disabilities who present challenging behaviour.

- **Principal research question**

Do the rapport measurement tools provide useful data which can be used in routine clinical practice for people with an intellectual disability whose behaviour presents a challenge? Do the rapport measurement results, impact on the Positive Behaviour Support Plan developed by clinicians?

Idea behind this study

- The study will seek to apply research methodology to clinical situations in an on-going or evolving way using Action Research.
- After today there will be about 2 or 3 further reflective meetings. The aim of meetings with participants is, that these will be exploratory and that participants will be treated as co researchers.

General literature on rapport

- The Oxford Dictionary defines rapport as relationship or communication, especially when useful and harmonious, while the words "sympathetic relationship or understanding" is used by The Collins Dictionary (2006).

What is Rapport

- The following definition was used by Grahe and Bernieri (1999) when they asked participants in a study to rate recorded material for high and low rapport:

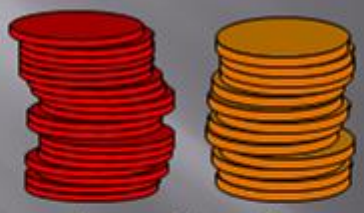
- *"Rapport is a term used to describe the combination of qualities that emerge from an interaction. These interactions are characterised by such statements as 'we really clicked' or 'we experienced real chemistry'. When you come away from a conversation that was two hours long, and you feel invigorated, you have experienced an interaction high in rapport.*

De Paulo and Bell (1990) suggest that, rapport is solely based on the interactants and, state that 'it is their experience of rapport and, only theirs that is definitional'.

Tickle-Degnen and Rosenthal (1990) have identified three interrelating components of rapport:

- **Mutual attentiveness**, which creates focused and cohesive interaction.
- **Positivity** which could be mutual friendliness and warmth.
- **Co-ordination** this describes balance harmony and synchrony with the other person

The emotional bank account



The relationship you have with another person usually starts off as fairly neutral i.e. you are not in credit or not in debt. This starts off in exactly the same way with our service users.

The risk is staff have the potential to have more power!

8

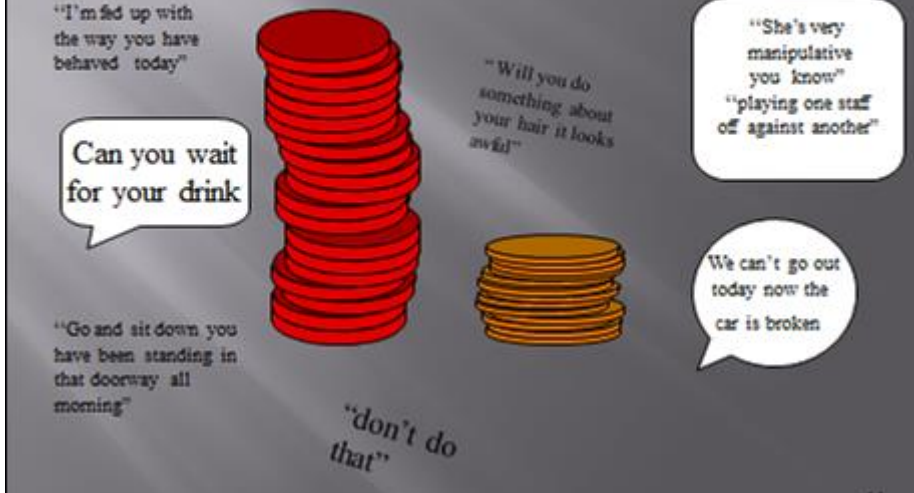
Rapport is built up by paying into the emotional bank account. By giving to people:

Think about the people in your life that to or have done this for you. How do you feel about these people?

A healthy emotional bank account with frequent positive paying in (Positive regard, contact, support and activity for a person

Will cope with a few well phrased requests or even demands without any problem.

How to go overdrawn in the emotional bank account



A seriously overdrawn emotional bank account is where a relationship is characterised by; Control, critical comment, negative interactions, little positive activity.

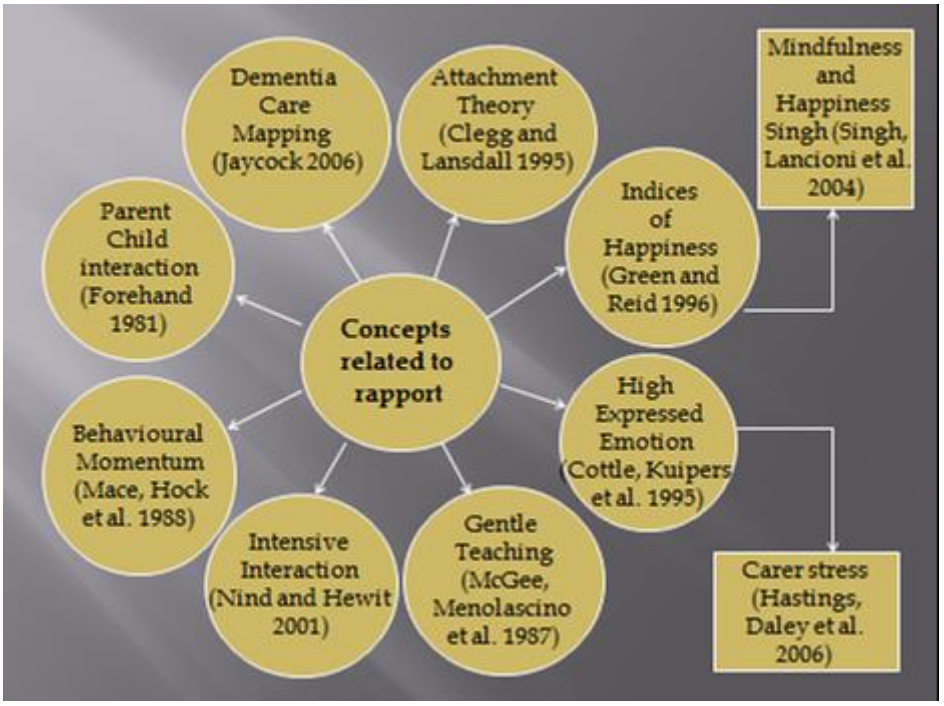
Is likely to respond to demands or requests by a further build up of resentment, avoidance, and typically behaviour which we would call challenging!

There is no magic in the fact that individuals respond better to some carers than others!

Rapport and people with an intellectual disability

- Literature on rapport first appeared in the book, Communication-Based Intervention for Problem Behavior: A Users Guide for Producing Positive Change Carr et al (1994).
- Carr et al suggested "if you associate yourself repeatedly with a wide variety of activities, people, and things that the person values, then eventually your presence will become a signal that many rewarding activities and events are available with you. In technical terms your presence becomes a generalized reinforcer" (1994)

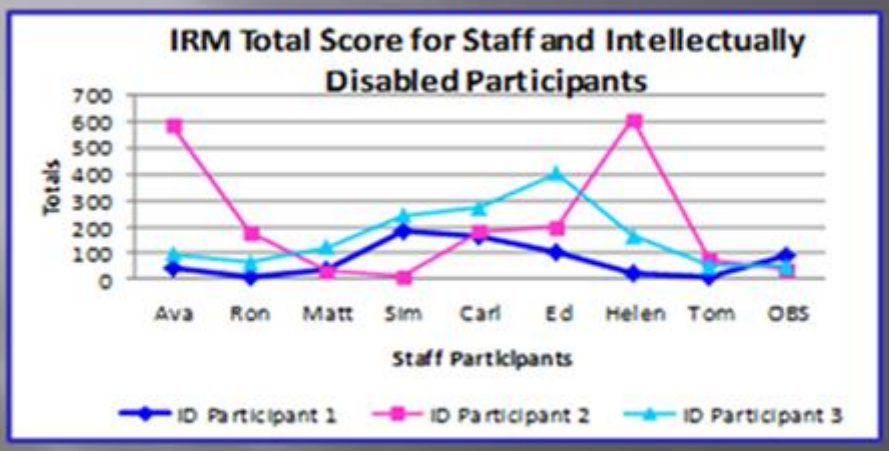
- To date there have been two published research studies, looking directly at the link between carer rapport and challenging behaviour (Guthrie and Beadle-Brown 2006) and (McLaughlin and Carr 2005)
- Both studies link quality of rapport to reductions in challenging behaviour presented by people with intellectual disabilities.



Indicators of Rapport measure (IRM) study

- Used 4 measures

1. Asked staff about their own rapport (self rating)
2. Asked to rate colleagues rapport with person
3. Asked people with LD who they wanted support from (Preference testing)
4. Filmed 3 people with LD for 5 half hour periods in the presence of each of the 8 staff participants.



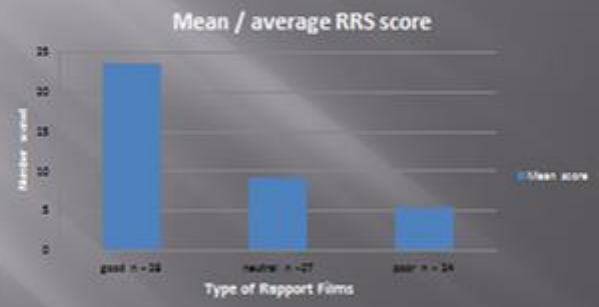
Results

- IRM at Individual Category Code difficult to work with. Data showed more pattern at the level of overall category code and IRM total.

- The total IRM Score was compared against
- Staff Self Rating of Rapport
- Staff rating of Other Staff Rapport
- Preference Testing Results

These are measures from an earlier study by McLaughlin and Carr (2005)

Results



What does all this mean?

- professionals, or trainees, in the fields of health /psychology/applied behaviour analysis, were able to identify indicators of a good, neutral or poor rapport towards their carers using the RRS.
- The RRS scores for the films were comparable with the previously developed Indicators of Rapport Measure.

In Summary

- suggests that as a tool the simple to use RRS can provide information about one aspect of the current relationship between a person with a disability, and the person supporting that individual
- People with LD unlikely to change their behaviour in the presence of an observer so this may be a more reliable observation.

Timetable for the study

Activity	Dates
Finish protocol + Participant Information Sheet & semi structured clinician interview	Jan 2014
Ethical approval or opinion	March 2014
Appoint Participant clinicians	April 2014
Plan and deliver the toolkit / Handbook to clinicians	May 2014
Clinicians to appoint People with LD consultees & staff participants	May / June 2014
Clinicians begin using rapport measures as part of assessments	July / Aug 2014
Reconvene as a group and interview clinicians (continue using measures)	Sept /Oct 2014
Reconvene as a group to identify key themes and generate further testing with clinicians if needed.	Nov /Dec 2014

What we have covered this morning

- We have defined rapport & talked about this study
- Spoken about the basics of rapport and similar concepts (emotional bank account)
- Looked at the research to date
- Covered the rapport measures for use in this study
- Had a practice at using some of the measures
- Agreed the plan for the remainder of the study

ANY QUESTIONS?

Rapport Measurement: A Handbook for Participants [1]

[1] This Handbook is being revised and made available on Surrey PBS network and Tizard website

This handbook is designed to present the rapport measurement tools and give tips for collecting and analysing data collected.

Contents

Rapport Rating Scale

Name of person being observed Staff name

Scale **0 = not seen during observation** **1 = seen once during observation (or less than half the observation period)** **2 = seen 2-3 times during observation (or half to three-quarters of the observation period)** **3 = seen more than 3 times during observation (or more than three-quarters of the observation period)**		
INDICATORS OF RAPPORT	**Tally times seen**	**Rate 0-3**
Movement (of own volition)		
★ Stays directly beside stationary carer (touching distance)		
★Approaches stationary carer		
★ Follows moving carer		
Positive facial expression		
★Smiles, giggles or laughs which is directed at carer		
Vocal sounds and speech		
★Directs words or word approximations at carer		
★Vocalises while singing or joking which is directed towards a carer and typically accompanied by smiles / laughing		
★Asks for an absent carer or calls a carer by name		
Physical contact		
★Makes affectionate physical contact with carer e.g. cuddling, hugging, kissing or holding carer's hand		
★Makes brief physical contact with carer e.g. touching, lightly tapping, stroking or high fiving carer		
★Makes persistent physical contact with carer e.g. leading carer by the hand to take them somewhere or show them something		
Gestures		
★Gestures to carer in directing manner e.g. beckoning or pointing		
★Gestures agreement to carer e.g. thumbs up or nodding head		
★Uses formal or informal sign language towards carer		
★Mimics carer in order to joke		
Eye gaze		
★Moves eyes or head in order to track a moving carer		
★Looks at stationary carer		

How to Use the Rapport Rating Scale

Arrange to carry out direct observation of the person with a learning disability at a time when they will be free to move around the service or their home. This is important as you want to see who they interact with they need to be free to move around the house or day service. Mealtimes are not a good idea as people may be sitting in one place with staff assigned to support them & it will be difficult to see who they prefer to be with.

When observing try and avoid interacting with others in the room (staff / family members /people who live at the service) as this may influence the data you collect. You become part of the environment rather than an impartial observer.

Remember you are observing the person with learning disabilities rather than the member of staff.

Between 10 to 30 minutes of observation should be sufficient to get a picture of the rapport behaviours the person with learning disabilities is presenting. This figure is based on research using this measure and an earlier version of the measure.

Use the 4 coloured Pen to assign a rating to a particular member of staff. i.e. give each member of staff on duty a colour and mark on the recording sheet if the rapport behaviour was directed at that particular member of staff in the colour you have assigned to them.

Observing on more than one occasion is likely, to provide more rigorous data collection. To compare rapport indicators directed towards individual members of staff all staff must have been present and available to the person with disabilities for equal amounts of observation period. Look out for staff leaving the service to run errands or being busy with another person in another room for large parts of the observation period. In which case the member of staff should not be recorded as being present for the full observation time.

Analysis of Rapport Rating Scale Data

Analysis of the RRS for each member is based on a frequency count of the number of RRS indicators directed towards them. Data is likely to show more of a pattern at category code level i.e. (Movement, Positive Facial Expression, Vocal Sounds, Physical Contact, Gestures & Eye gaze) or at overall RRS score for a particular member of staff.

Staff Self Rating of Rapport

Home:_____Date:_____Staff member:_____

Please circle the number that best represents the overall quality of the relationship between you and _____as of today.

UNSATISFYING SATISFYING

0----------1----------2----------3----------4----------5

The majority of my interactions with this person are awkward, unpleasant, and stressful. I do not feel particularly close to this person and oftentimes, it is difficult for us to find any "common ground."
(Score 0 or 1, depending on the extent to which you find the relationship unsatisfying)

The majority of my interactions with this person are neutral, that is, not particularly good or bad. While I like this person, I don't feel particularly close or "connected" to this person in any meaningful way.
(Score 2 or 3 depending on perceived level of connectedness.)

The majority of my interactions with this person are enjoyable, satisfying and interesting. Together we share a warm, open, balanced relationship.
I find that we have a lot in common and enjoy each others company.
Score 4 or 5, depending on the extent to which you find the relationship satisfying.)

How to use the Staff Self Rating of Rapport

This measure is best explained to staff as part of a group / staff meeting with an explanation of what it is aiming to show. Reassure staff that the aim of the measure is positive and that they will not be penalised in any way for making an honest scoring. The purpose is to measure differences and support all staff to strengthen the relationship they have with the person. Allow staff to give the measure back anonymously (in an envelope) as it may encourage a more honest self report.

Analysis of the Staff Self Rating of Rapport

Separate staff into two groups 'good rapport' and 'poor rapport'.

Rate staff as having a good rapport with the person with a learning disability if they had high self-ratings (i.e., four or five on the rapport scale)

Staff participants in the poor rapport group had neutral to low self-ratings (i.e., 0–3 on the rapport scale)

Preference Testing

How to carry out preference testing

Who when where

At the beginning of an activity or the morning routine a separate member of staff presents the person with a learning disability with two members of staff who have consented to be participants. .

Person doing the testing needs to ask the two staff to position themselves in the same room as the person with a learning disability. The person testing then needs to ask the person with a learning disability "Who would you like to support / help you with……" ____(name)_____ or ____(name)_____.

The participant with a learning disability can communicate their choice by stating the staff members name, pointing to the person or a visual representation of the person (such as a photograph) or through actions. Approaching the staff member, taking the staff members hand and leading him or her to the task area.

The choice made will be honoured and the participant with a learning disability will be supported by the chosen staff member for the duration of the task or activity that was specified.

The results of the choice will then be recorded on the card and the staff member chosen will then be paired with the next staff member in the group of staff participants.

Results of each preference testing session, for each participant with a learning disability will be recorded on the preference rating card and placed in a box to be collected by the clinician.

The back and front of the cards are shown below. used can be seen as Figure One below.

Preference Testing Cards

Date of testing:

Staff to be tested

_____ and _____

For testing both staff must be in the same room a similar distance away from

See back of card

Staff member who did the test:_____

What is the activity being offered:_____

Say to…….

“Who would you like to (name of activity) with you today” ____( )_____ or ____( )_____.

To ensure reliable testing must hear both choices before he/she makes a choice.

Name of the staff member chosen:_____

Preference testing organisation diagram

Staff members A-H	A	B	C	D	E	F	G	H	I	J	K	L
B	1											
C	2	3										
D	4	5	6									
E	7	8	9	10								
F	11	12	13	14	15							
G	16	17	18	19	20	21						
H	22	23	24	25	26	27	28					
I	29	30	31	32	33	34	35	36				
J	37	38	39	40	41	42	43	44	45			
K	46	47	48	49	50	51	52	53	54	55		
L	56	57	58	59	60	61	62	63	64	65	66	

Non shaded boxes show each of preference testing sessions to be carried out. You may want to write in the names of the member of staff and write the test session number on the cards to keep track of the sessions you have had back. numbers for each participant are shown in the non-shaded boxes

Analysis of Preference Testing Results

Make up a similar table to the one shown below so that you can note the results of the preferences made by the person with a learning disability.

Scoring (1) on the Preference Testing results diagram below means that this was the staff member selected in the Preference Test. Zero (0) denotes the staff participant who was not chosen. Scoring is easiest if all preference tests have been completed and there is no missing data.

If the Preference Testing has any missing data, each staff participant can given an additional 0.5 (half the test total) to reflect that there had been no opportunity to be Preference Tested.

Percentage scores are useful way to present this data. The percentage score in the table below is based upon the percentage of occasions chosen across the total number of sessions in which the staff member took part. If there is some missing data the number of Preference Tests completed may be slightly lower for some staff participants than others.

	Ava against Rated	Sim against Rated	Helen against Rated	Ron against Rated	Matt against Rated	Carl against Rated	Tom against Rated	Rated against Ed	total times chosen	Percentage chosen
Ava		1	1	0	1	0.5	0	0	3.5	50%
Sim	0		1	0	1	1	0.5	1	4.5	64%
Helen	0	0		0	1	1	1	0	3	43%
Ron	1	1	1		0	1	0	1	5	71%
Matt	0	0	0	1		1	1	1	4	57%
Carl	0.5	0	0	0	0		1	1	2.5	36%
Tom	1	0.5	0	1	0	0		1	3.5	50%
Ed	1	0	1	0	0	0	0		2	29%

Staff /Carer Rating of Other Staff/Carers

- Think for a moment about _____(name of person with disabilities). In your opinion, of everyone working in the home which member of staff works best with_____(name), i.e. who gets along well and works most effectively with _____(name)?

- Write a 1 next to the staff member that has the best relationship with _____(name)

- Now think of another staff member who you would rank as next in order as working extremely well with _____(name) and write a 2 next to his or her name.

- Continue in this way until all staff working in the home are rank ordered in terms of the quality of their relationship with_____(name)

Names of staff working with_____(name	Rank order in terms of relationship quality

How to use the Staff /Carer Rating of Other Staff/Carers

As with the Staff Self Rating of Rapport, this measure is best explained to staff as part of a group / staff meeting with an explanation of what it is aiming to show. Reassure staff that the aim of the measure is positive and that they will not be penalised in any way for making an honest scoring.

Acknowledge that staff may feel a little apprehensive about making ratings about their colleagues so be prepared to emphasise that this is only to try to get the Positive Behaviour Support Plan right for the person with a disability.

Decide in advance with staff whether they want to include their own name in the list.

Large staff teams may need more than one form to fit all the staff names in.

The purpose is to measure differences and support all staff to strengthen the relationship they have with the person. Allow staff to give the measure back anonymously (in an envelope) as it may encourage more honest opinions.

Analysis of the Staff /Carer Rating of Other Staff/Carers

	Put the results of each rating sheet into these columns									
List staff member by name	Rated by	Rated by	Rated by	Rated by	Rated by	Rated by	Rated by	Rated by	Rated by	Total

A low total score for a given member of staff means they came 'top of the list' or high up the list for a number of their colleagues. A low score for a staff member is an indication of a good rapport with the person with a learning disability and a high score an indication of a poor rapport.

Contact details

If you have any questions or there are elements to this guide that are unclear please do not hesitate to contact me

Email: Maria.Hurman@sabp.nhs.uk

Direct line 01883 383935

Mobile number 07885719043

24 May 2014 Version (1)

Community Team for People with Learning Disabilities East (Tandridge)
Bracketts Resource Centre
116 – 118 Station Road East
Oxted
Surrey
RH8 0QA
Tel: 01883 382387 (+ Answer Phone)

Participant information sheet Appendix A.30.

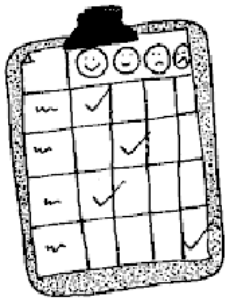
Evaluating the clinicians' experience of using rapport measurement tools

We want to ask you to help us to learn more about whether getting on well with staff makes people living in services feel happier.

We may ask you which staff in the service you most like to help you or spend time with you.

We may talk to staff and ask them about all the staff at your service and how they each get along with you.

If you say “Yes” then the person doing assessment for you will come and visit your house. He or she will talk to your support staff about how they support you and ask them for some information about you. The information will go into your notes and assessment.

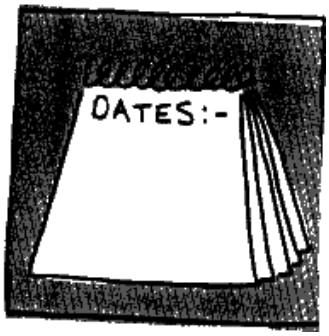


He or she will watch and make notes about

- Which support staff you choose to be near
- Who you are interested in
- Which support staff make you smile or laugh

The person doing assessments is collecting information to try and make life better for you. When they understand you and the house where you live they will talk to you about the changes they think it would be good to make.

These changes will be about how the house is organised and about how staff help you and other people living in the house.



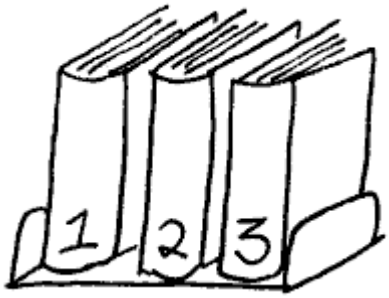
The person doing the assessment may visit for about 18 months. At the end the person who has done the assessment will meet with a researcher to see which assessments worked best and which ones need to be changed.

We will use what we learn from this research to help staff provide good support for other people like you. The study has been reviewed by Camden and Islington Research Ethics Committee.

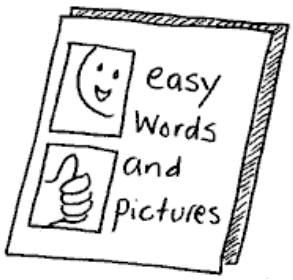
If anything happens that you don't like you can complain to the person doing the assessment. If you're still unhappy contact Maria Hurman on 01883 382387. If Maria doesn't sort it out you can contact the Research and Development Facilitator for the Trust Dorrie Mystris on 01276 605597.

We will not tell anyone (outside of the research team) anything about you unless we find out something that may mean you or someone else is in danger. We will talk to you about this if we need to tell someone else. Your name will not be used in any reports.

If there is someone else helping you – maybe a doctor or a psychologist – we might want to tell them about the research in case it affects the help they are giving you.



We will keep information about the study for up to 10 years after the end of the research. All the information will be kept safely so no one else can see it. No research information will have your name on it.



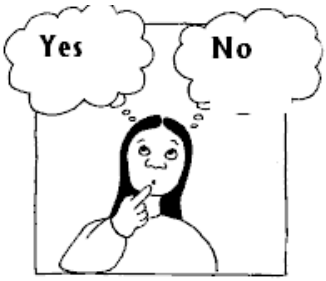
At the end of the research we will send you a report on what we have found.

You might like people coming to see you and what you do.

Or you might not like people coming to your house.

If you think you won't like it you can say
"No'.

Saying "No" is OK!



You are the only person who can decide if you want to say "Yes" or "No".

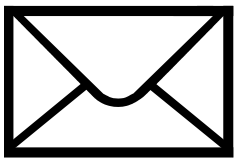
No-one else can tell you what to say.

If you say “Yes” now, you can change your mind whenever you want to. Nothing bad will happen if you change your mind. The care and support you get carry on as usual.

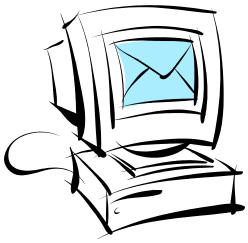
If you want to take part then you should fill in the form on the next page. It’s ok if you only want to take part in some things – you can show this on the form.

You can ask someone to help you to fill in the form.
If you have any questions you can ask someone to help you contact us.

You can phone Maria on 01883 382387



Or write to her at
Bracketts Resource Centre
116 – 118 Station Road East
Oxted, Surrey RH8 0QA



Or e-mail her at
maria.hurman@sabp.nhs.uk

Community Team for People with Learning Disabilities
East (Tandridge)
Bracketts Resource Centre
116 – 118 Station Road East
Oxted
Surrey
RH8 0QA
Tel: 01883 382387 (+ Answer Phone)

Participant Consent Form Appendix A.31

Name:_____

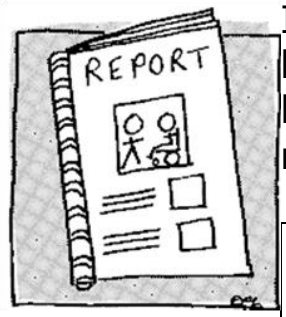
Thank you for thinking about taking part in this research. Please ask the person who has given you this form if you have any questions. You can have a copy of this Consent Form to keep. Please tick to show if you are happy to take part in each bit of the research.

The research has been explained to me. I know that a person doing research will visit my house:

- to make notes about what happens and to
- to talk to staff.

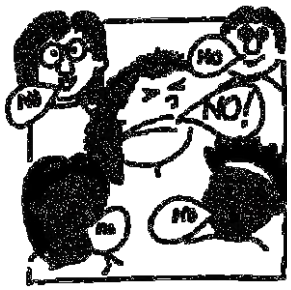
	Yes, it's ok	No, ple don't d
I am happy for the person doing research to visit my house and watch what happens		
I am happy for the person doing research to talk to staff about me		
If there is someone else helping me – maybe a doctor or a psychologist – I am happy for the person doing research to tell them about my taking part in the research in case it		

affects the help they are giving me.		



I know that the person doing the research might help staff to try to make life better for me. I know that my name will not be used in any reports.

	Yes, it's ok	No, pl don't this
I am happy for the person doing the research to work with staff to try to make life better for me		



I know that it is OK to say "No" and that the care and support I get will carry on as usual. I know that if I say "Yes" now I can change my mind and say "No" whenever I like.

Yes I am happy for the person doing the research to visit my home and find out what happens here and help me be supported better.

Signed: _____ Date: _____

Please ask someone to watch you sign the form.

If you cannot sign your name or mark the paper but have told the person helping you with the form that you want to take part then they should sign below to tell us you have said yes.

Name of person supporting you: ……

Signed by person supporting you: …… Date: ……

When you have signed the form, please give it to your keyworker or the manager. They will tell us that you are happy for researchers to visit and will keep it safe for them to collect.

Information sheet (personal consultee) Appendix A.32.

1. Research Project Title

Evaluating the clinicians' experience of using rapport measurement tools

2. Why you are receiving this sheet

We would like _____ to take part in our research study but believe that he/she does not understand the study sufficiently to give informed consent. In this situation we are required by the Mental Capacity Act to obtain the involvement of a "consultee" – someone like a relative or external professional who cares about _____ and will ensure they are protected when necessary. We are contacting you because of your relationship with _____to ask if you will be their personal consultee.

We would like to ask your opinion whether or not _____ would want to be involved in this research project. We would ask you to consider what you know of _____'s wishes and feelings, and to consider _____'s interests. Please let us know of any advance decisions _____ may have made about participating in research as these should take precedence.

If you decide that _____ would have no objection to taking part we ask you to read and sign the personal consultee declaration on the last page of this information sheet. We will give you a copy to keep. We will keep you fully informed during the research so that you can let us know if you have any concerns or you think _____ should stop taking part.

If you decide that _____ would not wish to take part it will not affect the services they receive in any way. If there are particular elements of the project that you think _____ would not wish to take part in you can indicate this on the declaration form.

If you are unsure about taking the role of personal consultee you may seek independent advice.

The information below is the same as would have been provided to _____.

3. What is the purpose of the project?

As you are aware some people with learning disabilities display "challenging" behaviour such as aggression, destruction or self-injury. Such behaviour is difficult to manage and sometimes leads to restrictive practices such as restraining the person. Research is beginning to make links between the quality of the relationship the person with a learning disability has with carers and reductions in challenging behaviour. When relationships are of a good quality challenging behaviours occur less frequently.

This study follows on from previous work in which a measure of rapport was developed. The current study seeks to implement the rapport measure 'Rapport Rating Scale' and other rapport measures used within earlier studies into clinical practice.

The aim of the current study is that clinicians would gain experience of using the rapport measures as a routine part of their clinical practice and that their experience would be evaluated.

The primary data for the current study will be interviews which explore clinician's experience of using the rapport measures.

4. Why has _____ been chosen?

A clinician who works with _____ has agreed to take part in the study. Clinicians have helped us identify people with learning disabilities who are undergoing assessment of behaviours that pose a challenge. _____ is undergoing such an assessment at the moment. We are hoping that each clinician involved in the study will identify about 6 people with disabilities.

5. What will happen during the research?

The clinician who is working with _____ will undergo some training to make sure that all clinicians taking part in the study have a similar level of knowledge about rapport. At the training session all clinicians will be introduced to a 'tool kit' of rapport measurement tools.

Training will introduce the clinician to the following measures

- Rapport Rating Scale
- Preference Testing

- Staff rating of other Staff Rapport
- Staff Self Rating of Rapport

The clinician has identified _____ and is of the opinion that rapport measurement may add useful information to _____'s assessment. Information collected from rapport measurement will form part of _____'s assessment and be reported in progress notes kept by the clinician.
The clinician will be selecting other people as well as _____ in order to use rapport measurement tools.

The clinician may ask staff working with _____ to fill out some brief questionnaires, may test out which staff _____ likes to support them or may do some direct observations. The clinician has had training in which rapport measurement tools might be the most useful for _____'s situation.

6. What are the possible disadvantages and risks of _____ taking part?

We will be gathering information about _____ that would reasonably be regarded as personal and confidential. While there is always a risk of such information being lost or compromised, we will do all that we can to ensure this does not happen. We have a strict confidentiality policy at Surrey and Borders NHS Foundation Trust and anyone supporting the research will have signed a confidentiality agreement and will follow SABP NHS Foundation Trust guidelines on confidentiality.

Personal data will only be accessible to the clinician working with _____. _____ may be worried about being observed by the clinician participating in the research. We will not observe _____ if he/she objects to being observed and will not observe when _____ is engaged in private activities. All information gathered from observations will be confidential to the clinician working with _____.

7. What are the possible benefits of taking part?

The clinician that generally supports local services where _____ lives will have received training on the benefits of building rapport and the potential impact on behaviours that challenge others. The clinician carrying out the assessment of _____ will be in a better position to identify that rapport with staff may be associated with _____ presenting challenging behavior. It is intended that this knowledge will alter the

interventions the clinician considers appropriate for _____ so that interventions to build rapport with staff are included if needed.

The study will be an opportunity for clinicians at a local level to take part in Action Research as a partner in the process. It is hoped that the involvement feedback and ideas from local clinicians will help in producing final versions of robust rapport measurement tools.

8. What if something goes wrong?

As a researcher and employee I am required to follow Surrey and Borders Partnership NHS Foundation Trust policy and act on issues such as, Complaints, Safeguarding Adults, and Information Governance.

If you have any concerns about the study at any point, you can speak directly to me as the researcher on 01883 38238, or the clinician working with_____. If you still feel unhappy about the study in any way or do not feel able to talk to the people listed above you can contact Dorrie Mystris Research and Development Facilitator for the Trust on 01276 605597.

9. Will _____'s taking part in this project be kept confidential?

Everything said/reported is confidential unless we are told something that indicates that _____ or someone else is at risk of harm. We would discuss this with _____ before telling anyone else. Any information about _____ which is disseminated will have their name and address removed to prevent identification.

10. What will happen to the results of the research project?

The results of the study will be shared with other people both within and external to Surrey and Borders Partnership NHS Trust. It is intended that this will be through presentations and publication in a journal specialising in learning disability.
All personal identifiers will be removed from data collected so that, in the unlikely event of its being accessed without authorisation, _____ will not be identifiable.

11. **Who is organising and funding the research?**

This research is part of a PhD programme, supported by The Tizard Centre University of Kent.

12. **Who has reviewed the project?**

Before starting this study it has been agreed by, The research and Development Department at Surrey and Borders Partnership NHS Trust and the study has been reviewed by Camden and Islington Research Ethics Committee.

13. **Contact for further information**

If you feel that you require any further information about this study please feel free to contact me, Maria Hurman on 01883 382387.

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Personal Consultee Declaration Form Appendix A.33

Evaluating the Clinicians experience of using Rapport measurement tools

	Please tick
I have been consulted about _____'s participation in this research project. I have had the opportunity to consider the information, in the information sheet (Version 2) 18th January 2014, to ask questions and have had these answered satisfactorily.	
In my opinion _____ would have no objection to taking part in the following elements of this research project:	
Having a researcher visit _____'s house and carry out observations about _____'s rapport with individual members of the staff team.	
Having a researcher talk to staff about their and other staff members relationship with _____.	
Having researchers set up preference testing sessions where _____ can choose which staff member he/she would like to support them with an activity.	
I understand that I can ask for _____ to be withdrawn from the research at any time, without giving any reason and without _____'s care or legal rights being affected.	
I understand that _____'s GP or other care professional may be told about _____'s taking part in this research.	

Name of Nominated Consultee (please print)_____

Signed _____Date _____

Relationship to participant_____

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Information sheet (nominated consultee) Appendix A.34.

1. Research Project Title

Evaluating the clinicians' experience of using rapport measurement tools

2. Why you are receiving this sheet

We would like _____ to take part in our research study but believe that he/she does not understand the study sufficiently to give informed consent. In this situation we are required by the Mental Capacity Act to obtain the involvement of a "consultee" – someone like a relative or external professional who cares about _____ and will ensure they are protected when necessary. We have been unable to identify a relative or other person involved in _____'s care who is willing and able to act as a personal consultee. We are, therefore, contacting you, as someone with no connection with the research project, to ask if you will be _____'s nominated consultee.

We would like to ask your opinion whether or not _____ would want to be involved in this research project. We would ask you to consider what you know of _____'s wishes and feelings, and to consider _____'s interests. If it is appropriate to do so please consult with _____'s family, friends and carers. Please let us know of any advance decisions that you are aware _____ may have made about participating in research as these should take precedence.

If you decide that _____ would have no objection to taking part we ask you to read and sign the nominated consultee declaration on the last page of this information sheet. We will give you a copy to keep. We will

keep you fully informed during the research so that you can let us know if you have any concerns or you think _____ should stop taking part.

If you decide that _____ would not wish to take part it will not affect the services they receive in any way. If there are particular elements of the project that you think _____ would not wish to take part in you can indicate this on the declaration form.

If you are unsure about taking the role of nominated consultee you may seek independent advice.

The information below is the same as would have been provided to _____.

3. What is the purpose of the project?

As you are aware some people with learning disabilities display "challenging" behaviour such as aggression, destruction or self-injury. Such behaviour is difficult to manage and sometimes leads to restrictive practices such as restraining the person. Research is beginning to make links between the quality of the relationship the person with a learning disability has with carers and reductions in challenging behaviour. When relationships are of a good quality challenging behaviours occur less frequently.

This study follows on from previous work in which a measure of rapport was developed. The current study seeks to implement the rapport measure 'Rapport Rating Scale' and other rapport measures used within earlier studies into clinical practice.

The aim of the current study is that clinicians would gain experience of using the rapport measures as a routine part of their clinical practice and that their experience would be evaluated.

The primary data for the current study will be interviews which explore clinician's experience of using the rapport measures.

4. Why has _____ been chosen?

A clinician who works with _____ has agreed to take part in the study. Clinicians have helped us identify people with learning disabilities who are undergoing assessment of behaviours that pose a challenge. _____ is undergoing such an assessment at the moment. We are

hoping that each clinician involved in the study will identify about 6 people with disabilities.

5. What will happen during the research?

The clinician who is working with _____ will undergo some training to make sure that all clinicians taking part in the study have a similar level of knowledge about rapport. At the training session all clinicians will be introduced to a 'tool kit' of rapport measurement tools.

Training will introduce the clinician to the following measures

- Rapport Rating Scale
- Preference Testing
- Staff rating of other Staff Rapport
- Staff Self Rating of Rapport

The clinician has identified _____ and is of the opinion that rapport measurement may add useful information to _____'s assessment. Information collected from rapport measurement will form part of _____'s assessment and be reported in progress notes kept by the clinician.
The clinician will be selecting other people as well as _____ in order to use rapport measurement tools.

The clinician may ask staff working with _____ to fill out some brief questionnaires, may test out which staff _____ likes to support them or may do some direct observations. The clinician has had training in which rapport measurement tools might be the most useful for _____'s situation.

6. What are the possible disadvantages and risks of _____ taking part?

We will be gathering information about _____ that would reasonably be regarded as personal and confidential. While there is always a risk of such information being lost or compromised, we will do all that we can to ensure this does not happen. We have a strict confidentiality policy at Surrey and Borders NHS Foundation Trust and anyone supporting the research will have signed a confidentiality agreement and will follow SABP NHS Foundation Trust guidelines on confidentiality.

Personal data will only be accessible to the clinician working with _____. _____ may be worried about being observed by the clinician participating in the research. We will not observe _____ if he/she objects to being observed and will not observe when _____ is engaged in private activities. All information gathered from observations will be confidential to the clinician working with _____.

7. What are the possible benefits of taking part?

The clinician that generally supports local services where _____ lives will have received training on the benefits of building rapport and the potential impact on behaviours that challenge others. The clinician carrying out the assessment of _____ will be in a better position to identify that rapport with staff may be associated with ____ presenting challenging behavior. It is intended that this knowledge will alter the interventions the clinician considers appropriate for ____ so that interventions to build rapport with staff are included if needed.

The study will be an opportunity for clinicians at a local level to take part in Action Research as a partner in the process. It is hoped that the involvement feedback and ideas from local clinicians will help in producing final versions of robust rapport measurement tools.

8. What if something goes wrong?

As a researcher and employee I am required to follow Surrey and Borders Partnership NHS Foundation Trust policy and act on issues such as, Complaints, Safeguarding Adults, and Information Governance.

If you have any concerns about the study at any point, you can speak directly to me as the researcher on 01883 38238, or the clinician working with_____. If you still feel unhappy about the study in any way or do not feel able to talk to the people listed above you can contact Dorrie Mystris Research and Development Facilitator for the Trust on 01276 605597.

9. Will _____'s taking part in this project be kept confidential?

Everything said/reported is confidential unless we are told something that indicates that _____ or someone else is at risk of harm. We would discuss this with _____ before telling anyone else. Any

information about _____ which is disseminated will have their name and address removed to prevent identification.

10. What will happen to the results of the research project?

The results of the study will be shared with other people both within and external to Surrey and Borders Partnership NHS Trust. It is intended that this will be through presentations and publication in a journal specialising in learning disability.
All personal identifiers will be removed from data collected so that, in the unlikely event of its being accessed without authorisation, _____ will not be identifiable.

11. Who is organising and funding the research?

This research is part of a PhD programme, supported by The Tizard Centre University of Kent.

12. Who has reviewed the project?

Before starting this study it has been agreed by, The research and Development Department at Surrey and Borders Partnership NHS Trust and the study has been reviewed by Camden and Islington Research Ethics Committee.

13. Contact for further information

If you feel that you require any further information about this study please feel free to contact me, Maria Hurman on 01883 382387.

Community Team for People with Learning Disabilities
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Nominated Consultee Declaration Form Appendix A.35

Evaluating the Clinicians experience of using Rapport measurement tools

	Please tick
I have been consulted about _____'s participation in this research project. I have had the opportunity to consider the information, in the information sheet (Version 2) 18th January 2014 to ask questions and have had these answered satisfactorily.	
In my opinion _____ would have no objection to taking part in the following elements of this research project:	
Having a researcher visit _____'s house and carry out observations about _____'s rapport with individual members of the staff team.	
Having a researcher talk to staff about their and other staff members relationship with _____.	
Having researchers set up preference testing sessions where _____ can choose which staff member he/she would like to support them with an activity.	
I understand that I can ask for _____ to be withdrawn from the research at any time, without giving any reason and without _____'s care or legal rights being affected.	
I understand that _____'s GP or other care professional may be told about _____'s taking part in this research.	

Name of Nominated Consultee (please print)_____

Signed _____Date _____

Relationship to participant_____

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Information sheet for potential staff working within services Appendix A.36.

1. Research Project Title

Evaluating the clinicians' experience of using rapport measurement tools

2. Invitation to participate

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Thank you for reading this.

3. What is the purpose of the project?

As you are aware some people with learning disabilities display "challenging" behaviour such as aggression, destruction or self-injury. Such behaviour is difficult to manage and sometimes leads to restrictive practices such as restraining the person. Research is beginning to make links between the quality of the relationship the person with a learning disability has with carers and reductions in challenging behaviour. When relationships are of a good quality challenging behaviours occur less frequently.

This study follows on from previous work in which a measure of rapport was developed. The current study seeks to implement the rapport measure 'Rapport Rating Scale' and other rapport measures used within earlier studies into clinical practice.

The aim of the current study is that clinical staff supporting the people you work with would gain experience of using the rapport measures as a

routine part of their clinical practice and that their experience would be evaluated.

The primary data for the current study will be interviews which explore clinician's experience of using the rapport measures.

4. Why have I been chosen?

You have been chosen because you are a member of staff working in a service which brings you into regular contact with people with a learning disability who present behaviours that pose a challenge to others. In the course of your work you are likely to be advised by professionals and clinical staff that are assessing and trying to understand behaviours that cause concern and writing Positive Behaviour Support (PBS) plans for people with a learning disability. One or more of the people you support is in the process of having an assessment completed to better understand behaviours that cause concern. This research is intended to be a small part of a behavioural assessment.

5. Do I have to take part?

It is up to you to decide whether or not to take part. Taking part is not a condition of your employment and if you decide not to take part this will not interfere with your current employment or future prospects in any way. If you do decide to take part you will be given this information sheet to keep (and be asked to sign a consent form). If you decide to take part you are still free to withdraw at any time, without giving a reason. If there are particular elements of the project you do not wish to take part in you can do this while still participating in other elements.

6. What will happen to me if I take part?

The clinician supporting the service where you work will have had some training about rapport measurement tools. The plan after the training is that they can use one or two of these tools as part of assessments for people with a learning disability.

The names of the tools they may wish to use

- Rapport Rating Scale
- Preference Testing

- Staff rating of other Staff Rapport
- Staff Self Rating of Rapport

The clinician may wish to use these tools within the assessment of a person you support. This would mean that the clinician might ask you to complete a short questionnaire, ask the person with a learning disability to choose which staff they would like to support them or carry out observations of the persons rapport with support staff. Information collected from rapport measurement will form part of the clinicians assessment and be reported in the notes of the participant with an intellectual disability.

The clinician working with you will be interviewed at a later date about their experience of using rapport measurement tools.

7. What are the possible disadvantages and risks of taking part?

The clinician working with you will be gathering information from you that you would reasonably regard as personal or confidential. You may be concerned that by being involved in the study others will have access to this information. No identifiable data about the people you support will be collected. We have a strict confidentiality policy at Surrey and Borders NHS Foundation Trust and anyone supporting the research will have signed a confidentiality agreement and will follow SABP NHS Foundation Trust guidelines on confidentiality.

I appreciate that being involved in assessments of the people you support will take your time and you may see this as a disadvantage. The amount of time involved is relatively small and the information collected is likely to help the clinician write a more accurate positive behavior support plan for the person you work with.

8. What are the possible benefits of taking part?

The clinician working in the service is likely to do a more detailed assessment of the person you support. It is possible that information picked up in the rapport measurement tools will be included in the positive behavior support plan. The information is intended to assist clinicians brining about reductions in behaviours that present a challenge to services.

The study will be an opportunity to take part in research and it is hoped that your involvement feedback will help in producing final versions of robust rapport measurement tools.

9. What if something goes wrong?

As a researcher and employee I am bound by the same type of policies and procedures as you your manager and other colleagues. This means that I am required to follow Surrey and Borders Partnership NHS Foundation Trust policy and act on issues such as, Complaints, Safeguarding Adults, and Information Governance.

If you have any concerns about the study at any point, you can speak directly to me as the researcher on 01883 382387, or the manager of this service. If you still feel unhappy about the study in any way or do not feel able to talk to the people listed above you can contact Dorrie Mystris Research and Development Facilitator for the Trust on 01276 605597.

10. Will my taking part in this project be kept confidential?

Everything you say/report is confidential unless you tell me something that indicates that you or someone else is at risk of harm. I would discuss this with you before telling anyone else. Any information about you which is disseminated will have your name and address removed so that you cannot be recognised from it.

11. What will happen to the results of the research project?

The results of the study will be shared with other people both within and external to Surrey and Borders Partnership NHS Trust. It is intended that this will be through presentations and publication in a journal specialising in learning disability.

12. Who is organising and funding the research?

This research is part of a PhD programme, supported by The Tizard Centre University of Kent.

13. Who has reviewed the project?

Before starting this study it has been agreed by, The Research and Development Department at Surrey and Borders Partnership NHS Trust

and the study has been reviewed by Camden and Islington Research Ethics Committee.

14. **Contact for further information**

If you feel that you require any further information about this study please feel free to contact me, Maria Hurman on 01883 382387.

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Consent Form (staff in services) Appendix A.37.

Evaluating the Clinicians experience of using Rapport measurement tools

Thank you for considering taking part in this research. If you have any questions please ask a member of the research team before you decide whether to take part. You will be given a copy of this Consent Form to keep and refer to at any time.

	Please tick
I confirm that I have read and understood the information sheet dated (Version 2) 18th January 2014 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my employment or legal rights being affected.	
I understand that if I withdraw from the study the data collected up to that point will be destroyed.	
I agree to take part in the following elements of the study:	
• Complete a questionnaire about my rapport with a person with a learning disability I support.	
• Complete a questionnaire about rapport between a person with a learning disability I support and other team members	
• Carry on my normal work while researchers conduct rapport measurement observations in the setting where I work	
• Take part in preference testing sessions in which a person with a learning disability that I support can choose which member of staff they would like to support them in an activity.	

Name of Participant (please print)_____

Signed _____Date _____

Name of Researcher (please print)_____

Signed _____ Date _____

Community Team for People with Learning Disabilities East (Tandridge)
Bracketts Resource Centre
116 – 118 Station Road East
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Information sheet (health/care professionals) Appendix A.38.

1. **Research Project Title**

Evaluating the clinicians' experience of using rapport measurement tools

2. **Why you are receiving this sheet**

_____ has consented to take part in our research study and for you to be informed of his/her participation.
or
_____'s consultee has advised that _____ would consent to take part in our research study and for you to be informed of his/her participation.
We understand that you are currently professionally involved with _____. We are providing this sheet so that you have the opportunity to let us know of any possible conflict or other problem between your professional support for _____ and his/her involvement in our research project. If, after reading this sheet, you feel _____'s participation in our research project is ill-advised given your involvement or will prejudice any treatment or support you are providing for _____, please contact Maria Hurman using the contact details on this sheet.

3. **What is the purpose of the project?**

As you are aware some people with learning disabilities display "challenging" behaviour such as aggression, destruction or self-injury. Such behaviour is difficult to manage and sometimes leads to restrictive practices such as restraining the person. Research is beginning to make links between the quality of the relationship the person with a learning disability has with carers and reductions in challenging behaviour. When relationships are of a good quality challenging behaviours occur less frequently.

This study follows on from previous work in which a measure of rapport was developed. The current study seeks to implement the rapport measure 'Rapport Rating Scale' and other rapport measures used within earlier studies into clinical practice.

The aim of the current study is that clinicians would gain experience of using the rapport measures as a routine part of their clinical practice and that their experience would be evaluated.

The primary data for the current study will be interviews which explore clinician's experience of using the rapport measures.

4. **Why has _____ been chosen?**

A clinician who works with _____ has agreed to take part in the study. Clinicians have helped us identify people with learning disabilities who are undergoing assessment of behaviours that pose a challenge. _____ is undergoing such an assessment at the moment. We are hoping that each clinician involved in the study will identify about 6 people with disabilities.

5. **What will happen during the research?**

The clinician who is working with _____ will undergo some training to make sure that all clinicians taking part in the study have a similar level of knowledge about rapport. At the training session all clinicians will be introduced to a 'tool kit' of rapport measurement tools.

Training will introduce the clinician to the following measures

- Rapport Rating Scale
- Preference Testing
- Staff rating of other Staff Rapport
- Staff Self Rating of Rapport

The clinician has identified _____ and is of the opinion that rapport measurement may add useful information to _____'s assessment. Information collected from rapport measurement will form part of _____'s assessment and be reported in progress notes kept by the clinician. The clinician will be selecting other people as well as _____ in order to use rapport measurement tools.

The clinician may ask staff working with _____ to fill out some brief questionnaires, may test out which staff _____ likes to support them

or may do some direct observations. The clinician has had training in which rapport measurement tools might be the most useful for _____'s situation.

6. **What are the possible disadvantages and risks of _____ taking part?**

We will be gathering information about _____ that would reasonably be regarded as personal and confidential. While there is always a risk of such information being lost or compromised, we will do all that we can to ensure this does not happen. We have a strict confidentiality policy at Surrey and Borders NHS Foundation Trust and anyone supporting the research will have signed a confidentiality agreement and will follow SABP NHS Foundation Trust guidelines on confidentiality.

Personal data will only be accessible to the clinician working with _____. _____ may be worried about being observed by the clinician participating in the research. We will not observe _____ if he/she objects to being observed and will not observe when _____ is engaged in private activities. All information gathered from observations will be confidential to the clinician working with _____.

7. **What are the possible benefits of taking part?**

The clinician that generally supports local services where _____ lives will have received training on the benefits of building rapport and the potential impact on behaviours that challenge others. The clinician carrying out the assessment of _____ will be in a better position to identify that rapport with staff may be associated with ____ presenting challenging behavior. It is intended that this knowledge will alter the interventions the clinician considers appropriate for ____ so that interventions to build rapport with staff are included if needed.

The study will be an opportunity for clinicians at a local level to take part in Action Research as a partner in the process. It is hoped that the involvement feedback and ideas from local clinicians will help in producing final versions of robust rapport measurement tools.

8. **What if something goes wrong?**
As a researcher and employee I am required to follow Surrey and Borders Partnership NHS Foundation Trust policy and act on issues such as, Complaints, Safeguarding Adults, and Information Governance.

If you have any concerns about the study at any point, you can speak directly to me as the researcher on 01883 38238, or the clinician working with_____. If you still feel unhappy about the study in any way or do not feel able to talk to the people listed above you can contact Dorrie Mystris Research and Development Facilitator for the Trust on 01276 605597.

9. **Will _____'s taking part in this project be kept confidential?**
Everything said/reported is confidential unless we are told something that indicates that _____ or someone else is at risk of harm. We would discuss this with _____ before telling anyone else. Any information about _____ which is disseminated will have their name and address removed to prevent identification.

10. **What will happen to the results of the research project?**
The results of the study will be shared with other people both within and external to Surrey and Borders Partnership NHS Trust. It is intended that this will be through presentations and publication in a journal specialising in learning disability.

All personal identifiers will be removed from data collected so that, in the unlikely event of its being accessed without authorisation, _____ will not be identifiable.

11. **Who is organising and funding the research?**
This research is part of a PhD programme, supported by The Tizard Centre University of Kent.

12. **Who has reviewed the project?**
Before starting this study it has been agreed by, The Research and Development Department at Surrey and Borders Partnership NHS Trust and the study has been reviewed by Camden and Islington Research Ethics Committee.

13. **Contact for further information**
If you feel that you require any further information about this study please feel free to contact me, Maria Hurman on 01883 382387.