

Health professionals working effectively with support workers to enhance the quality of support for adults with intellectual disabilities: a meta-ethnography.

Abstract

Paid support workers are often central to the quality of life of adults with intellectual disabilities. Health and social care professionals increasingly carry out interventions indirectly through those support workers and therefore need to understand how best to collaborate. This article synthesises findings from the qualitative research of others investigating health professionals' work with support staff.

From sixty-two articles retrieved from a database and journal search, seven met inclusion criteria and a meta-ethnographic synthesis allowed construction of an interpretive line-of-argument. Thirteen themes within the articles were synthesised into three over-arching constructs, suggesting that professionals should collaborate by providing effective leadership, working in partnership with support workers and managers and recognising the influence of organisational structures and context. As these constructs seem reflective of important components of team-work, a 'line-of-argument' is proposed that it could be helpful for professionals to view themselves as part of a 'team' with support workers.

Article

Introduction

From an occupational science and occupational justice perspective, everyone has the right to participate in activity to their potential (Townsend and Wilcock, 2004). This, however, may not always be achieved by people with intellectual disabilities, who often experience poorer quality of life from limited choices and opportunities to engage in meaningful activities (Maes et al., 2007). This can be considered occupational deprivation (Townsend and Wilcock, 2004).

People often live within complex support systems and paid support workers are particularly central to the lives of those with multiple and complex needs (Mansell and Beadle-Brown, 2012), having a significant impact on access to choice and meaningful activity (Donati, 2009). It is therefore fundamental that they provide the best quality of support possible, including opportunities to develop skills and interests to individuals' potential (Mansell and Beadle-Brown, 2012).

Specialist health and social care professionals are central to enhancing support workers' competencies (Department of Health, 2009). Occupational therapists (Lillywhite and Haines, 2010), speech and language therapists (Graves, 2007, Lewer and Harding, 2013a) and physiotherapists (Stewart et al., 2009), for example, describe an increasingly consultative role, carrying out interventions indirectly through support workers, rather than only directly with people themselves. As this consultative role grows, professionals must consider how they can best support this wider group of frontline support staff to develop essential skills (Rose et al., 2006).

This article presents a meta-ethnographic synthesis of qualitative research findings regarding health professionals' work with support staff teams to enhance quality of support of adults with intellectual disabilities. It also presents some reflections from the second author on the process of carrying out this review and relates the synthesis findings to subsequently published research by the first author.

Literature review

Relevant literature comes from a range of disciplines, including occupational therapy (Lillywhite and Haines, 2010), speech and language therapy (Chadwick et al., 2006, Graves, 2007, Koski et al., 2010, Bradshaw, 2013, Lewer and Harding, 2013a, Lewer and Harding, 2013b), physiotherapy (Stewart et al., 2009), psychology (Whitaker, 2002, Ingham, 2011) and intellectual disabilities support work (Ager and O'May, 2001, Maes et al., 2007, Totsika et al., 2008, Bradshaw and Goldbart, 2013, Dalton and Sweeney, 2013). Most studies use qualitative methodologies, though several use mixed-methods, including non-participant observation of support workers' practice to collect quantitative data (Stewart et al., 2009, Ingham, 2011, Dalton and Sweeney, 2013). The only purely quantitative study used video observations to statistically analyse changes to staff communication practices following a

training programme (Dobson et al., 2002). Two sources are themselves reviews (Ager and O'May, 2001, Maes et al., 2007). This literature suggests ways that professionals can work with staff teams and factors that may impact on the effectiveness of this. The following overview largely focuses on sources not included in the meta-ethnographic synthesis to follow.

Improving quality of support provided is said to require training of support workers (Department of Health, 2009), not least when standards of care have fallen to levels of abuse (Mencap, 2012). Support workers in the United Kingdom most commonly learn from their colleagues, often informally and by trial and error (Windley and Chapman, 2010), which may be concerning where practice is of a low standard (Bradshaw and Goldbart, 2013). Health and social care professionals therefore have an important role in supporting development of knowledge and skills (Department of Health, 2009). The suggestion that support workers may struggle to apply principles from values rather than task-focused training (Bradshaw and Goldbart, 2013) suggests a need for practical training. Examples of this include the in-context training which seemed to improve sustainability of a physiotherapy intervention (Stewart et al., 2009) and the 'interactive training' emphasised in Active Support (Mansell and Beadle-Brown, 2012). Formal training from outside is suggested to be more useful when professionals spend time with teams, increasing the perceived credibility and relevance of their recommendations by basing them on good knowledge of individuals and settings (Bradshaw and Goldbart, 2013).

Clarification of both professional and support worker roles and responsibilities is seen as central to effective collaboration (Dobson et al., 2000, Donati, 2009) as it seems that implementing professionals' recommendations may be given less priority than everyday care tasks (Graves, 2007, Jingree and Finlay, 2008). For effective implementation, changes may be required to support workers' attitudes and thinking habits, collective team values and organisational culture, for example whether support work is perceived as facilitative or paternalistic (Ager and O'May, 2001, Maes et al., 2007, Koski et al., 2010, Bradshaw and Goldbart, 2013). Supporting change in values may be as important as knowledge development (Koski et al., 2010, Lewer and Harding, 2013a) and engaging a "critical mass", rather than just key individuals, may be necessary for changes to be maintained (Bradshaw and Goldbart, 2013).

Though this is often absent, a consideration of power dynamics between support workers and professionals seems important, as taking the role of 'expert' imposing interventions can impede collaboration (Windley and Chapman, 2010, Bradshaw and Goldbart, 2013). Dobson et al. (2002) found improvements in support workers' communication with those supported following workshops that drew on professionals as 'resources' rather than 'experts' and that encouraged support workers to be active participants in goal setting, rather than tools for therapeutic input. A systemic approach where all parties contribute to formulation of an appropriate intervention can promote equality in the relationship (Middleton and Kitchen, 2008, Bradshaw and Goldbart, 2013, Ingham, 2011). Valuing the support worker as an equal 'expert by experience' (Bradshaw, 2013, p.144) may be problematic, however, when safety requires guidelines, for example regarding dysphagia, to be followed without deviation (Chadwick et al., 2006, Tredinnick and Cocks, 2014). The literature recognises this tension, but how to balance empowerment of support workers with the need to incorporate evidence-based interventions remains unclear. Acknowledging the complexity of what cannot be assumed to be an intuitive process, speech and language therapists have highlighted the importance of training for professionals in how to collaborate (Graves, 2007).

The literature, both from the perspective of support staff (for example, Lewer and Harding, 2013b) and professionals (for example, Lillywhite and Haines, 2010) consistently highlights the importance of ongoing input and regular follow-up and review, suggesting one-off interventions to have little long-term impact (Whitaker, 2002, Middleton and Kitchen, 2008). As outsiders providing input into an organisation, professionals' freedom to make changes may be limited. Managerial support is essential to ensure continuity of the intervention (Dobson et al., 2002, Totsika et al., 2008, Bradshaw and Goldbart, 2013), particularly in teams with a high staff turnover (Maes et al., 2007, Stewart et al., 2009).

The existing evidence offers insight into the complex interactions, relationships and negotiations between professionals and support teams, suggesting a number of factors to consider, including cultural values and attitudes of teams, working collaboratively to clarify roles and set goals, being available as a 'consultant' and reviewing interventions. It may, however, be difficult for practitioners to negotiate this literature and to determine the key messages from qualitative research in particular about how best to collaborate. No recent

review or synthesis of the findings from this research has been carried out. Using a particular type of systematic qualitative synthesis – meta-ethnography – this review aimed to draw out themes from existing qualitative research and to contribute to conceptual development regarding the research question: how can health professionals work effectively with support staff teams to enhance support for people with intellectual disabilities?

It is still relatively uncommon to include reflexive content in qualitative research articles, perhaps due to restrictive word counts or fear of rebuke from positivist researchers (Newton et al., 2012). The explicitly interpretive nature of metaethnography, however, makes such content important and critical reflections of the second author on the process of carrying this out have therefore been included throughout this article.

Critical reflection by second author:

The choice of this area of research was influenced by my own experience as a support worker with adults with intellectual disabilities. I was aware that recommendations from professionals, including occupational therapists, were sometimes not sustained, to the detriment of those I supported and therefore felt this was an important area of study. My unique and personal understanding, as support worker and more recently occupational therapist, has acted as a lens through which I have viewed the articles (Finlay and Gough, 2008), experience of both roles putting me in a good position to understand the issues.

Method

Bringing together the findings from qualitative research studies can increase their utilisation value (Sandelowski and Barroso, 2007) and meta-ethnographies present findings in ways arguably more readily acceptable to time-constrained professionals and service commissioners (Doyle, 2003). Doyle goes on to argue that using meta-ethnography to synthesise the ‘stories’ of research participants (professionals and support workers here) increases the power of their voices, promoting transferability of their contributions beyond individual circumstances.

The seven-stage meta-ethnographic approach to synthesis (Noblit and Hare, 1988) adopted here and summarised in Table 1 is explicitly interpretive. It can be seen as a reciprocal “translation” (Noblit and Hare, 1988, p.31) of the original studies into one another and, in

common with other forms of translation, such translations vary depending on translator and may be more or less useful, plausible, or credible, rather than necessarily true or false. For transparency and to illustrate the reflexive approach involved in carrying out this review, critical reflection on this process has been included in this article.

[Insert Table 1 about here]

Comparing interpretations in the original studies to reveal analogies between them, the aim was to build and present an interpretation grounded in their findings (Dixon-Woods et al., 2006), but which, through identifying themes most representative of the entire dataset, is a whole more than the sum of its individual parts (Hannes and Lockwood, 2012). Meta-ethnography distinguishes between first-, second- and third- order constructs (participants' understandings, study authors' interpretations and the interpretations presented here, respectively). As we have, at best, partial access to the narratives of the original participants, the result here is our interpretation of the study authors' interpretations of the original participants' interpretations of their own experiences.

Having established "how professionals and support workers can work together effectively to enhance quality of support for adults with intellectual disabilities" as the area of interest, a search of electronic databases (AMED, CINAHL Plus with Full Text, PsychInfo and Medline) was completed in March 2015, using collections of search terms representing intellectual disabilities, health and social care professionals and support workers. Figure 1 describes the search process and decisions taken regarding relevance of material retrieved. Additionally, contents pages (1997-2015) of relevant journals and reference lists of retrieved articles were hand-searched. Titles and abstracts of retrieved peer-reviewed studies were considered and sources not meeting all inclusion criteria in Table 2 were excluded. The resulting seven studies were critically appraised and study characteristics and details of each and a summary of their appraisals can be found in Appendix 1.

[Insert Figure 1 and Table 2 about here]

Reading all studies repeatedly and with extensive attention to detail allowed the second author to begin to interpret the concepts within them (Noblit and Hare, 1988) and to determine how they were inter-related. Taking an inductive approach (Noblit and Hare,

1988), akin to a thematic analysis in primary qualitative research (Braun and Clarke, 2013), he coded each source, initially coding anything conceptually interesting rather than only what was obviously relevant (Cresswell, 2007). NVivo 10 (QSR, 2013) was used to manage the process of coding each article and making subsequent interpretations across studies (Campbell et al., 2011).

Next, the studies were 'translated' into one another, by comparing the themes from each of them across all studies to locate similarities and differences (Campbell et al., 2011). They were grouped into more interpretive themes, or 'translations' (Noblit and Hare, 1988, p.31), iteratively formed and modified through repeated testing against the original studies. Mind-mapping facilitated gradual development of a table of key concepts and themes to display developing constructs for further testing and resulted in development of a "line of argument" synthesis (Noblit and Hare, 1988, p.64) and a new perspective (Atkins et al., 2008). This took the form of a table in which the first- and second-order constructs from each article were displayed within a framework of three third-order over-arching themes and 13 sub-themes. Space does not allow reproduction of the full table, but the process is illustrated by an excerpt in Appendix 2 from over-arching theme "*Working in partnership*". In the Findings section below, the full synthesis is described narratively with supporting quotations from the articles.

Critical reflection by second author:

Having previously completed an undergraduate degree in anthropology, I initially struggled with the idea of generalising qualitative research, understanding that findings should not be generalised due to their unique context and position in time and that doing so risks undermining the rich detail and visceral experience of participants that makes qualitative research meaningful (Britten et al., 2002, Sandelowski and Barroso, 2007). I found it difficult to marry more positivist approaches to synthesis, such as meta-analysis and systematic review, with my interpretivist background. Meta-ethnography offered a solution, allowing a deliberately interpretive approach to synthesis that is not about generalising but creating new interpretations (Britten and Pope, 2012). In common with ethnography, my explicitly-acknowledged interpretation is a strength of meta-ethnography (Sandelowski and Barroso, 2007).

Findings

As a result of a process of synthesis involving comparison and translation of the findings of the seven studies, this meta-ethnography identified thirteen interpretive themes, within three over-arching third-order constructs: 'providing effective leadership', 'working in partnership' and 'addressing structural and contextual factors'. These and thirteen sub-themes are displayed in Table 3 and will now be discussed. Each study is referred to by the abbreviation given in Appendix 1.

[Insert Table 3 about here]

Providing effective leadership

The first theme relates to the professional as a leader in effecting change, by sharing and disseminating knowledge, maintaining regular close contact, taking a problem-solving approach and making clear recommendations.

All studies found professionals sharing and disseminating knowledge to be central to enhancing quality of support. Two argued that determining the most effective way of doing this is important (Lil, C). Modelling practice may be more effective than formal didactic methods (G, W, Lew):

"I would much rather train... through example... I think that would be a more effective way" (Speech and Language Therapist, G, p112).

Modelling seems best focused on the specific individual with intellectual disabilities, team and context (G) and carried out regularly to enable staff to practice and develop confidence (M, W- C). Providing information about wider principles and the value of intervention may improve commitment (G, Lil, W), again ideally applied to a specific individual (W).

"Emphasizing the relationship between client well-being and communication issues may support carers to value communication more highly and prioritize it more often" (G, p117).

Involving support workers in developing and delivering training, such as training individuals with a specific interest for the intervention (Lil) as 'specialists' (M) can increase efficacy and improve wider dissemination (Lil, S). Support to develop organisational and

communication skills and manage stress may be beneficial (W), as these impact on quality of support.

In all studies, being available and in regular contact was seen as central to maintaining the intervention:

“... if, in the back of my head, I knew that the SLT was going to pop in once every 3 months, it wouldn't have lapsed’ (Support worker, Lew, p81).

Regular contact may break down barriers between professionals and support staff (G), providing time to develop skills (M) and improve communication (W). It may also allow anxieties and concerns related to the intervention to be addressed (S). A support worker valued the professional being:

“... on the end of the phone – we work very closely with the team...” (Lil, p28).

An adaptable, problem-solving approach may facilitate collaboration (C, Lew, Lil). Occupational therapists described problem-solving as a strength of their profession, though conceding it to be a lengthy process (Lil). It may require flexibility about professional aims and openness to involving support staff in determining solutions to barriers (Lew).

Written recommendations can formalise interventions within the systems of the organisation and limit reliance on staff communicating them to others (W). Clear recommendations, for example care plans (M), ‘passports’ containing essential information (Lil) and DVD video recordings to assist transfer of knowledge (Lil) are suggested to improve adherence (M), increase confidence (S) and provide consistency when staff turnover is high (Lil). Four studies emphasise clarity and accessibility:

“... so people aren't confronted with huge lists of instructions . . . plain and very basic” (Support worker, Lil, p29).

“The manual was absolutely first class because it told almost verbatim what you were going to be doing and that instilled you with confidence” (Support worker, S, p66).

Working in partnership

A partnership is suggested between the professional and service, in which there is mutual understanding of roles and responsibilities, goals are negotiated and jointly owned, where the professional seeks to understand the values and attitudes of support workers and what motivates them and time is taken to build relationships.

The importance of understanding roles and responsibilities featured in five studies. Mutual expectations regarding what professional and support worker will each contribute helps early identification of problems (G) and reduces opportunity for resentment or confusion (Lew). Perceptions of professionals' roles can vary and job titles may be misunderstood and require clarification (G, Lew). One support worker reported of a speech and language therapist:

"...I know he [person with intellectual disabilities] never really talked that much and I thought it was going to be like they come by expecting him to sit and have a conversation...to be honest I was surprised" (G, p115).

One study suggested that the professional take the lead in clarifying responsibilities (Lil), for example, the support workers' role in indirect therapy (C, G, W, Lew):

"The term 'therapist'... is suggestive to many carers of a 1-1 working relationship between 'therapist' and 'patient'" (Lew, p78).

Clarification may reduce stress (W), help shape the intervention (G), improve adherence over time (C) and promote active roles in therapy (G, Lew).

Four studies suggested that professionals should establish clear goals through a collaborative process.

"We were working alongside [the professional] to find what would make [person's] life a little more dignified. We have the best thing we can both come up with... But that took a few tries and ways of working together" (Support worker, W, p38).

Negotiating rather than imposing goals and involving support workers in all parts of the process including evaluation (Lil) can lead to joint ownership (C), better communication and more enduring outcomes (W, Lil, Lew). The professional may need to act as a consultant,

empowering support workers to make changes and develop ideas, a two-way process of sharing knowledge (W) where support workers' expertise is valued, alongside the professional's (M).

Differing values and attitudes may exist within staff teams, with support workers potentially seeing themselves as 'facilitator', 'role model', 'care provider' or 'parent' (W). This may impact on their practice and quality of support (G, Lew, W) and their understanding of concepts of enablement and normalisation underpinning philosophies of best practice (G, W):

"I would rather say to somebody yes the house is a mess, because I spent an hour helping that man to make a sandwich. Whereas people have this attitude that I have to get the house tidy before the next member of staff is on" (Support worker, W, p38).

A misalignment may be revealed between the values and attitudes of support workers and those of the professional (L), or a tension may be evident between individual support workers and the organisation. Recognising and addressing this can improve collaboration and develop more in-depth reflective practice by support workers and highlight where attitudinal change may need to be encouraged.

Considering motivation of support workers may increase active participation and improve success and maintenance of interventions (M). Enhancing quality of life of those supported through improving knowledge and skills and developing deeper rapport seems particularly motivating (M, W, Lil, Lew, S):

"... they actually notice a difference and realise that it was them, just by making a slight tweak and implementing, it has had the most extraordinary effect, not only on themselves, but on their clients" (Speech and Language Therapist, Lew, p78).

Positive outcomes in the form of increased independence, choice, access to meaningful activities (Lil, W) and notable change over time (W, Lew) can be powerful motivators:

"... satisfaction from looking at the service users I support now and remembering what they were like when I first started There is no comparison" (Support worker, W, p313).

Understanding how personal values impact on motivation, allows professionals to present their intervention in a meaningful way (Lew).

The development of long-term relationships seems key to effecting attitudinal change, instilling confidence and developing trust (Lew- H):

“you just have to be quite confident in what you’ve kind of laid down... and again that goes back to building a relationship with the care staffteam” (Speech and Language Therapist, Lew, p79).

Professionals need to spend time establishing relationships before staff will feel confident to continue (M). Establishing links with those with a particular interest in therapy may increase the likelihood of recommendations being followed (Lil). One study reported professionals need for training in collaborative working, suggesting inclusion of this in their education and training (G).

Addressing structural and contextual factors

The final theme relates to the context and structures in which change is envisaged and the importance of the professional working with managers of the service, being realistic about what can be achieved, understanding and challenging resources and creating an open and supportive culture.

It was emphasised in five studies that taking time to build positive relationships with service managers and seeking their practical assistance, support, guidance and motivation of staff leads to more enduring outcomes. Practical assistance may include rostering staff with appropriate skills (Lil), allocating tasks and monitoring implementation (W). They may play a key role in communicating the value of the intervention (M, Lil, Lew), as when managers are supportive of professional input, staff are more likely to be positive themselves (G).

Realistic expectations featured in four studies. Occupational therapists reported the need for realistic and achievable recommendations (Lil), considering context and skill levels:

“It’s often a compromise because you’d like to implement all sorts of wonderful things and you have to be realistic about the abilities, the staffing levels and the skills of the people you’re leaving it to” (Lil, p28).

Organisational context and environmental factors were often the cause of frustration and intervention breakdown (C, G). Mutual understanding of such barriers can improve communication and lead to more open discussions (Lil) and shared expectations (G). This allows the professional to create a realistic intervention plan (Lil) and to adapt and review this as understanding develops (Lew):

“It’s my report and recommendations that draw needs and idealistic goals into a realistic plan” (Occupational therapist, Lil, p10).

Four studies suggested the need for professionals to take into account the wider local and national context, for example challenges providing quality support within a changing ideological, political and financial environment (Lew). The professional may need to advocate for increased resources on behalf of support staff teams using justified interventions to facilitate good outcomes (C, Lil, M).

Developing an environment where support workers feel comfortable, confident and supported may create an open culture where they feel sufficiently safe to try things out. This may lead to a more positive and open-minded approach to interventions (M, Lew):

“... a level of freedom where I can make my own mistakes” (Support worker, Lew, p81).

Being able to practise interventions may increase self-efficacy (S) and allow interventions to become routine (C).

“It was hard to remember at first, but with practice it gets better... Now I don’t think about it, it’s just part of the job” (Support worker, C, p157).

Critical reflection by second author:

The development of themes and concepts was necessarily influenced by me. I reflected on whether my own experiences and views regarding collaboration, resulted in more emphasis on some aspects of the data than others. For example, ‘the professional as problem-solver’

featured as a not particularly strong theme within some of the studies, however I felt it to be important given the barriers I know to exist. Did I perhaps give this more weight than I would have done, had my own experiences not suggested its importance? Did my own awareness of the unequal power dynamic between professionals and support workers influence my interpretation of collaboration within the research? Testing this emerging theme, however, by returning to the studies reassured that it was a strong and often explicit theme within them. Doyle (2003) discusses how meta-ethnography can be empowering by bringing together multiple 'voices' and I have sought to value the perspectives of both professionals and support workers equally by including quotations from both and by discussing power dynamics throughout. To an extent, however, the emphasis on the professional perspective remains, since this was the focus of the research question and many of the studies.

I feel conflicted about increases in indirect intervention and possible association with cuts to resources and Bradshaw (2013) suggests researchers might question the very idea of this. I tried to balance my wish not to present an uncritical view of this process, with being led by the data and not my own opinions.

A limitation of qualitative synthesis is that it is a reviewer's construction of a researcher's construction of a participant's construction, three times removed from the lived experience being represented (Sandelowski and Barroso, 2007). Acknowledging this, I had planned to make the origin of each construct explicitly clear (Schutz 1962) in a table, but within the findings sections of the studies it was often hard to distinguish between first- and second-order constructs and to determine the extent to which the authors' interpretations were influenced by their theoretical positions (Atkins et al., 2008). Due to the quantity of data, the table became very long and risked confusing rather than clarifying the findings. Rather than including all the data, I therefore changed approach to instead provide a narrative with supporting quotations, alongside a table (see excerpt in Appendix 2) summarising 'metaphors' or interpretations made from the studies. Although this arguably reduces dependability in making the process from data to my findings less apparent, I feel that the data included still makes for a clear audit trail, whilst presenting the findings in a clear way.

Discussion

A number of themes concerning how health professionals can work effectively with support workers to enhance the quality of support are visible in the above interpretive synthesis of

the findings of seven articles. Overall, it suggests that collaboration is improved by professionals providing effective leadership, by disseminating knowledge, formulating clear recommendations, being a consistent presence and taking the lead in problem-solving. Working in partnership with staff teams involves building relationships to gain an understanding of underlying values, attitudes and motivators and negotiating shared goals and responsibilities. Influencing these processes are structural and contextual factors that also need to be understood and addressed and which may require working alongside managers to create a supportive culture, realistically within the constraints of the setting and, if necessary, advocating for increased resources.

These constructs seem reflective of important components of effective team work, informing a 'line-of-argument' that it could be helpful for professionals to view themselves as part of a 'team' with support workers. The ways in which this line of argument relates to and is supported by other literature – including recent research by the first author (Haines, 2015) published after completion of this synthesis – will now be discussed. Some recommendations for practice and suggestions for further research will also be made.

Context

The synthesis suggests that the professional needs to understand the organisation and the abilities and skills of those within it and highlights structural and contextual factors that may impact on effective collaboration and which the new 'team' may need to understand and address. To stimulate organisational change, a realistic strategy needs to be developed (Storey and Holti, 2013) and improving practice without achieving perfection may nonetheless remain valuable (Keeping, 2014). The articles suggest a need to understand and challenge factors also within the wider context, such as changing ideological, political and financial environments (Lewer and Harding, 2013a). Tensions and conflicting organisational cultures, along with incomplete understandings of how concepts such as 'independence' could meaningfully be applicable to those being supported were very apparent in the findings of Haines (2015) where they seemed to impact on a staff team's adoption of a new way of supporting engagement in activity.

The key role for managers in communicating an intervention's value, providing motivational or organisational assistance and monitoring adherence is cited by many as integral to success

(Dobson et al., 2002, Totsika et al., 2008, Keeping, 2014, Maes et al., 2007, Bradshaw and Goldbart, 2013, Haines 2015). Taking time to build relationships with managers alongside support workers, may therefore be an important consideration.

Leadership

Models of leadership are abundant (Northouse, 2013), if often contradictory (Day, 2013), but can facilitate understanding of the complex process of working with staff teams. The suggestion here of an approach combining learning in context with professional expertise and active support worker involvement is consistent with collaborative leadership within healthcare, empowering others by flattening hierarchies, modelling, problem-solving and regular presence to make complex ideas accessible (Hackman, 2002, Northouse, 2013, Storey and Holti, 2013). It is particularly reminiscent of transformational leadership, where a charismatic personality provides a motivational 'vision' (Northouse, 2013), a style of leadership recently observed in an occupational therapist's encouragement of support workers to change the way they supported engagement in activity at home (Haines et al., 2016). This style of leadership aligns closely also to path-goal theory, where the leader understands and attends to the team's needs, including by clarification and meaningful presentation of goals, coaching, problem-solving and providing support in person (Northouse, 2013).

Partnership

This leadership style is participative, actively involving others in decision-making to improve commitment (Day, 2013). Partnership working between professionals to enhance quality of support for adults with intellectual disabilities is advocated in policy and law in, for example, England (Department of Health, 2009, GB Parliament, 2012) and seems equally important to the new 'team' here of professionals and support workers, though with arguably different power dynamics. The suggested need for mutual understandings and collaborative relationships is highlighted elsewhere as important in team functioning (West and Markiewicz, 2006, Hammick, 2009), with understanding values and attitudes of support workers especially important when seeking to elicit change (Ager and O'May, 2001, Maes et al., 2007, Koski et al., 2010, Bradshaw and Goldbart, 2013). Furthermore, the strong emphasis on mutual understandings of roles and responsibilities seems important as role ambiguity can cause stress, poor relationships and poor outcomes (Thompson and Rose,

2011). Role clarification empowers support workers to take responsibility for interventions and, importantly, may reduce risk of burnout where roles and responsibilities are ambiguous (Haines et al., 2016).

The importance of investment of time to build relationships and develop trust in order to change attitudes and develop skills, mirrors others' conclusions that this may increase the longevity of interventions (Whitaker, 2002, Stewart et al., 2009, Haines 2015). This may help professionals justify extended time on such relationship-building within a climate of limited resources.

The value of joint ownership is widely referenced within team theory, through notions of interdependence in outcomes (West and Markiewicz, 2006), shared team commitment (Reeves et al 2010) and collaboration for joint objectives. The idea of professionals empowering support workers by collaborating and promoting equal participation and shared ownership of interventions may not always be characteristic of such relationships (Graves, 2007), but seemed particularly apparent in the work of an occupational therapist (Haines, 2015). The idea of the professional viewing themselves as part of a 'team' with support workers in this way has been suggested elsewhere (Bradshaw and Goldbart, 2013, Rayner et al., 2014, Haines, 2015) to be characteristic of a sustained community of practice (Wenger et al., 2002) in which support workers are actively involved and which shapes their collective learning.

Limitations

Meta-ethnography emphasises conceptual richness over methodological quality (Britten and Pope, 2012) and can be an appropriate methodology to include other potentially valuable sources such as grey literature and unreported theses. A limitation of this meta-ethnography may be the exclusive use of peer-reviewed sources and cautious use of other sources may have further contributed to conceptual development.

Despite attempts to standardise the process of meta-ethnography (Britten et al., 2002, Atkins et al., 2008, Campbell et al., 2011), debate over the meaning of terms such as 'translation' and 'line-of-argument' remains. The flexibility of this methodology can be seen as both a strength and a limitation and although an attempt has been made to be explicit about the process, word limits restricted detailed expression of the transitions between stages of

analysis, particularly in conceptual development. The process remains interpretive and researcher-dependent, but the critical reflections included in this article aim to promote transparency.

Conclusion

The meta-ethnographic synthesis of the findings from seven qualitative studies suggests that a potentially useful framework for effective collaboration to improve the support of people with intellectual disabilities may be for health and social care professionals to view themselves as part of a 'team' with support workers. By working in partnership, building relationships, understanding values, attitudes and motivations, negotiating goals and establishing clear roles, joint ownership of the intervention can result, empowering support workers in the process.

Within this 'team', it may be helpful for the professional to fulfil the role of collaborative, or even transformational 'leader', through regular presence, problem-solving and development of accessible recommendations. The professional may also need to consider the context and structure of the organisation to develop a realistic plan, work with management to create a supportive learning environment and, perhaps, advocate for increased resources. The complex and interconnected factors involved in effective collaboration provide some justification for professionals spending extended time building this team with support workers effectively, in order to enhance and maintain quality of support for adults with intellectual disabilities.

This meta-ethnography highlights areas for further research, in particular how to manage conflict constructively, professionals' education and training needs for such collaboration and how motivation in support workers may be best elicited when intervention outcomes are subtle, preventative or based on promoting safety rather than choice. It also provides an exemplar of how findings from qualitative research in the field of intellectual disabilities might be synthesised in order to increase their utility for practice.

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[Insert Appendix 1 and Appendix 2 about here]

Tables, Figures and Appendices.

Table 1: Seven stages of meta-ethnography (Noblit and Hare 1988)

1. Identifying the area of interest
2. Deciding what is relevant
3. Reading the studies
4. Determining how studies are related
5. Translating studies into one another
6. Synthesising translations
7. Expressing the synthesis

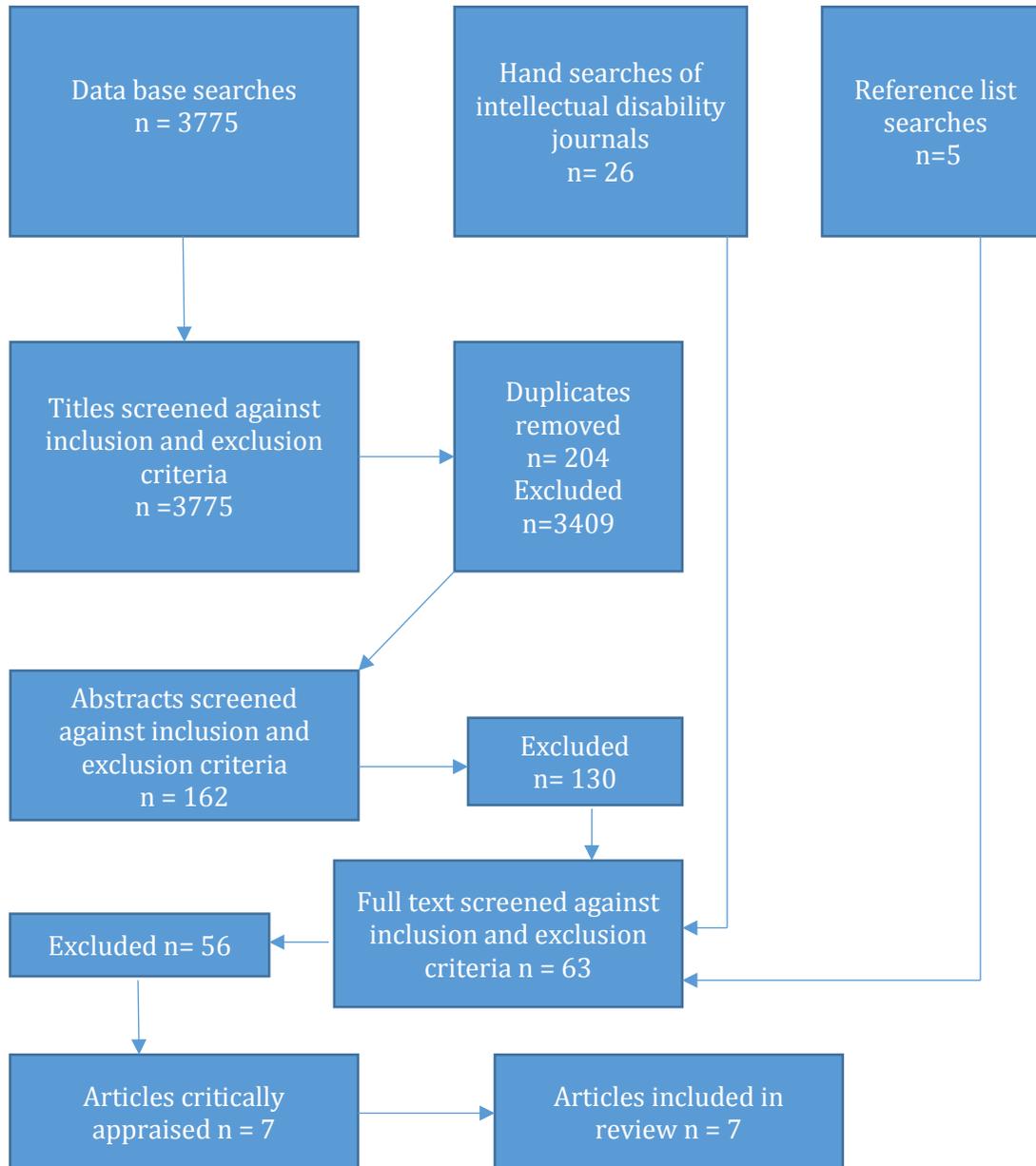


Figure 1: Search strategy diagram

Table 2: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • Primary research • Qualitative methodology • English language • Peer-reviewed • Main focus on professionals working with paid support workers of adults with intellectual disabilities. 	<ul style="list-style-type: none"> • Research involving family carers

Table 3: Third-order constructs and themes

Third-order construct	Themes				
Providing effective leadership	1. Sharing and disseminating knowledge	2. Maintaining regular close contact	3. A problem- solving approach	4. Clear recommendations	
Working in partnership	5. Mutual understanding of roles and responsibilities	6. Negotiating goals for joint ownership	7. Understanding values and attitudes	8. Understanding what motivates staff	9. Building relationships
Addressing structural and contextual factors	10. Working with management	11. Being realistic	12. Understanding and challenging resources within wider context	13. Creating an open and supportive culture	

Appendix 1: Characteristics and critical appraisal of included studies

Source and abbreviation	Country & Field	Setting & Participants	Method of data collection and analysis	Aim	Critical appraisal (using Letts et al, 2007)
Chadwick et al. (2006) (C)	UK Speech and Language Therapy	Day centres, family and small group homes Support workers-n= 46	Semi- structured interviews Content analysis	To identify factors affecting adherence to dysphagia guidelines by investigating barriers reported by caregivers	<i>Research design:</i> Stated merely as qualitative, theoretical position not discussed. <i>Credibility:</i> Well-described recruitment, random from all referrals in area, adding to credibility of findings. <i>Transferability:</i> affected by lack of very clear description of settings <i>Confirmability:</i> Possible bias of caregivers wanted to give impression of adhering to recommendations (noted by authors). No member checking. <i>Dependability:</i> Lots of verbatim quotations to back up findings and demonstrate that analysis was inductive, therefore clear audit trail.
Graves (2007) (G)	UK Speech and Language Therapy	Residential services referred to Speech and Language Therapy Speech and Language Therapists n= 5 Support Workers n= 12	Semi- structured interviews Grounded Theory approach	To identify key factors influencing indirect interventions as perceived by speech and language therapists and paid carers	<i>Research design:</i> Grounded theory, clearly stated <i>Credibility:</i> opportunistic sampling, known to SLT/researcher, open to bias. No triangulation of data source or analysis. <i>Transferability:</i> Participant demographics clear, but settings not clearly described. <i>Confirmability:</i> methods to guard against potential for bias/ influencing responses due to dual role as researcher and clinician, not discussed <i>Dependability:</i> Process of analysis described but not displayed, unclear how data was transformed from codes to themes.
Lewer and Harding (2013) (Lew)	UK Speech and Language Therapy	A range of residential homes and day centres Speech and Language Therapists n= 3 Support workers n= 4	Semi- structured Interviews Grounded Theory approach	To analyse factors affecting implementation and outcomes of indirect interventions in residential homes and day centres	<i>Research design:</i> stated merely as qualitative, though analysis described more clearly. <i>Credibility:</i> Theoretical sampling to recruit participants from a wide demographic, with varied backgrounds. <i>Transferability:</i> limited by lack of description of settings <i>Dependability:</i> Very clear and detailed audit trail, extensive verbatim quotes linked to statements. <i>Confirmability:</i> No stated triangulation, only a brief description of methods.
Lillywhite and Haines (2010) (Lil)	UK Occupational Therapy	A wide range of settings nationwide (no specifics stated)	Occupational Therapists: survey and focus groups.	To explore nature of occupational therapy with people with intellectual disabilities	<i>Research design:</i> Stated merely as qualitative. <i>Credibility:</i> Clear description of methods; discussion of limitations and possible bias. Although publication was peer-reviewed, review process was not blinded.

		Occupational Therapists: n= 150 (survey) and n= 49 (in 8 focus groups) Support workers: n= 5	Support Workers: telephone interviews Thematic Analysis	across the UK, from perspectives of occupational therapists and support workers	<i>Transferability:</i> Wide overview from occupational therapists in variety of settings, but no clear description or examples of settings. <i>Dependability:</i> Not always clear whether findings come from occupational therapists or support workers. Absence of visual cues in telephone interviews with support workers may have resulted in loss of nonverbal data, compromising rapport, probing, and interpretation of responses. <i>Confirmability:</i> No member checking. No discussion of reflexivity, particularly as carried out by occupational therapists.
Middleton and Kitchen (2008) (M)	UK Physiotherapy	4 day centres in one London local authority Support workers n= 21 Managers n=5 Physiotherapists n= 2	Semi- structured Interviews Thematic content analysis	To investigate factors affecting physiotherapy delivery by carers and managers in day centres	<i>Research design:</i> stated merely as exploratory and qualitative, explicit about analysis process. <i>Credibility:</i> Authors careful not to generalise, findings often qualify number of participants making a statement. <i>Confirmability:</i> Limited audit trail and verbatim quotations not provided No member-checking or triangulation with another researcher.
Stimpson et al (2013) (S)	UK Psychology	Day centres and residential settings Support workers n= 9	Semi- structured Interviews Interpretive Phenomenological Analysis	To explore the experience of 'lay therapists' running a group- based cognitive behaviour therapy (CBT) anger management intervention	<i>Research design:</i> Clear and defined methodology and design <i>Credibility:</i> 3 of 9 support workers were qualified to master's level and two were qualified nurses. Their opinions may therefore not be typical. <i>Transferability:</i> Demographic data of participants was clear, though settings not clearly described. <i>Confirmability:</i> Triangulation with other researchers and interviewers. <i>Dependability:</i> extensive verbatim quotations to back up statements. No discussion of limitations
Windley and Chapman (2010) (W)	UK Multi-Disciplinary	Joint health and social care supported living service Support workers n= 8	Focus groups n= 3 Semi- structured interviews n=5 Phenomenological approach	To explore support workers' perceptions of their training and support needs.	<i>Research design:</i> Phenomenological approach, clear methodology and research design. <i>Credibility:</i> Researchers and participants were all employed by the same service therefore potential bias (possible conflict of interest related to duty of care discussed, but not bias). <i>Transferability:</i> Clear description of participants (ages not specified) and setting <i>Confirmability:</i> No member checking. Triangulation of data source (focus groups and interviews) with similar themes.

Overall critique: the settings where participants worked were often poorly described and demographic data of participants often not included (with some exceptions, see above). This influences transferability of the findings, though this and credibility is enhanced by congruence between the findings of the different studies.

Appendix 2: First/ second-order constructs from included articles under selected themes of third-order construct “Working in Partnership”.

Over-arching construct	Working in Partnership		
Example sub-themes	Mutual understanding of roles and responsibilities	Negotiating goals for joint ownership	Understanding values and attitudes
Chadwick et al (2006) (C)	Support workers need training regarding their role in therapy as this affects adherence to interventions.		
Graves (2007) (G)	Understandings of speech and language therapy role vary. Clarifying roles and responsibilities helps shape intervention. Understanding support workers’ view of their roles supports mutual expectations. . Clarifying responsibilities (what speech and language therapist service must provide) should be a primary consideration and encourages responsibility for intervention		Roles are strongly influenced by personal life experience and values, especially connected to ideas of ‘family’. This must be acknowledged as it can cause resistance to outside influence.
Lillywhite and Haines (2010) (Lil)	Occupational therapists should clarify key points agreed and put them in writing.	Negotiating with staff teams not dictating, taking views on board, involving support workers in planning, discussing	

		improvements and reviewing input all make recommendations more likely to be followed.	
Lewer and Harding (2013) (Lew)	Speech and language therapist's and support worker's views of own and each other's roles can affect therapeutic outcomes. Professional titles may be misleading and lead to misunderstanding of support worker's role. Professionals must address expectations clearly from the start to avoid confusion and resentment.	Support workers need to work towards goals they have been involved in setting. Likelihood of enduring outcomes is small without joint ownership.	Professionals acknowledging how values and attitudes affect the intervention creates a robust and timely process for intervention and more in-depth reflective practice. Values and attitudes may vary between support workers and may not be aligned with those of the professional.
Middleton and Kitchen (2008) (M)		Care staff have expertise and knowledge that is important in making interventions a success which should be accessed.	
Stimpson et al (2013) (S)	Article did not contribute to this third-order construct		
Windley and Chapman (2010) (W)	Support workers' role conflict and ambiguity, lacking direction and unclear goals is a source of stress.	Key to joint working is good and open communication and support staffs' direct involvement in planning not having interventions imposed on them. This may take discussion and sharing of knowledge.	Support workers values and attitudes vary, e.g. taking the role of 'facilitator', 'role model', 'care provider' or 'parent'. Underlying tension between dependency and enablement.