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An Exploration of the Interpersonal Perceptions of Care Staff Working in Residential Children's Homes About the Children and Young People Whose Behaviour They Experience as Challenging

by

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Thesis for the degree of Doctor of Clinical Psychology

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ABSTRACT

FACULTY OF HUMAN AND SOCIAL SCIENCES

Psychology

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AN EXPLORATION OF THE INTERPERSONAL PERCEPTIONS OF CARE STAFF WORKING IN RESIDENTIAL CHILDREN'S HOMES ABOUT THE CHILDREN AND YOUNG PEOPLE WHOSE BEHAVIOUR THEY EXPERIENCE AS CHALLENGING

Helen Elizabeth Williams

This thesis commences with a review of the literature regarding the relationship between challenging behaviour (CB) and the responses of direct care staff in residential children's homes. Due to a paucity of research in this particular area, the review largely comprised literature examining the responses of staff within settings for adults with intellectual disabilities. The tentative, often inconsistent findings of the studies highlighted the complexity of the relationship between CB and staff responses. This combined with the variation and limitations in methodologies used meant that it was not possible to draw reliable and robust conclusions about this body of work, and crucially, about how these findings link to the experiences of staff in residential children's homes. Limitations of the research, clinical implications, and areas for future research are identified.

The empirical paper describes a study which used Interpretive Phenomenological Analysis and diary-interview methodology to explore the interpersonal perceptions (IPs) of five direct care staff working in a residential children's home about the children and young people whose behaviour they experienced as challenging. The study also explored the sense that staff made of CB within the context of their IPs. Three superordinate themes emerged across participants' accounts: 'challenging behaviour as a vehicle'; 'systemic influences'; and 'staff cognitive and emotional responses'. This study highlights the complexity of participants' IPs, and the importance of IPs in participants' sense-making during incidents of CB. These findings provide evidence for moving away from the cognitive-behavioural frameworks typically used to explore staff responses to CB, and the need to explore the specific experiences of staff in residential children's homes. Limitations, clinical implications, and areas for further research are discussed.

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DECLARATION OF AUTHORSHIP

I, Helen Williams, declare that this thesis entitled **'An exploration of the interpersonal perceptions of care staff working in residential children's homes about the children and young people whose behaviour they experience as challenging'** and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;

2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;

3. Where I have consulted the published work of others, this is always clearly attributed;

4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;

5. I have acknowledged all main sources of help;

6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;

7. None of this work has been published before submission

Signed: .....

Date: .....

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Chapter 1: Literature Review

What is the Relationship between Challenging Behaviour and the Responses of Direct Care Staff in Residential Children's Homes?

1.1 Introduction

1.1.1 Residential Care for Children and Young People

With an emphatic shift by Local Authorities towards the use of foster care placements over recent years, residential children's homes are now viewed as a 'last resort' for children and young people (McLean, 2013; Berridge, Biehal, & Henry, 2012), and are primarily used to care for "the most challenging children in the care population" (Berridge et al., 2012, p.34). Consequently, residential care staff are now working with a group of young people who are older, have more complex needs and are more challenging than ever before (Delfabbro, Osborn, & Barber, 2005; Heron & Chakrabati, 2003; Stuck, Small, & Ainsworth, 2000).

Staff supporting children and young people in residential settings are required to provide 24-hour direct care and are considered "substitute primary caregivers" (Van Dam et al., 2011, p.233). Responsible for the supervision, safety, and welfare of children and young people, the demands placed on these staff are complex and diverse (Bertolino & Thompson, 1999; Heron & Chakrabati, 2003). Despite the complexity and importance of their role, residential care staff often work long, unsociable hours, with low rates of pay, have little power or opportunity to contribute to decisions regarding the young people with whom they work, and often hold no professional qualifications (Kent, 1997; Seti, 2008; Wardhaugh & Wilding, 1993). Additionally, staff are often provided with inadequate levels of training, supervision, and support, and understaffing is a common

problem (Krueger, 2007). With such a demanding job, it is perhaps unsurprising that care staff working in residential settings are considered to be particularly susceptible to stress and burnout (Barford & Whelton, 2010; Kent, 1997; Kruger, Botman, & Goodenow, 1991; Pines & Aronson, 1983; Snow, 1994).

1.1.2 Challenging Behaviour

A widely used and accepted definition of challenging behaviour (CB) is that proposed by Emerson (1995) who described it as "culturally abnormal behaviour of such an intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities" (Emerson, 1995, p.4). Challenging behaviour in the form of aggression shown by young people in residential children's homes has been identified as a contributing factor in high levels of staff turnover, sickness, and stress (Colton & Roberts, 2007; Curry, McCarragher, & Dellmann-Jenkins, 2005).

1.1.3 Staff Responses to Challenging Behaviour

***1.1.3.1 Burnout and stress*.** Psychological stress has been defined by Lazarus and Folkman (1984) as "a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984, p.21). Burnout refers to a particular type of job stress resulting specifically from the interaction between carer and recipient (Maslach, 1982). It has been defined as a "psychological syndrome that involves a prolonged response to stressors in the workplace" (Maslach, 2003, p.189), consisting of three correlated components: emotional exhaustion (EE); depersonalisation (DP); and personal accomplishment (PA) (Maslach, Jackson, & Leiter, 1996; Maslach, Schaufeli, &

Leiter, 2001). EE is the most commonly referenced and widely researched component of burnout (Maslach et al., 2001) and involves feelings of being emotionally overwhelmed and unequipped to cope with the demands of the work situation (Maslach et al., 1996). DP refers to feelings of detachment and cynicism, and responses which are impersonal and callous towards the care recipient and the organisation (Maslach et al., 2001). Finally, PA refers to feelings of competence and achievement in the workplace (Maslach & Jackson, 1984). It is thus the pattern of increased EE and DP, and decreased PA which is indicative of burnout (Maslach et al., 2001).

In residential settings for children and young people, burnout can have significant negative consequences for the well-being of staff, the children and young people in their care, and the care provider more widely (Seti, 2008). Burnout has been cited as a major factor accounting for the extremely high rate of staff turnover in children's homes (Barford & Whelton, 2010; Seti, 2008).

1.1.3.2 Emotional responses, stress, and burnout. A number of studies of staff working with individuals with intellectual disabilities (ID)(largely adult populations), have explored the role of staff emotional responses to CB. Negative emotional reactions have frequently been reported, including sadness, fear, and anger (e.g. Mitchell & Hastings, 1998; Stanley & Standen, 2000). Not only have these negative emotional reactions been linked to staff experiences of burnout (e.g. Mitchell & Hastings, 2001), but they have also been proposed to mediate the relationship between CB and staff stress (Hastings, 2002; Hastings, 2005). Hastings (2002) reviewed the literature pertaining to care staff working with individuals with ID and concluded that there was some evidence of a relationship between CB and stress, between CB and negative emotions, and between negative emotions and stress. He therefore proposed that staff experience negative emotions in

response to CB and that these emotional responses accumulate over time to impact staff well-being (stress and burnout). Furthermore, Hastings (2005) suggested that these relationships are influenced by staff beliefs, staff psychological resources, and service and organisational factors.

1.1.3.3 Staff behavioural responses. In the field of ID, attributional theories have been widely applied to understand staff behavioural responses to clients whose behaviour challenges, both in terms of their willingness to offer help, and their choice of intervention(s). Research in this area suggests that the behavioural responses of staff may be influenced by two specific types of psychological responses; causal attributions and emotional reactions (e.g. Bromley & Emerson, 1995; Dagnan, Trower, & Smith, 1998; Hastings, 1995; Hastings, Reed, & Watts, 1997; Stanley & Standen, 2000). This research has drawn largely from the cognitive-emotional model of helping behaviour described by Weiner (1980; 1985). According to Weiner (1980; 1985), there are three dimensions of causal attributions: locus (i.e. whether the cause of the behaviour is appraised as internal or external to the person); stability (i.e. whether the cause of the behaviour is appraised as transient or more long-term); and, controllability (i.e. whether the person is appraised as being in control of their behaviour). Weiner (1980; 1985) predicted that when the cause of the behaviour was appraised as being internal to the individual and under their control, staff were more likely to experience negative emotions (e.g. anger and disgust) and would consequently be less willing to offer help. Weiner hypothesised that when staff appraise stability to be low, optimism for change is generated. If the cause of the behaviour is also perceived as being outside of the control of the individual, staff will feel high levels of sympathy or pity and low levels of anger, thus increasing the likelihood of help being offered (Weiner, 1980; 1985). Willner and Smith (2008) conducted a systematic literature search to explore the extent to which the empirical evidence

supported the predictions of attribution theory in relation to the helping behaviour of staff caring for individuals with ID and CB. They found a number of inconsistencies and concluded that there is at best only partial support for the application of Weiner's (1980; 1985) model in this context.

1.1.3.4 Other factors affecting staff well-being. For staff working with individuals with ID in residential settings, a number of potential stressors have been identified. These can be broadly divided into organisational/service characteristics, client characteristics, and individual staff member characteristics (Mitchell & Hastings, 2001). Rose (2009) refers specifically to the potential stressors identified by research in residential settings, citing organisational factors such as shift work and inadequate role definition (Hatton, Brown, Caine, & Emerson, 1995; Rose, 1993), support from colleagues (Harris & Rose, 2002), work overload (Male & May, 1997), team climate (Rose & Schelewa-Davies, 1996), role conflict (Allen, Pahl, & Quine, 1990; Dyer & Quine, 1998), and organisational culture (Dyer & Quine, 1998). With regard to staff characteristics, Rose (2009) refers to research identifying that coping styles (Hatton et al., 2001a; Hatton & Emerson, 1995), coping strategies (Mitchell & Hastings, 2001), and personality (Rose, David, & Jones, 2003) may affect staff well-being. Finally, Rose (2009) cites research indicating that resident characteristics such as CB may also have an important influence on the well-being of staff (Jenkins, Rose, & Lovell, 1997).

1.1.3.5 Methodological limitations of previous research. Hastings (2002) undertook a review of the literature investigating the relationship between CB and the well-being of staff working with individuals with ID (residential and non-residential settings). He concluded that there were numerous flaws in this body of research which limited the ability to draw any robust conclusions about this relationship. In his

methodological critique, Hastings drew attention to the widespread use of cross-sectional, correlational designs, from which no cause and effect relationships could be identified. Hastings also noted the lack of longitudinal designs and of control groups comprising staff not exposed to challenging behavior. Hastings further criticised studies for their lack of control of staff characteristics and client characterises (such as client ability level), as well as organisational factors and a failure to use objective measures of the frequency and severity of the CB to which staff were exposed.

1.1.4 Aim of the Review

The responses of direct care staff to the CB of young people in residential children's homes can have potentially significant consequences for staff, young people, and care organisations. Despite this, an initial search of the literature revealed that to date there has been no attempt to provide a thorough review of research findings regarding the factors influencing how direct care staff respond to CB in this context. The results of such a review could have important implications for the training and support of care staff in these settings. The current paper therefore seeks to answer the question: What is the relationship between challenging behaviour and the responses of direct care staff in residential children's homes?

1.1.4.1 Review objectives.

1. To review and critique the current literature exploring the relationship between challenging behaviour and staff responses in residential settings for looked-after children and young people.
2. To consider any mediating variables in this relationship.
3. To review the consequences of these responses.

4. To provide suggestions of the clinical implications according to the findings of this review.

1.2 Method

1.2.1 Identification of the Literature.

1.2.1.1 Search terms. An initial systematic search of the literature included use of the terms 'children' and 'young people' (and variants of these terms); this search revealed that there were insufficient papers meeting the preliminary inclusion criteria (n=0). These search terms were therefore excluded from the search protocol. In addition, the term 'residential' (and its variants) was originally used as a search term, but this lead to inadequate studies. A third and final protocol was therefore developed using just two terms; 'challenging behaviour' and 'staff' (and their variants) (see Table 1). Initially, the terms 'violence' and 'assault' were included under the primary term of 'challenging behaviour', however the inclusion of each of these yielded an unmanageable number of results and they were therefore removed. Furthermore, the terms 'care worker' and 'residential worker' were at first included under the primary search term of 'staff'. Again, these terms each yielded an unmanageable number of results and were therefore removed. The two primary search terms were combined with the Boolean operator 'AND' to yield results. The following electronic databases were searched: PsycINFO, MEDLINE, CINHL, and EMBASE. Terms were adjusted according to the thesaurus for each database, considering both UK and US terminology and where necessary, singular and plural forms. At this stage, potentially relevant studies were identified by scrutinising titles and abstracts.

1.2.1.2 Inclusion criteria. An initial review of the literature prior to undertaking the formal searches revealed that staff 'responses' encompassed: burnout, stress, well-

being, emotional reactions, and behavioural responses such as helping behaviour. A paper was included if it commented on the relationship between CB and any of the above responses, or any potential moderators or mediators of this relationship, within the population of direct care staff in residential settings. This initial review of the literature also revealed that the term 'challenging behaviour' was primarily used to refer to acts of aggression, self-injury, or destructiveness (Jahoda & Wanless, 2005) and therefore studies referring to these behaviours were included. Initially, only papers exploring the experiences of 'unqualified' direct care staff were included. However, early scrutiny of abstracts revealed that many studies included unqualified support staff, nursing staff, and those in a management role in their samples, or did not did not specify the qualifications of staff. It was important that the staff included in the review spent the majority of their working day providing direct care and support to clients; where studies specified their participants met this criteria, they were included in the review. To ensure that only studies of sufficient rigour were included, only articles published in peer-reviewed journals were included (dissertations were not included). Only articles published in English were included, for practical reasons. Papers published between January 2004 - January 2015 were included to ensure a recent overview was provided.

1.2.1.3 Exclusion criteria. Studies were excluded if they investigated the experiences of staff working in non-residential settings such as: respite services; hospitals; secure/prison services; and community-based teams. This review aimed to capture the experiences of staff working in a 'home' environment, with comparable job roles, and therefore the experiences of staff working in residential schools were also excluded. To further promote the homogeneity of the staff population, studies were also considered beyond the scope of the present review if they examined the responses of familial or foster carers or non-direct-care staff such as teachers, social workers, psychologists, and

doctors. The review aimed to look specifically at the responses of direct care staff in residential settings; it is believed that the role, responsibilities and experiences of direct-care staff working in residential settings are unique and are specific to that context. Studies were also excluded if they investigated CB in older adults with dementia. The experiences of staff caring for this population were considered to differ significantly from those in other residential settings due to the potential impact of the diagnosis on staff responses (i.e. attributions and emotional responses) and the unique challenges presented by this population.

Table 1.

Search terms used to identify studies

Primary term	Related terms
Challenging behaviour	Behaviour problems
	Aggressive behaviour
	Aggressiveness
	Self-Injurious behaviour
Staff	Personnel
	Health care personnel
	Health care personnel attitudes
	Support workers

1.2.2 Literature Search Results

The search yielded 711 articles once duplicates (both within and across databases) had been removed. Titles and abstracts were examined and assessed as to whether they met inclusion/exclusion criteria described above. 654 articles were immediately excluded and full-texts were retrieved for the remaining 57 articles. Of these, 16 were identified as eligible. A next stage of scrutiny took place and reference lists of retained articles were inspected for relevant studies; bibliographic databases were used again to retrieve abstracts and, if appropriate, full-text articles. This added 7 articles. In total, 23 articles were found to meet the inclusion criteria for this literature review. The study selection process is represented in Figure 1.

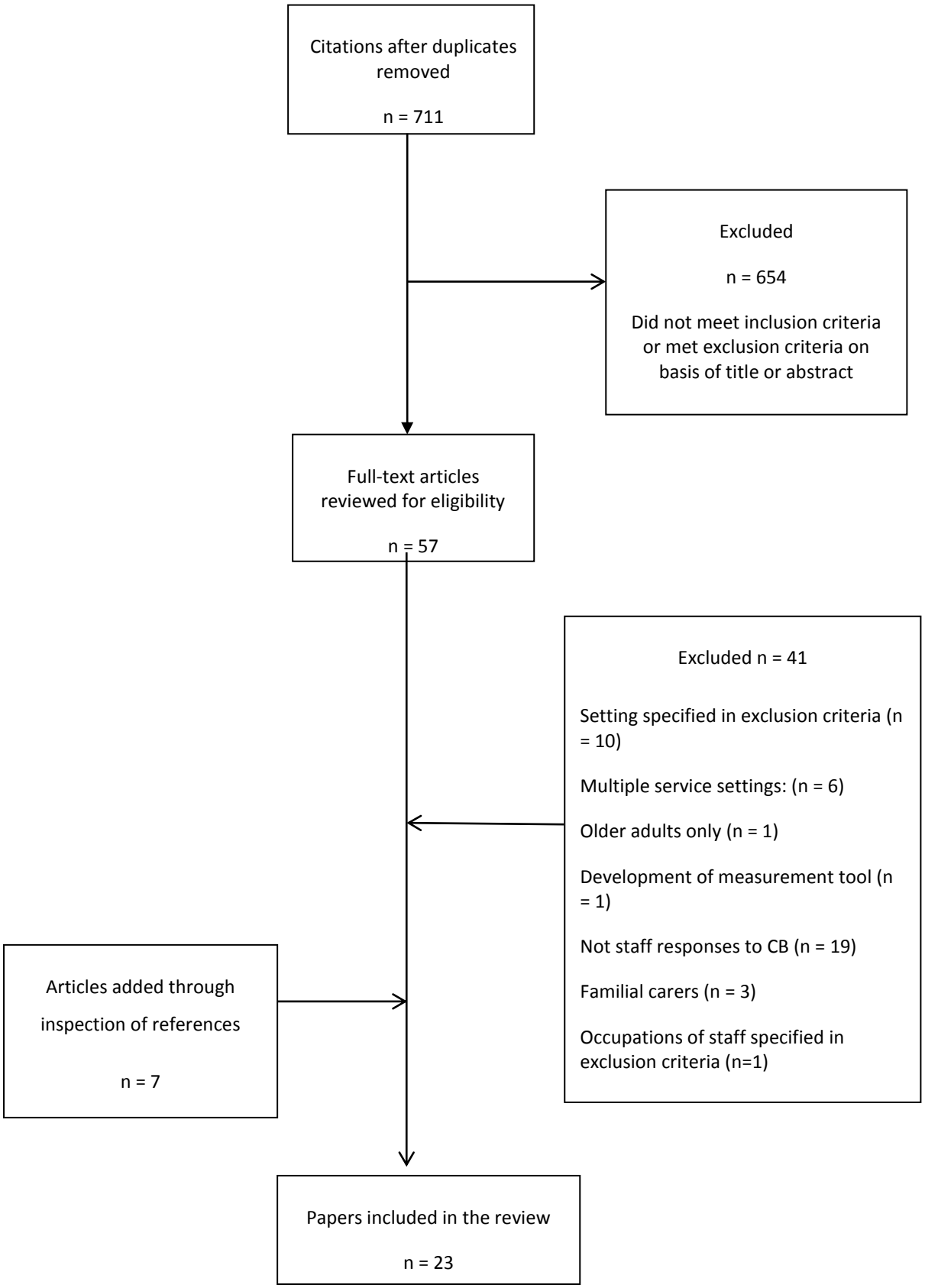


Figure 1. A flowchart of study selection process

1.3. Results

The systematic, data-driven nature of the present review generated results which were not adequate to answer the research question directly; none of the included studies comprised staff working in residential children's homes. All of the included studies pertained to staff working with individuals with ID in residential settings. Eighteen studies referred to staff working exclusively with adult clients, and five studies included staff working with children and adolescents, as well as with adults. Whilst there may be different variables affecting the relationship between CB and staff responses in this context, it is also hoped that the results of the review may perhaps be used to generate tentative hypotheses about this relationship in residential children's homes, and to highlight possible implications for clinical practice and areas for future research.

1.3.1 General Characteristics of Studies

An overview of the descriptive characteristics of the selected articles is given here to illustrate the variation in design and variables considered. When studies have two parts, these parts have been considered separately if they differ in design; 25 studies are therefore referred to here.

1.3.1.1 Responses to challenging behaviour. Studies varied as to which staff responses they considered, with many focussing on more than one type. These included: emotional responses (n=14); attributions/beliefs (n=12); burnout (n=4); stress/well-being (n=7); and helping behaviour (n=8).

1.3.1.2 Staff characteristics. The number of participants differed greatly among the studies: the largest sample size was 386 and the smallest was eight. In the vast majority of studies (n=21) female participants outnumbered male; the average

percentage of female participants was 72.8%. Where reported, the ages of participants ranged from 18 to 67, with the lowest mean age of a sample given as 30.16 years, and the highest as 38.0 years. Eighteen studies reported the mean years of participants' experience working with clients with ID; the lowest mean was 4.3 years' experience, and the highest was 12.07 years.

1.3.1.3 Client characteristics. In all papers, clients were described as having an ID. Some specified only that clients had an ID (n=15), whereas others gave more detail, reporting that clients had 'severe to profound ID' (n = 2), 'borderline to moderate ID' (n = 1), 'moderate ID' (n=1), 'moderate to severe ID' (n=2) and a range of clients with borderline to severe ID (n=4). Twenty studies reported that participants worked exclusively with 'adults' (including two who specified this included adults over 65 years), and five studies reported that participants worked with clients across the lifespan, including children, adolescents, adults, and older adults.

1.3.1.4 Definitions of challenging behaviour. There was considerable variation between studies in the definitions of CB used. Some studies referred only to the 'challenging behaviour' of clients (n=6). Others referred to 'aggression' (n=9), although within this definition, there was inconsistency as to whether this referred to verbal and/or physical aggression, and whether this definition included aggression to self, others, or property. Other studies included a range of behaviours in their definitions, such as self-injury, aggression, violence, stereotyped behaviour, and destructive behaviour (n = 9). Vignette methodologies were used by two studies; all other studies used real staff experiences of CB in the workplace.

1.3.1.5 Design. A qualitative design was used in nine studies, namely: interviews (n=6); focus groups (n=1); observation (n=1); and a combination of observation

and interview (n=1). Quantitative designs were used by 15 studies, namely questions and/or rating scales. A mixed design (i.e. interview and questionnaires/rating scales) was used by one study. Only two out of the 25 studies reported to have objectively measured the levels of CB exhibited by clients (although this may well not have captured each staff members' level of exposure). Three studies reported to have used a 'control' group, in the form of comparing participants with differing reported levels of exposure to CB.

Table 2

Characteristics of the studies included in the review

Study	Population	Method	Results	Comments
Lundström, Graneheim, Eisemann, Richter, and Åström (2007)	Staff: n = 112 *Nurses (n=1), assistant nurses (n=5), nurse's aides (n=106)* Clients: Adults (21–83 years), MO, SE	Design: Cross-sectional Measures: • Temperament and Character Inventory (TCI-125; Cloninger, Przybeck, Svravik, & Wetzel, 1994) • Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) • Emotional Reactions in Nursing Care Scale (ERNC; Hallberg & Norberg, 1993) • Strain in Nursing Care Assessment Scale (SN; Hallberg, & Norberg, 1993) • MBI (Maslach & Jackson, 1981) • The TS (Pines, Aronson & Kafry, 1981)	No difference on burnout scores were found between staff reporting exposure / no exposure to CB. The personality dimension of 'harm avoidance' was associated with EE (r=.28 p<.001), DP (r=.17, p<.05), and tedium (r =.37, p< .001). 'Self-directedness' was associated with EE (r=- .26, p<.01), DP (r=- .27, p<.01) and tedium (r =-.46, p<.001)	Strengths: Use of a control group; clear definition of CB; based on real client interactions; detailed information on clients; use of well-validated measures. Weaknesses: Correlation not causation; no objective measure of exposure to CB; relied on retrospective self-reports which are subject to recall bias.
Chung and Harding (2009)	Staff: n = 103 *Nurses (n=20)* Clients: Adults, ID	Design: Cross-sectional Measures: • Aberrant Behaviour Checklist (ABC; Aman, Sing, Stewart, & Field, 1985a;1985b; Newton & Sturmey, 1988) • MBI (Maslach & Jackson, 1986) • General Health Questionnaire-28 (GHQ-28; Goldberg & Hillier, 1979) • The NEO-Five Factor Inventory (NEO-FFI; Costa & McCrae, 1992)	CB predicted EE (β=.37, p<.001). Neuroticism (β= .33, p<.001) and extraversion (β= -.20, p<.05) made a significant contribution to predicting EE. Staff agreeableness moderated the impact of CB on EE (β=-2.85, p<.001). Higher conscientiousness predicted higher DP (β=.24, p<.05). CB predicted PA (β -.32, p <.001). Neuroticism (β -1.46, p <.05) and extraversion (β =2.04, p<.05) moderated the impact of CB on PA. Neuroticism predicted low well-being (β=.44, p<.001).	Strengths: Based on real client interactions; use of well-validated measures; clear definition of CB. Weaknesses: Only reported CB by one client; no objective measure of exposure to CB; lack of information on staff and client characteristics; correlation not causation; relied on retrospective self-reports; potential for the GHQ-28 to capture the effects of stress from sources outside of the workplace.

Study	Population	Method	Results	Comments
Noone, Jones, and Hastings (2006) Study 1	Staff: n = 34. *Nurses (n=10)* Clients: Adults, MO, SE	Design: Qualitative. Semi- structured interviews. Interviews analysed using an amended version (Brewin, MacCarthy, Duda, & Vaughan, 1991) of the Leeds Attributional Coding System (Stratton et al., 1986).	Most common topographies of behaviour identified as "most challenging" were physical aggression towards staff and SIB. Staff generally made attributions about CB that were stable, personal, controllable, and internal to the client. Indication that staff did not appear sensitive to variations in CB.	Strengths: Based on real client interactions; good inter-coder reliability reported. Weaknesses: No objective measure of exposure to CB; no causal inferences can be made; lack of sensitivity of the measurement approach (i.e. attributions coded on a dichotomous scale).
Noone, Jones, and Hastings (2006) Study 2	Staff: n = 23 *Nurses (n=8)* Clients: Adults, MO	Design: Quasi-experimental Measures: • Motivational Assessment Scale (MAS; Durand and Crimmins, 1992) • 'A-B-C' chart data • Adapted version (Sharrock, Day, Qazi, & Brewin, 1990) of the Attributional Style Questionnaire (ASQ; Peterson et al., 1982)	Attribution ratings differed between the two clients for the internal–external (z=-2.06, p<.05, r=-.43), personal–universal (z=-2.76, p<.01, r=-.56), and controllable–uncontrollable (z=- 2.55, p<.05, r =-.53) dimensions. No significant differences between the ratings of the two clients for the stable–unstable dimension.	Strengths: Based on real client interactions; information gathered on frequency and occurrence of CB of clients involved; clear definition of CB. Weaknesses: Level of general staff exposure to CB unknown; functions of the clients' behaviour were hypothesised only.
Hensel, Lunsky, and Dewa (2014)	Staff: n = 386 *Some staff had a 'specialised degree' (n=247)* Clients: Adults, ID	Design: Cross-sectional Data gathered on: • Frequency of exposure to CB • Most severe form of aggression experienced in each of four categories • Whether staff felt they had experienced emotional difficulties related to exposure to aggression in the workplace	Significant association between cluster group and endorsement of emotional difficulties (χ^2 (7, N=386)=25.92, p<.001). Adjusted logistic regressions showed that high perceived severity of CB was predicted by frequency of exposure (p<.05), witnessing aggression towards others resulting in injury (p<.05), and witnessing property aggression causing damage or injury (p<.01).	Strengths: Based on real client interactions; large sample size; staff clustered by objective and subjective exposure to CB. Weaknesses: Correlation not causation; relied on retrospective self-reports; self-reports not validated using objective comparators; limited information about emotional difficulties.

Study	Population	Method	Results	Comments
Dilworth, Phillips, and Rose (2011)	Staff: n = 182 *Care staff (n=139), managers (n = 43)* Clients: Adults, ID	Design: Cross-sectional Measures: Care managers completed: • Systems Service Assessment (Allen, 1999) Keyworkers (n=43) completed: • Adaptive Behaviour Scale – Residential and Community 2nd Edition (part 1) (short form; SABS; Hatton et al., 2001b). • DAS-B (Holmes, Shah, & Wing, 1982) • Controllability Beliefs Scale (CBS; Dagnan, Grant, & McDonnell, 2004) Non-keyworkers (n=96) completed: • CBS (Dagnan et al., 2004)	Staff attributions of control over CB were lower if: the social environment was appropriate (t(137)=3.18, p<.01); the physical environment was appropriate (t(137)=4.24, p<.01); care delivery was reported to be well-structured clients (t(137)=2.81, p<.01); and staff displayed positive attitudes towards clients (t(137)=2.76, p<.01). Staff rated the cause of SIB as being significantly less under clients' control if it: presented severe as opposed to no (F(2,136)=5.79, p<.01) or lesser (F(2,136)=5.79, p<.01) management problems and was marked in frequency as opposed to being absent (F(2,136)=3.80, p<.01).	Strengths: Based on real client interactions; good sample size; inclusion of organisational factors; clear distinctions made between topographies of CB. Weaknesses: No objective measure of exposure to CB; relied on retrospective self-reports; correlation not causation.
Lambrechts et al. (2010)	Staff: 10 unique client-staff member dyads. *All staff completed education in the field of ortho-pedagogical sciences* Clients: 12 – 48 years, SE, PRO	Design: Qualitative. Naturalistic observation Data analysis: Video fragments subject to descriptive behavioural analysis	Observed staff reactions to aggressive/ destructive behaviour and SIB were quite similar. Staff frequently responded to aggression and SIB with either verbal or physical attention. Attention in the form of a behavioral directive was most likely to follow SIB. Physically stopping CB was a response following all types of CB.	Strengths: Attemt to control for severity of CB; based on real client interactions; avoidance of self report issues; explicit information given on the coding system. Weaknesses: No conclusions can be drawn regarding any functional or causal relationhips; potential impact of filming; no objective measure of exposure to CB; sample not representative of all clients with CB.

Study	Population	Method	Results	Comments
Whittington and Burns (2005)	Staff: n = 18 *Managers (n=8), support workers (n=10)* Clients: Adults, ID	Design: Qualitative. Semi-structured interviews Data analysis: Thematic analysis informed by Interpretive Phenomenological Analysis and Grounded Theory	Staff reported negative emotions as a result of experiencing CB, particularly fear and frustration. Staff saw CB as difficult to understand and identified dilemmas about how to view CB, how to intervene, and how to deal with their feelings. These understandings led to different behavioural responses, and the tension between them resulted in negative emotional responses. These emotional responses in turn produced dilemmas as to how to manage these feelings.	Strengths: Based on real client interactions; participants invited to complete a respondent validation survey; recruitment from public sector, voluntary and private organisations. Weaknesses: Lack of generalisability; topography of CB unclear; no objective measure of exposure to CB; lack of information on client characteristics; no causal inferences can be made from the data.
Rose and Rose (2005)	Staff: n = 107 Clients: Adults, ID	Design: Cross-sectional Measures: Self-report questionnaires • MBI (Maslach et al., 1996) • ASQ (Peterson et al., 1982) • ABC (Aman & Singh, 1986) • General Health Questionnaire (GHQ-12; Goldberg, 1978) Likert scales • Emotional reactions to behaviour • Optimism (re. potential to change CB) • Willingness to offer help • Perception of level of CB in the home	No differences were found between the two groups for levels of burnout or stress. High stress levels were not found to relate to staff thoughts and feelings about propensity to help clients with CB Correlations were found between negative emotions and less stable attributions (r=-.198, p< .05), negative emotions and increased DP (r=.346, p<.05), and negative emotions and higher stress (r=.308, p<.01). Reduced staff optimism was associated with negative affect (r=.0359, p<.01) and global attributions re CB (r=.196, p<.05)	Strengths: Based on real client interactions; attempt at control group (i.e. 'high' and 'low' exposure to CB); use of some well-validated measures. Weaknesses: No objective measure of exposure to CB; lack of information on client and service characteristics; use of ad-hoc rating scales; correlation not causation; potential for the GHQ to capture the effects of stress from other sources outside of the workplace; relied on retrospective self-reports.

Study	Population	Method	Results	Comments
Cudré-Mauroux (2010a)	Staff: n = 10 Clients: Adults, ID	Design: Qualitative. Semi-structured interviews Data analysis: Interview transcripts analysed using a mixed categorical design (L'Ecuyer, 1990) and inter-analysis (Miles & Huberman, 2003)	Results suggest a temporal fluctuation in cognitive and emotional reactions and that several attributions and emotions may be generated during the same encounter. The inability to make causal attributions was associated with unpredictable staff responses. In response to 'reattributions', staff may change their behaviour to a more effective response.	Strengths: Based on real client interactions captured within 5 days of incident; staff experiences in their own words. Weaknesses: Lack of information on the incidents of CB; lack of generalisability; limited information on staff and client characteristics; complex (unclear)process of analysis; no objective measure of exposure to CB; small sample.
Zijlmans et al. (2012)	Staff: n = 9 Clients: Children and adults. MI, MO, SE	Design: Cross-sectional Measures: • Challenging Behavior Attribution Scale (CHABA; Hastings, 1997) • Emotional Reactions to Challenging Behavior Scale (ERCB; Mitchell & Hastings, 1998) • Staff–Client Interactive Behavior Inventory (SCIBI; Willems, Embregts, Stams, & Moonen, 2010)	Type of CB and attributions explained a significant amount of the variance in the scores on 'control' (R^2=.13, F(4, 87)=3.24, p<.02) and 'hostility' (R^2=.19, F(4,87)=5.19 , p<.01). Type of CB, attributions, and emotions together predicted 'support-seeking' (R^2=.34, F(6, 85)=7.15, p<.01). The variable 'type of CB aimed on the client him/her self and the environment' was a significant predictor of 'support-seeking', (β=.32, p<.01). The 'stability' attribution was also found to predict 'support-seeking' (β=.43, p<.01). Depression and anger were found to mediate the relationship between attributions of controllability and a 'support- seeking' interaction style (IE=.73, 95% CI=.0023, .1868, p<.05).	Strengths: Based on real client interactions; information given on level of client ID; use of well-validated measures. Weaknesses: No objective measure of exposure to CB; no information on staff professions / qualifications / training; relied on retrospective self-reports which are subject to recall bias; correlation not causation.

Study	Population	Method	Results	Comments
Lambrechts et al. (2009)	Staff: n = 51 *Care staff* Clients: 8-70 years old, SE, PRO	Design: Cross-sectional Measures • Behaviour Problems Inventory (BPI-01; Rojahn, Matson, Lott, Esbensen, & Small, 2001) • CHABA (Hastings, 1997) • ERCB (Mitchell &Hastings, 1998) • Reactions to Challenging Behaviour Scale (Lambrechts & Maes, 2006, unpublished data)	Staff emotional reaction of fear/anxiety was correlated with the severity scores of SIB and aggressive/ destructive behaviour (r=.33, p<.05 and r=.59, p<.05 respectively) and with the frequency scores of aggressive/ destructive behaviour (r=.47, p<.001). There was a weak correlation between stability and the emotion confident/ relaxed (r=.28, p<.05). A moderate positive correlation was found between staff negative emotional reactions depression/anger and positive/alternative interventions, (r=.41, p<.01). A weak negative correlation was found between staff positive emotional reactions confident/relaxed and positive/alternative interventions, (r=-.30, p<.05). A weak correlation was found between the attribution 'stability' and the environment-related restrictions (r=.28, p<.05) and a medium correlation between the attribution 'controllability' and the positive/alternative interventions (r=.50, p<.001).	Strengths: Based on real client interactions; some well-validated measures used. Weaknesses: Small sample size; lack of clarity re. profession of staff; responses only in relation to one client; no objective measure of exposure to CB; relied on retrospective self-reports; correlation not causation.

Study	Population	Method	Results	Comments
Dagnan and Weston (2005)	Staff: n = 37 *Nurses (n=13), unqualified (n=24)* Clients: Adults, ID	Design: Mixed design. Semi-structured interviews and cross-sectional survey. Measures: • ASQ (Peterson et al., 1982) 7-point likert scales regarding: • Evaluation of the behaviour • Evaluation of person exhibiting the behaviour • Emotional responses (anger / sympathy) • Satisfaction with their intervention	No associations were found between the topography of intervention and any cognitive, attribution, or emotion variables. Staff were more likely to respond with a physical intervention to physical aggression than verbal aggression (χ^2 =9.2(1,*N*=37, ϕ=-.499, *p*<.005). Staff evaluated clients more negatively when they had presented with physical aggression (*r*=.38, *p*<.05). Anger was significantly associated with the attribution of controllability (*r*=.36, *p*<.05). Attributions of control and internality were associated with less satisfaction with intervention (*r*=-.60, *p*<.05 and *r*=-.49, *p*<.05 respectively).	Strengths: Based on real client interactions; variety of variables explored. Weaknesses: No objective measure of exposure to CB; relied on retrospective self-reports; correlation not causation; small sample size; use of ad-hoc rating scales; lack of detail on client and service characteristics; only emotions of anger and sympathy explored.
Ravoux et al. (2012)	Staff: n = 11 *Manager (n=1), deputy manager (n=1), behaviour support trainer (n=1), senior support workers (n=4), support workers (n=4)* Clients: n = 4 Adults, MI, MO, SE	Design: Qualitative. Semi-structured interviews. Data analysis: Data analysed using Grounded Theory (Glaser & Strauss, 1967; Strauss and Corbin, 1998). Data from service documents: Behaviour management guidelines; CB monitoring and intervention evaluating forms; relevant service policies.	Model generated within which staff members' responses were conceptualised as the result of a dynamic and retroactive process, where their past and current experiences of CB management influenced their future responses. Staff distancing behaviours and negative emotions were reported to result from appraisals of clients having a level of control over their behaviour. The influence of specific emotions on the staff decision-making processes was unclear.	Strengths: Interview data triangulated with service documentation; rich data set; clear explanatory model with links to the literature; respondent validation sought; information given on client level of ID. Weaknesses: Lack of generalisability; lack of information on CB described; no causal inferences can be made from the data; no objective measure of exposure to CB.

Study	Population	Method	Results	Comments
Dagnan and Cairns (2005)	Staff: n = 62 Clients: Adults, ID	Design: Cross-sectional Measures: • Self-Injury Behavioural Understanding Questionnaire (SIBUQ; Oliver, Hall, Hales and Head, 1996). • ASQ (Peterson et al., 1982). • Feelings of anger and sympathy rated on a 7-point scale. • Intention to help rated on a on a 7-point scale. • Responsibility for the development of CB and responsibility for change of CB rated on two 7-point scales.	Attributions of internality were significantly associated with increased anger (r=.29, p<.05) and decreased sympathy (r=-.34, p<.05). Attributions of stability correlated positively with sympathy (r=.27, p<.05). Attributions of controllability were associated with the judgement of responsibility for the development and change of CB (r=46 and r=.33 respectively, p<.05). Sympathy was the only independent predictor of helping behaviour (β=.44, p<.004), and was best predicted by the attribution of internality (β=-.49, p<.001), the judgement that people are not responsible for the development of CB (β=-.46, p<.004), and the judgement that they are responsible for the resolution of the behaviour (β=.36, p<.011).	Strengths: Explored a range of variables; use of some well-validated measures; no effects of recall bias. Weaknesses: Lack of ecological validity; only two emotions rated; no objective measure of exposure to CB; small sample size; no information about client level of ID; correlation not causation; use of ad-hoc rating scales.
Cudré-Mauroux (2010b)	Staff: n = 10 Clients: Adults, ID	Design: Qualitative. Semi-structured interviews. Data analysis: Interview transcripts analysed using a mixed categorical design (L'Ecuyer, 1990).	The beliefs staff held about their competencies to help clients with CB appeared to have a considerable impact on their experience of stress. Data indicated the temporal nature of staff responses to CB. Multiple self-efficacy beliefs appeared to be held in parallel. The ability to regulate emotions emerged as a significant factor influencing staff responses.	Strengths: Based on real client interactions; participants asked to validate analyses; staff experiences in their own words. Weaknesses: Used highly complex analysis; lack of generalisability; small sample size; no causal inferences can be made from the data; no objective measure of exposure to CB; lack of detail on client and service characteristics.

Study	Population	Method	Results	Comments
Lundström, Saveman, Eisemann, and Åström (2007)	Staff: n = 120 *Registered nurses (n=6), assistant nurses (n=13), nurse's aides (n=101)* Clients: Adults (28 – 80 years), MO, SE	Design: Cross-sectional. Measures: Semi-structured questionnaire include questions regarding: frequency and types of incidents; respondents' emotional reactions and management of violent incidents; staff background and demographic variables.	31% of staff had been exposed to violence in the preceding year. Physical violence was the most common type of reported violence The most commonly reported emotional reactions to violent incidents were powerlessness, insufficiency, and anger.	Strengths: Based on real client interactions; authors explicit on definition of violence. Weaknesses: Information on prevalence only; use of unvalidated semi-structured questionnaire; no objective measure of exposure to CB; relied on retrospective self-reports.
Zijlmans et al. (2013)	Staff: n = 207 *Support staff* Clients: Children and adults, MO, MI	Design: Cross-sectional Measures: • ERCB (Mitchell & Hastings, 1998). • Bar-On Emotional Quotient-inventory (EQi, Bar-On; Derksen, Jeuken, & Klein Herenbrink, 1998).	Fewer negative emotions were experienced by staff who reported greater impulse control (r=-.26, p<.001), problem-solving skills (r=-.16, p<.05), and reality testing (r=-.14, p<.05). Fewer negative feelings were experienced by staff who reported higher stress tolerance (r=-.17, p<.05) and reality testing (r=-.20, p<.001).	Strengths: Based on real client interactions; good sample size. Weaknesses: No objective measure of exposure to CB; no information on topography of CB; lack of clarity on type of service ("residential treatment facility"); correlation not causation; lack of control for client characteristics.
Rose et al. (2004) Study 1	Staff: n = 101 Clients: Adults, ID	Design: Cross-sectional Measures: • ERCB (Mitchell & Hastings, 1998) • MBI (Maslach & Jackson, 1986)	Depression/anger emotional reactions were significantly positively associated with EE (r=.59, p<.001), and DP (r=.50, p<.001], but not with PA. Fear/anxiety emotional reactions were positively associated with EE (r=.28, p<.01] and DP (r=.34, p<.001], but not with PA.	Strengths: Based on real client interactions; use of well-validated measures. Weaknesses: No objective measure of exposure to CB; limited information on client and service characteristics; correlation not causation.

Study	Population	Method	Results	Comments
Rose et al. (2004) Study 2	Staff: n = 99 Clients: Adults, ID	Design: Cross-sectional Measures: In response to three written vignettes of CB. • 7-point scales used to rate four emotions (anger, sadness, fright, disgust) • MBI (Maslach and Jackson, 1986)	Negative emotion was significantly positively associated with EE (*r*=.31, *p*<.01], and DP (*r*=.37, *p*<.001], but not with PA.	Strengths: Controls for any recall bias and for client variables. Weaknesses: No objective measure of exposure to CB; lack of clarity of roles of staff; only rated four negative emotions; lack of ecological validity (i.e. vignette methodology).
Robertson et al. (2005)	Staff: n = 157 Clients: Adults <65 years, ID	Design: Longitudinal Measures: • NHS Workforce Initiative Survey (Borrill et al., 1996) used to collect information on: staff characteristics; job strain; sick leave taken; and work satisfaction. • GHQ-12 (Goldberg, 1978) • Two-item measure of intended turnover (Allen et al., 1990; Hatton & Emerson, 1993a;b) • 33-item measure of potential sources of stress (Bersani & Heifetz, 1985; Hatton et al., 1995) • Staff stress and morale (Allen et al., 1990; Borrill et al., 1996; Hatton & Emerson, 1993a;1993b; Hatton et al., 1995; Hatton et al.,1997)	No significant differences between the two types of setting for the mean item score on six of seven stress factors. For both types of setting combined, the rank order of stress factors, was: lack of resources (mean = 2.48); lack of staff support (mean = 2.20); work–home conflict (mean = 2.20); low job status (mean = 2.18); service user challenging behaviour (mean = 2.05); bureaucracy (mean = 1.89); and poor service user skills (mean = 1.86) Over a quarter of staff reported to be experiencing emotional distress.	Strengths: Consideration of impact of organisational factors; recruitment of respondents from a number of different organisations; attempt at a 'control' group. Weaknesses: No objective measure of exposure to CB; no detail on type of CB; no detail on client level of ID; no information on validity and reliability of many of the scales used; no information collected on staff characteristics; identifying a factor as a stressor doesn't provide evidence that there is a relationship between that factor and stress.

Study	Population	Method	Results	Comments
Raczka (2005)	Staff: n = 19 Clients: Adults, MI, MO, SE	Design: Qualitative. Three semi-structured focus groups. Data analysis: Transcripts subjected to content analysis.	Staff reported a range of strong negative emotional reactions to CB (i.e. fear, anger and helplessness), as well as some positive responses (i.e. sense of achievement and enjoyment). Staff also reported physical reactions (e.g. nausea and the urge to run away). Long-term effects of exposure to CB included re-living experiences via intrusive thoughts and nightmares.	Strengths: Based on real client interactions; gives an insight into the subjective experiences of individuals in their own words; detail on client level of ID. Weaknesses: No objective measure of exposure to CB; limited generalisability; no cause and effect relationships can be ascertained from this data.
Zijlmans et al. (2014)	Staff: n = 8 *Support staff* Clients: n = 3 Adults, MO, MI, SE	Design: Qualitative. Systematic observational methodology. Follow-up interviews one year later Data analysis: An observation system developed by Jones et al. (1999) was used. Observations were coded using The Observer XT computer program, Version 10 (Noldus, 2009).	Within dyads in which clients initiated more contact, support staff showed lower levels of avoidance (r=−.92, p<.01). Staff working with a client who showed more CB showed higher levels of avoidance-related behaviours (r=.89, p<.01). During follow-up interviews six out of seven staff said they felt stress and negative emotions, such as helplessness, irritation, or fear, when dealing with CB. Five out of seven staff members said they had ignored CB as part of a treatment plan.	Strengths: Naturalistic observation; detailed analysis of interactional patterns for each selected staff-client dyad; large number of interactions captured; detail given on client characteristics. Weaknesses: Small sample size; unable to generalise from findings; impact of being filmed on interactions; no objective measure of exposure to CB; observation system did not allow a detailed distinction between behaviours; possible impact of varying level of client ID on interactions.

Study	Population	Method	Results	Comments
Knotter et al. (2013)	Staff: n = 121 *44% had a coordination or management role* Clients: 3–95 years, MI, MO, SE	Design: Cross-sectional Measures: • Staff background variables • Staff's perception of the frequency of physical and verbal aggression • Attitude Towards Aggression Scale (ATAS; Jansen, Middel & Dassen, 2005) • Client background variables • 21-item questionnaire about activities that direct support staff members used in order to manage aggressive behaviour.	At an individual level providing personal space and boundary-setting was predicted by number of years of work experience (β=.18, *p*<.05) and perceived level of verbal aggression in the home (β= =.23, *p*<.001). At a contextual level this was predicted by the mean age of team members (β=-.26, *p*<.01) and perception of more physical (β=.22, *p*<.05) and verbal (β=.29, *p*<.001) aggression by the team. At an individual level restricting freedom was predicted by perceived verbal aggression (β=.27, *p*<.001). At a team level proportion of male staff in team (β=-.53, *p*<.001), proportion of staff with coordination/management tasks (β=.76, *p*<.001), team's perception of physical (β=.29, *p*<.05) and verbal aggression (β=.38, *p*<.001) and level of ID of clients (β=.51, *p*<.01) were significant predictors. Use of coercive measures was predicted by age (β=-.16, *p*<.05) and negative attitudes towards aggression (β=.15, *p*<.01). At the team level proportion of male staff (β=.26, *p*<.01), experience of the team (β=.63, *p*<.001), team perception of physical (β=.64, *p*<.001) and verbal (β=.18, *p*<.01) aggression, and team negative attitudes towards aggression (β=.72, *p*<.001) were predictors. Predictors at the client level: mean age (β=.51, *p*<.001), type of care (β=-.37, *p*<.001), level of ID (β=.30, *p*<.01).	Strengths: Consideration of wide range of staff, team, and client variables; based on real client interactions. Weaknesses: No objective measure of exposure to CB; no causal inferences can be made; lack of detail re. validity and reliability of measures used; potential for different interpretations of 'aggression'.

Study	Population	Method	Results	Comments
Lundström, Åström, and Graneheim (2007)	Staff: n = 44 *Assistant nurses (n=12), nurse's aides (n=32)* Clients: Adults, MO, SE	Design: Qualitative. Semi-structured narrative interviews. Data analysis: Content analysis	Two broad themes: 'falling apart' and 'keeping it together'. 'Falling apart' was seen as destructive and involved feelings of anger, sadness, fear, powerlessness, and decreased perceptions of time. 'Keeping it together' was seen to provide a more constructive balance, capturing positive responses such as feelings of pleasure, respect for clients, habituation and being able to reflect on their practice.	Strengths: Based on real client interactions; information provided on clients and structure of services; good sample size for methodology; staff experiences in their own words. Weaknesses: Lack of generalisability; no objective measure of exposure to CB; no causal inferences can be made from the data.

Note: CB = challenging behaviour. ID = intellectual disability. MI = mild intellectual disability. MO = moderate intellectual disability. SE = severe intellectual disability. PRO = profound intellectual disability. SIB = self-injurious behaviour.

1.3.2 Review of the Literature

For a summary of all included studies, please see Table 2. Lundström, Graneheim, Eisemann, Richter, and Åström (2007) explored the relationships between personality, emotional reactions, work-related strain, and experiences of burnout. Staff (n=112) were split into two groups; those who reported exposure to workplace violence, and those who did not. Although the correlational methodology used prohibited the identification of a direct causal relationship, findings indicated that staff members who were more pessimistic, worrying, and aimless, and who were lacking in impulse control, tended to become more easily burned-out. Lundström et al. (2007a) found that personality dimensions explained 10% - 30% of the variance in burnout scores, indicating that personality was more important than emotional reactions, work-related strain in care, and self-esteem in explaining burnout. This study benefits from having a control group, although the splitting of staff into groups was based only on subjective staff reports of exposure.

Chung and Harding (2009) investigated the impact that five personality traits (i.e. neuroticism, extraversion, openness, agreeableness, and conscientiousness) would have on burnout and psychological well-being among 103 care staff. Regression analyses revealed that a higher level of CB was associated with increased EE and decreased feelings of PA. When severity of CB was controlled, high neuroticism predicted high EE, low PA and low well-being. Extraversion was found to predict low EE and high PA. No significant effect was found for DP for neuroticism and extraversion, however the authors found that the higher staff members' reported levels of conscientiousness, the higher they rated their feelings of DP. No significant relationship was found between well-being

and CB. Staff were asked only to rate the severity of CB exhibited by the client they key-worked, thus the full extent of their exposure to CB may not have been captured.

With the aim of exploring whether the causal attributions made by care staff were sensitive to variations in client and CB variables, Noone, Jones, and Hastings (2006) undertook two related studies. In the first, semi-structured interviews were used to elicit the perceptions of 34 care staff regarding the behaviour of the client they regarded as the most challenging. Staff commonly made attributions about CB that were stable, controllable, and internal to the client and the authors reported that staff responses showed little sensitivity to variations in CB, including its causal factors. Noone et al. (2006) speculated that this lack of variation in responses could have been the result of staff inadvertently selecting behaviours with similar underlying characteristics. They attempted to address this in the second study where two clients, well-known to participants (n=23), were selected who displayed a similar topography and frequency of CB, but who differed as to the hypothesised functions of their behaviour. Staff attributions varied between the clients whose behaviour was hypothesised to serve different functions. Specifically, staff ratings differed on internal-external, personal-universal, and controllable-uncontrollable attributional dimensions. The authors note that the measurement approach used in the first study may not have been adequately sensitive to variations in staff attributions, and in the second study, the lack of experimental testing of the functions of the CB limits the accuracy and generalisability of the results.

Hensel, Lunsky, and Dewa (2014) clustered 386 care staff according to perceived severity, frequency, and standardized severity of CB they had experienced over the previous six months. A significant association was found between cluster group and

endorsement of emotional difficulties. With one exception, clusters where a higher proportion of staff reported experiencing emotional difficulties (than not) were those where staff reported higher ratings of perceived severity of CB. Interestingly, the authors also reported that in the low frequency, low standardised severity, and low perceived severity cluster 50% of staff reported to have experienced emotional difficulties. This indicates that even if aggression is not severe, staff may still experience distress. The data also suggested that perceived higher severity of CB was associated with both more frequent exposure and with aggression resulting in property damage or injury to others. This data set could have been enhanced by the inclusion of further information regarding the emotional experiences of staff, as well as more information about the aggressive incidents.

Using a cross-sectional survey design, Dilworth, Phillips, and Rose (2011) found that attributions of control made by care staff (n=182) were individually influenced by the topography of CB, organisational factors, and staff behaviour. Specifically, staff attributions of control over CB were lower if: the organisation was rated as being of better quality; care delivery was reported to be well-structured; and staff displayed positive attitudes towards clients. Results also revealed that staff perceived physical aggression as more under client control than self-injurious behaviour. No significant relationships were found between attributions of control and: the frequency or severity of CB; clients' level of ability; or any negative impact of the CB on others. The inclusion of organisational factors and the clear distinctions between topographies of CB are strengths of this study.

Lambrechts, Van Den Noortgate, Eeman, and Maes (2010) filmed naturally-occurring challenging interactions between 10 unique staff-client dyads in group homes

caring for individuals with severe or profound ID. Using descriptive and sequential behaviour analysis to explore video fragments, it was found that staff showed similar reactions to aggressive/destructive and self-injurious behaviour (i.e. encouragement, physically stopping CB, and physical contact). The authors noted that attention in the form of orders was often given after self-injurious behaviour, whereas following aggressive/destructive behaviour this attention tended to take the form of comments regarding stopping the behaviour. By using direct observation of naturally occurring interactions, it may be that the data obtained has good ecological validity. However, there was no exploration of the psychological processes influencing staff responses.

Whittington and Burns (2005) used semi-structured interviews to explore 18 staff members' understanding of the CB of clients. Using thematic analysis, the authors proposed a model of the development of staff beliefs and feelings about CB which outlined staff's initial reactions (i.e. *hard to understand, afraid, and frustrated*) and their reported dilemmas in terms of: understanding the behaviour (e.g. *see it as a behaviour problem or see it as a communication?*); how to intervene (i.e. *maintain firm boundaries or be kind and respectful?*); how to deal with their feelings (i.e. *distance myself or get to know them?*); and then finally the consequences of their choices for dealing with own feelings (e.g. *pleased to be doing something about the behaviour from a safe position / uncomfortable about being "unkind" or pleased to be being "kind" with increasing sympathy for the client / fear that this position may make the behaviour worse*). Although it is not possible to generalise from this study, it provides detailed insights into the subjective lived experiences of staff members.

In a study of 107 care staff, Rose and Rose (2005) investigated the impact of stress on attributions of CB within Weiner's (1986) attributional model of helping behaviour.

Staff were split into high and low levels of self-reported exposure to CB; no differences were found between the groups on reported levels of burnout or stress. No significant correlations were found between staff attributions about CB and their emotional responses, helping behaviour, burnout, or stress. Correlations were found between negative emotions and less stable attributions, increased DP (but decreased EE), and higher stress. Reduced staff optimism was associated with negative affect and global attributions about CB. The authors concluded that the role of stress in determining outcomes for staff and clients was not significant when examined within Weiner's model of helping. It is potentially problematic that the groups were divided based on staff self-reports of CB, rather than objective exposure.

Cudré-Mauroux (2010a) explored the role of staff self-efficacy cognitions within the framework of the transactional stress process (Lazarus & Folkman, 1984). Categorical analysis of the data from semi-structured interviews with 10 care staff revealed that self-efficacy (i.e. staff beliefs regarding their competencies to help clients presenting with CB) may have an important influence on staff experiences of stress in response to CB. The author reported that there was considerable variation in staff self-efficacy beliefs over the course of a particular incident of CB, and that multiple self-efficacy beliefs could be held in parallel. Furthermore, different types of self-efficacy beliefs related to the coping process were suggested. The author maintained that the transactional stress model provides a framework for conceptualising emotion regulation, in which coping cognitions and self-efficacy beliefs play an important role. Although no causal inferences can be made from the data it suggests a potentially important area for future investigation.

Zijlmans, Embregts, Bosman, and Willems (2012) randomly paired 99 staff members with clients with CB, and asked them to complete measures of causal attributions,

experienced emotions, interpersonal styles, and type of CB. The authors found that when CB was perceived as more controllable, staff interactions with clients were more hostile and controlled in nature. Staff behaviour was also associated with the type of CB exhibited, such that higher levels of controlling behaviour were exhibited by staff working with clients presenting with more externalising behaviour. The study also found a significant relationship between type of CB and staff variables, such that when CB was directed towards the environment, staff perceived it to be more controllable, reported experiencing more fear and anxiety, and exhibited more controlling and hostile interpersonal styles. Staff members who perceived CB as more controllable experienced stronger feelings of depression and anxiety, and showed higher levels of a 'support-seeking' interpersonal style. Emotions were not found to play a mediating role in the relationship between attributions and interpersonal style. Due to the correlational nature of the data, no conclusions as to causation can be made here.

Lambrechts, Kuppens, and Maes (2009) used cross-sectional survey methodology to explore levels of CB and the associated emotions, attributions, and behavioural responses of 51 care staff. Staff members reported that reactions to CB varied according to the type of CB encountered. Specifically, the authors found that for both self-injurious and aggressive/destructive behaviour, higher reported severity was associated with greater fear and anxiety. For aggressive/destructive behaviour, increased frequency was associated with greater fear and anxiety. No significant associations were found between negative emotional reactions and stereotyped behaviours. In terms of associations between attributions and emotions, it was found that staff who perceived the cause of the CB as permanent reported feeling more relaxed or confident. The authors concluded that overall, relationships between staff emotional reactions, attributions and reactions were inconsistent. The sample size used in this study was small, and the authors used a

newly developed questionnaire (i.e. the Reactions to Challenging Behaviour Scale; Lambrechts & Maes, 2006, unpublished data), although they reported acceptable internal consistency for each subscale.

Using a mixed methods design, Dagnan and Weston (2006) asked staff (n=37) to recall an incident of verbal or physical aggression they had experienced. Staff evaluated clients more negatively when they had showed physical aggression, and a significant positive association was observed between staff attributions of controllability, and their reported feelings of anger. It was also found that carers reported less satisfaction with their interventions when they perceived the behaviour to be internal to the client and under their control. The only variable related to staff choice of intervention was the topography of client behaviour; staff were significantly more likely to respond to physical aggression with a physical intervention than they were to an incident involving verbal aggression. No significant correlations were found between the use of physical interventions and any cognitive, attribution, or emotion variables. A strength of this study is the variety of variables explored, however only the two emotional responses of anger and sympathy were explored (as per Weiner's model; 1980; 1985).

Ravoux, Baker, and Brown (2012) used semi-structured interviews to explore the responses of 11 staff members to the CB of clients. Using Grounded Theory (Glaser & Strauss, 1967; Strauss & Corbin, 1998), the authors developed a model within which staff members' immediate responses were seen as the result of complex appraisals, influenced by their service context and by the core process of making the right choice and prioritising the best interests of all. This process was reported to be significantly influenced by the previous experiences of staff in managing CB, and occurred in the context of the negative emotions experienced by staff during challenging interactions. Furthermore, staff

'distancing' behaviours (i.e. authoritarian attitude, adherence to boundaries), and negative emotions were reported to result from appraisals of clients having a level of control over their behaviour. Participants spoke about the importance of the reappraisals of clients' CB during post-incident discussions; this was reported to be a crucial learning experience which influenced their future responses and attitudes. This study provides rich data as to staff experiences and the authors suggest a clear explanatory model, making explicit links to the existing literature.

Dagnan and Cairns (2005) measured the responses of 62 care staff to a written scenario describing an aggressive behaviour. It was found that attributions of internality were significantly associated with increased anger and decreased sympathy, and that attributions of stability correlated positively with sympathy. In addition, the attribution of controllability was associated with the judgement of responsibility for the development and change of CB. Sympathy was the best predictor of intended helping, and was best predicted by the attribution of internality, the judgement that people are not responsible for the development of CB, and the judgement that they are responsible for the resolution of the behaviour. Although the use of a vignette controls for any recall bias and for client variables, this methodology has been heavily criticised for its lack of ecological validity.

Cudré-Mauroux (2010b) explored the role played by causal attributions in staff emotional and behavioural responses to CB within the integrated frameworks of Weiner's attributional model (Weiner, 1980; 1985) and the transactional stress model (Lazarus & Folkman, 1984). The author interviewed 10 care staff about an incident of CB in which they had recently been involved. A temporal variation in staff cognitive and emotional reactions was indicated and the author described a differentiation between 'attributions'

and ‘re-attributions’. ‘Attributions’ were seen as occurring at the start of the encounter and arising through more automatic processes. ‘Re-attributions’ were considered attempts to cope with the situation (i.e. ‘coping cognitions’), reducing the intensity of earlier emotions and promoting a more positive emotional response. Anger was found to be generated by attributions of intentional and external control, and was related to reflex behaviour. Cudré-Mauroux (2010b) concluded that coping cognitions and cognitions relating to self-efficacy played an important role in staff members’ ability to regulate their emotions, and that their ability to regulate their emotions influenced staffs’ responses to CB. This study provided rich data about the experiences of care staff, however the analytical framework used was highly complex (i.e. a ‘mixed categorical design’; L’Ecuyer, 1990) and somewhat hindered understanding of the process of analysis.

In their study of 120 care staff, Lundström, Saveman, Eisemann, and Åström (2007) found that the most commonly reported emotional reactions to violent incidents were powerlessness, insufficiency, and anger. This study provides limited information as to the factors affecting staff responses to CB, reporting only the frequency of emotional reactions. Furthermore, it is unclear whether staff were given a limited choice of response-options when reporting their emotional reactions. It is however interesting to note that staff reporting greater exposure to violence were those in the youngest age group, those who had been in the service for the least amount of time, and assistant nurses (rather than registered nurses and nurse’s aides). This indicates the potential for staff characteristics to present confounding variables (i.e. those exposed to the most violence may have similar characteristics which may then influence their emotional responses).

In their sample of 207 staff, Zijlmans, Embregts, and Bosman (2013) explored the role of emotional intelligence (EI) in regulating emotion and feelings responses to CB. Although the reported relationships were weak, the authors found that staff who scored higher on EI domains of adaptation and stress management, and showed greater flexibility, impulse control, and problem-solving skills, reported less negative emotions and feelings in response to CB. The lack of control for client characteristics (i.e. clients were children, adolescents and adults with moderate to borderline ID) and the lack of clarity as to the nature of the service within which participants worked are potential weaknesses of this study.

Rose, Horne, Rose, and Hastings (2004) conducted two separate studies to test their hypothesis that the negative emotional reactions of staff to CB might accumulate over time to affect staff well-being. In the first study, 101 staff were asked to rate their typical emotional reactions to CBs, and to complete the MBI (Maslach & Jackson, 1986). In the second study, 99 members of staff were asked to rate four emotions (anger, sadness, fright, disgust) and to complete the MBI in response to written vignettes of CB. In both studies, negative emotional responses to CB were associated with increased scores on the EE and DP components of the MBI. It is interesting that both types of methodology produced the same results, however due to the correlational nature of the data no causal links can be made between CB, negative emotional responses, and burnout.

Robertson et al. (2005) used self-completion questionnaires to explore the experiences of 157 staff working in ‘congregate’ (>50% of residents presented with CB) and ‘non-congregate’ (<50% of residents presented with CB) settings. Across both groups, organisational factors such as ‘lack of resources’ and ‘lack of staff support’ were rated as more stressful than CB. No significant differences were found across the two

settings on six out of seven stress factors explored. Furthermore, there were no significant differences between the two settings for mean job strain score, mean total General Health Questionnaire (GHQ) score, the proportion reaching the criterion for experiencing emotional distress, or levels of sick leave. However, although various factors were identified by staff as stressors, this is not evidence of a relationship between those factors and stress. Robertson et al. (2005) acknowledge that staff working with people with higher levels of CB may do so because of their ability to do, and may thus differ from those choosing to work in settings with less exposure to CB.

Raczka (2005) used semi-structured focus groups to explore the relationship between CB and stress in a sample of 19 care staff. Staff reported the presence of a number of potential stressors, of which CB was identified as the greatest source of stress. Strong negative emotional responses to CB were described (i.e. fear, anger, and helplessness), as well as uncertainty about how to respond, alongside physical reactions such as feeling nauseous and the urge to run away. Staff also reported positive responses such as a sense of achievement, and enjoying the challenge. In addition, staff spoke about the long-term consequences of exposure to CB, such as headaches, and the use of anti-depressant medication. Raczka concluded that the data indicated the presence of stress in staff. This was an exploratory study, based on a small sample of staff employed by a single organisation. Whilst this limits the generalisation of findings, the data gathered gives an insight into the subjective experiences of individual staff members, in their own words.

Zijlmans, Embregts, Gerits, Bosman, and Derksen (2014) investigated the relationship between staff levels of engagement and avoidance, and client behaviours. The authors obtained systematic observational data on the interactions between 8 staff

members and 3 clients in small group homes over a six week period. A significant correlation was found between higher levels of CB and higher levels of staff avoidance-related behaviours. Similarly, higher levels of engagement were observed of staff members with whom the clients showed less CB. Interviews with staff one year after the observations indicated that staff experienced negative emotions working with these clients. Zijlmans et al. (2014) proposed that the observed avoidance reactions of staff could therefore have resulted from staff negative emotional responses to CB. However, the authors also noted that staff reported that avoidance can be used as a technique to manage CB. Interestingly, the authors did not find a relationship between the behavioural responses of staff (i.e. engagement and avoidance) and the initial levels of challenging and desirable behaviours and contact initiated by clients. Zijlmans et al. (2014) therefore hypothesised that staff responses in terms of engagement and avoidance might depend more on individual staff characteristics than on client characteristics. This study benefits from the use of detailed data derived from observations of naturally-occurring behaviour.

Taking into account individual staff, client, and team variables, Knotter, Wissink, Moonen, Stams, and Jansen (2013) explored the relationship between staff attitudes and their behavioural interventions in response to aggressive behaviour. A key finding of this study was that the negative attitude of the staff team as a whole towards aggression was a substantially more powerful explanatory factor for staff coercive behaviours than the negative attitude of individual staff members. Specifically, the team context accounted for 66% of the variance in the use of coercive measures, whereas only 8% was explained by individual staff member characteristics. In addition, regarding staff responses of providing personal space, behavioural boundary-setting, and restricting freedom, the amount of variance explained by the team-level variables was three times larger than the amount of variance explained by individual staff members' characteristics. The authors

also found that the working context of the team was a more important predictor of the type of intervention used in response to aggressive behaviour of clients than individual staff characteristics. Results also indicated that the behavioural responses of staff working with clients with severe and/or profound ID involved more interventions that restricted the freedom of clients and a greater use of coercive measures than staff working with clients with mild ID. A strength of this study is it's consideration of the role of client, staff, and team characteristics.

Lundström, Åström, and Graneheim (2007) conducted semi-structured narrative interviews with 44 members of direct care staff across 22 group homes. The interviews occurred within two weeks of the staff members experiencing an incident of violence (verbal or physical) and asked about staff members' experiences and reflections before and after the incident. Using qualitative content analysis, Lundström et al. (2007c) identified the emergence of two broad themes to capture staff responses: 'falling apart' and 'keeping it together'. 'Falling apart' was seen as destructive and involved feelings of anger, sadness, fear, powerlessness, and decreased perceptions of time. Alternatively, 'keeping it together' was understood to provide a more constructive balance, capturing positive responses such as feelings of pleasure, respect for clients, habituation, and being able to reflect on their practice. This study benefits from the good sample size and extensive data set obtained for a qualitative study, however the authors note the inherently subjective nature of their interpretations of the data.

1.4 Discussion

1.4.1 Limitations of the Review

The present review aimed to draw together and appraise the current literature exploring the relationship between CB and staff responses in residential settings for looked-after children and young people. However, due to the paucity of research in this area the current paper has reviewed research exclusively pertaining to direct care staff working in residential settings with individuals with ID, largely with adult clients. Consequently, it is not possible to answer the research question directly. It is difficult to ascertain to what extent the findings of this review can be extrapolated across these two working environments. This may perhaps depend on the extent to which they are similar across a range of staff, client, and working context variables (e.g. age of clients; client level of ability; job role; type, severity and frequency of CB experienced; organisational factors; staff work experience and training), and subsequently the potential impact of any of these differences on the relationship between CB and staff responses. Certainly, many of the measures used by studies included in the review were designed specifically for use with staff working with clients with ID, and thus may not capture factors relevant to those working with a different population.

The literature examining the relationship between CB and the responses of direct care staff working with clients with ID is extensive. It is difficult to determine whether this review has presented a full and accurate representation of the current evidence base. It is possible that a somewhat artificial or incomplete picture has been captured by the narrow cross-section of the research identified by the inclusion and exclusion criteria used in the present search. This review looked exclusively at direct care staff working in purely residential settings, the majority of which were ‘unqualified’. An initial exploration

of the wider literature base reveals that many studies refer to non-residential settings, including hospitals and schools, looking at a variety of professionals (including nursing staff). When these studies are viewed alongside those included in the present review, it may be that a different view of the relationship between CB and staff responses emerges. It is also important to acknowledge that the search terms used might not have identified all the relevant articles.

1.4.2 Limitations of the Literature

This section offers a general methodological critique of the studies included in the present review to inform consideration of the findings.

1.4.2.1 Information provided. Many papers were not specific about client characteristics, perhaps most importantly about the level of ID of the client group, often referring only to clients having 'intellectual difficulties' or 'learning difficulties'. This information is important when evaluating research, as the severity of clients' ID may impact the function and expression of CB, and elicit different responses from staff (e.g. Emerson, 2001; Holden & Gitlesen, 2006; Tynan & Allen, 2002). Studies also frequently gave little information as to the characteristics of the services from which participants were recruited. Factors such as the ratio of staff to clients, the number of clients in residence, and the amount and structure of support provided could all impact on the experiences of staff (Rose, 2009). Additionally, samples frequently comprised staff from a variety of professions (e.g. support workers, nurses, managers), and detail was not given as to the training experiences of staff. While staff in all studies provided direct care, it is possible that their training and/or job roles impacted on their understanding and experiences of CB. It is worth noting that the lack of detail provided by many studies as to the professions of staff and nature of services meant that it was at times difficult to

assess whether the criteria for inclusion in the present review had been met. It is therefore possible that studies not meeting the criteria were inadvertently included.

1.4.2.2 Study design. An important limitation is the lack of longitudinal and experimental studies. A significant proportion of the studies reviewed were cross-sectional and the extent to which we can draw causal inferences about the nature of the relationships between CB and the response variables measured is therefore limited. The majority of studies asked participants to recall from memory real incidents of CB they had experienced. This approach has the benefit of increased ecological validity; responses are real and will take into account factors such as interpersonal relationships and knowledge of clients. However, retrospective staff reports are subject to recall bias or distortions, and there is likely to be a wide variation in the nature of the incidents described by participants. Additionally, the reliance in the quantitative studies on self-report measures is problematic. Self-reports may be subject to socially desirable responses (Lambrechts et al., 2009), and it is unclear to what extent staff are able to accurately identify and evaluate their own thoughts, feelings, and behaviour. Most studies did not use control groups of staff not exposed to CB. In the three studies where control groups were used, staff were split into 'high' or 'low' exposure groups based on crude distinctions and/or subjective reports of exposure.

Nine of the studies included in the present review used qualitative methodology. These studies largely provided rich data, and gave the opportunity for participants to report their experiences in their own words. However, limitations of this methodology include small sample sizes, an inability to generate evidence for relationships between variables, and reliance on the assumptions that staff feel comfortable discussing sensitive

topics (such as burnout and stress), and are able to identify and describe their thoughts and feelings.

Finally, potentially confounding variables not adequately considered in the majority of studies include the impact of stressors external to the working environment, the impact of full-time or part-time working hours, whether staff had been injured by clients, whether they had witnessed assaults on other staff members, and job satisfaction.

1.4.2.3 Participant characteristics. There was considerable variation in the number of participants in each study, making it difficult to draw firm conclusions. Furthermore, a number of the quantitative studies used small sample sizes (less than 100 participants), thus limiting the statistical power and type of analysis. Comparison is also further limited by the variation in samples in the age, years of experience and job roles of the staff. In the vast majority of studies, females outnumbered males, and so any potential effect of gender on experiences of CB may possibly skew the results. It is also important to note the potential effects of any demand characteristics on participants' responses to the research questions in both the qualitative and quantitative studies. All of the studies used convenience sampling to recruit participants, which may limit the reliability of the findings. It may be that staff who volunteered to participate were not representative of the population as a whole, thus creating a response bias with the potential to skew the data

1.4.2.4 Definition and measurement of constructs. Some studies (n=6) referred only to 'challenging behaviour', with no specification as to what behaviour(s) they were referring. Of the studies that provided details as to the behaviours considered, often more than one type of CB was included. In addition, if not clearly defined, concepts such as 'aggression' and 'destruction' can be subjectively interpreted, meaning that

participants may be referring to quite different behaviours. This is all potentially problematic as research has shown that the topography of CB can influence staff attributions (e.g. Hastings, 1995). In addition, the lack of objective measurement of staff exposure to CB presents difficulties not only in comparing outcomes between studies, but also in interpreting the results.

In their literature review, Willner and Smith (2008) note difficulties with the definition and measurement of helping behaviour, and the same concerns can be raised regarding the studies included in the present review. Staff were typically asked how likely they would be to expend extra time and effort in response to CB. Bailey et al. (2006) found little evidence to suggest a relationship between care staff expressions of willingness to help, and actual helping behaviour. In addition, information as to what specific behaviours staff would employ, or in fact the 'helpfulness' of any interventions, was not gathered in the studies reviewed here.

Various operational definitions of stress, well-being, and burnout were used in studies, as were numerous measurement tools. Similarly, the specific emotions measured by studies varied, and several ways of measuring both emotions and attributions were used. In the measurement of attributions and emotions, participants were given a range of scales, each with different options. This raises the question of whether studies are measuring the same constructs and thus whether inter-study comparisons can be made. The use of ad-hoc rating scales (e.g. of emotional responses, attributions and helping behaviours) by several studies is also potentially problematic. These often provide participants with limited response options, meaning that participants may adjust their responses to fit the options given. Furthermore, no information is provided about the

reliability and validity of these scales, making it difficult to assess the accuracy of results and to compare findings with other studies.

The number of variables explored both within and between studies, and differences in their definition and measurement, make inter-study comparisons very difficult and it is not possible to ascertain the extent to which inconsistent results are due to these non-comparable measures and definitions.

1.4.3 Summary of Findings

The heterogeneity of the body of literature generated by the present systematic literature search makes it very difficult to compare studies or to draw any general conclusions as to the relationship between CB and staff responses. The selected studies vary considerably on a number of factors, including the specific variables and constructs explored, and their operational definition (such as CB, ID, well-being, emotions), as well as sample sizes, and staff and client characteristics (see section 1.4.3. for further detail). Despite the considerable limitations of the review, and of the literature, a cautious attempt is made here to summarise the findings.

The presence of staff negative emotions were identified in a number of studies, (Lambrechts et al., 2009; Lundström et al., 2007b; Lundström et al., 2007c; Raczka, 2005; Ravoux et al., 2012; Whittington & Burns, 2005; Zijlmans et al., 2014). Additionally, Cudré-Mauroux (2010b) found that emotional reactions change over the course of an interaction. There is some evidence for a link between negative emotions associated with CB, and stress and burnout (Rose et al., 2004; Rose & Rose, 2005; Zijlmans et al., 2012). Interestingly, staff also reported positive responses to CB (Lundström et al., 2007c; Raczka, 2005). Regarding the link between CB and negative emotions, there appears to be some evidence that negative emotions may arise partly as a result of staff attributions

(Dagnan & Cairns, 2005; Dagnan & Weston, 2006; Lambrechts et al., 2009). A number of studies explored the relationships between staff attributions, emotional reactions, and their behaviour. Some evidence has been found for a relationship between these variables (Cudré-Mauroux, 2010b; Dagnan & Cairns, 2005; Ravoux et al., 2012; Zijlmans et al., 2012). However, the findings of other studies provide conflicting evidence and indicate no relationships between staff behaviour and any cognitive, attribution, or emotion variables (Dagnan & Weston, 2006; Lambrechts et al., 2009; Zijlmans et al., 2012) or burnout and stress (Rose & Rose, 2005).

The current body of research has also highlighted the potential importance of staff characteristics in determining staff responses to CB (Zijlmans et al., 2014), including coping resources (Raczka, 2005; Robertson et al., 2005; Whittington & Burns, 2005); personality (Chung & Harding, 2009; Lundström et al., 2007a); the ability of staff to regulate their emotions (Cudré-Mauroux, 2010b; Lundström et al., 2007c; Ravoux et al., 2012); staff emotional intelligence (Zijlmans et al., 2013); and self-efficacy (Cudré-Mauroux, 2010a). However, Knotter et al. (2013) found that both the working context of the team, and the attitude of the staff team as a whole were more important predictors of staff behavioural responses than individual staff characteristics. Regarding the impact of client factors on staff responses, whereas Dilworth et al. (2011) found no significant relationships between clients' level of ability and attributions of control, Knotter et al. (2013) found differences between the behavioural responses of staff to clients with severe and/or profound ID and those with mild ID. The current review also indicates that organisational factors could play an important role in staff responses (Dilworth et al., 2011; Ravoux et al., 2012; Robertson et al., 2005).

Finally, studies explored whether factors associated with CB itself (function, type, frequency and severity) impacted staff responses. Whereas Lambrechts et al. (2010) did not find an association between type of CB and staff behavioural responses, others found that staff emotional (Lambrechts et al., 2009; Zijlmans et al., 2012) and behavioural (Dagnan & Weston, 2006; Zijlmans et al., 2012) reactions did vary according to the type of CB encountered. Some relationships were found between the type of behaviour and staff cognitive responses in terms of evaluations of clients (Dagnan & Weston, 2006) and attributions of control (Zijlmans et al., 2012). However, Dilworth et al. (2011) found no significant relationship between attributions of control and the frequency or severity of CB. Regarding the effect of the level of CB experienced on staff responses, studies again paint a mixed picture. Some evidence has been presented linking a higher level of CB with increased burnout (Chung & Harding, 2009) and higher levels of staff avoidance-related behaviours (Zijlmans et al., 2014), and a higher perceived severity of CB associated with emotional difficulties (Hensel et al., 2014). Others have found no such differences in terms of level of exposure and staff scores on measures of burnout (Lundström et al., 2007a; Rose & Rose, 2005), well-being (Chung & Harding, 2009; Robertson et al., 2005), emotional distress (Robertson et al., 2005), stress (Robertson et al., 2005; Rose & Rose, 2005), levels of sick leave (Robertson et al., 2005), and job strain (Robertson et al., 2005). Noone et al. (2006) found that staff attributions differed between the clients whose behaviour was hypothesised to serve different functions. It is important to note that in the vast majority of studies, subjective, rather than objective, reports of CB were used.

1.4.4 Implications of the Literature Review

This review has drawn together a body of literature examining the responses of residential care staff to CB, largely within settings for adults with ID. As discussed in

previous sections, issues with the review and with the literature itself mean that it is not possible to draw general conclusions about this body of work, and crucially, about how these findings link to the experiences of staff in residential children's homes. The tentative, often inconsistent findings highlight the complexity of the relationship between CB and staff responses.

Taken as a whole, the unifying aim of research in this area is to understand the factors affecting staff responses to CB, enabling the generation of interventions to support staff and client well-being. This review has highlighted the potential influence of self-efficacy beliefs and coping on staff responses. Therefore interventions aimed at increasing staff self-efficacy and coping resources may help to reduce the experience of negative emotions associated with CB. The research has also indicated that the causal attributions staff make may impact their emotional and behavioural responses. It might be helpful therefore for staff to receive information and guidance to help them to make more accurate/appropriate attributions. Furthermore, research demonstrating a potential effect of staff personality on responses may be useful in identifying those staff who may need more support. There is also evidence to suggest that targeting interventions at a wider systemic level in terms of the team context and organisational variables may also be of real benefit.

It is clear from the current review that there is insufficient research currently into the relationship between CB and staff responses in residential children's homes. The studies included in this review have highlighted some of the difficulties inherent in research in this area, from which future research can learn. One such difficulty is perhaps the intrinsically subjective nature of CB, and whether this prevents a true, accurate measurement of staff exposure to CB. When developing research in residential children's

homes, the initial use of qualitative methodologies could give staff the opportunity to freely describe their experiences in rich detail. From this, hypotheses could be generated and then tested using quantitative methodologies. Learning from the limitations of studies in ID populations, research in this area should include longitudinal designs and control groups. The use of more objective measures of exposure to CB, such as direct observation, rather than self-report measures, can also capture the actual, immediate behaviour of staff in response to CB, rather than just intention to offer help.

1.4.5 Conclusions

The present review has exposed a significant gap in the current literature base regarding the relationship between CB and staff responses in residential settings for looked-after children and young people. Given the complexities and vulnerability of these young people, the difficulty of the job role of those caring for them, and the potentially significant consequences of staff cognitive, emotional, and behavioural responses to CB (including stress and burnout), this is a vital area on which research should focus, to support the well-being of both young people and staff.

The heterogeneous body of research drawn together by this review has highlighted the complexity of the relationship between CB and staff responses for those working with individuals with ID (largely adult populations), as well as the challenges of conducting research in this field. The inherently subjective nature of CB and the large number of factors identified as potentially influencing this relationship continue to present a challenge for future research in this field. The variation and limitations in methodologies used in the included studies unfortunately means that it is not possible to draw reliable and robust conclusions based on this review.

Chapter 2: Empirical Paper

An exploration of the interpersonal perceptions of care staff working in residential children's homes about the children and young people whose behaviour they experience as challenging

2.1 Introduction

2.1.1 Residential Care for Children and Young People

2.1.1.1. Children and young people. With an emphatic shift by Local Authorities towards the use of foster care placements over recent years, residential children's homes are now viewed as a 'last resort' for children and young people (Berridge, Biehal, & Henry, 2012; McLean, 2013) and are primarily used to care for "the most challenging children in the care population" (Berridge et al., 2012, p.34). Consequently, residential care staff are now working with a group of young people considered to be "…among some of the most disadvantaged, damaged, and vulnerable members of our society and their needs are extreme and complex" (Nissim, 2006, p. 275). Many of these children and young people have experienced previous placement breakdowns due to their challenging behaviour (CB), and often engage in hostile, chaotic, self-destructive, and risky behaviours (e.g. Heron & Chakrabati, 2003).

2.1.1.2. The role of residential care staff. Staff supporting such children and young people in residential settings are required to provide 24-hour direct care and are considered "substitute primary caregivers" (van Dam et al., 2011, p.233). Responsible for the supervision, safety, and welfare of children and young people, the demands placed on these staff are complex and diverse (e.g. Heron & Chakrabati, 2003). Perhaps the most critical and challenging responsibility of these staff is that of creating positive, therapeutic

relationships with the children and young people in their care. This relationship has been recognised as being of "fundamental importance" (Kilpatrick et al., 2008, p. xii), with research highlighting the potentially profound influence staff can have on children's well-being (Leichtman, Leichtman, Cornsweet-Barber, & Neese, 2001).

2.1.1.3. Challenging behaviour. Building therapeutic relationships can be difficult given the CB often experienced in these settings. Although there is no universally accepted definition of CB (Joyce, Ditchfield, & Harris, 2001) the description proposed by Emerson (1995) is widely used: "culturally abnormal behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities" (Emerson, 1995, p.4). The term 'challenging behaviour' is used to describe a wide range of behaviours, including verbal and physical aggression, self-harm, destructive and disruptive behaviour, lying, stealing, absconding, substance misuse, and sexually inappropriate behaviours (e.g. Emerson & Bromley, 1995; Emerson et al., 2001; Lowe et al., 2007).

Building upon Emerson's (1995) definition, Banks et al. (2007) emphasised the dynamic and interpersonal nature of CB: "Challenging behaviour is socially constructed and is the product of an interaction between the individual and their environment. Assessment and intervention must therefore address the person, the environment, and the interaction between the two…" (Banks et al., 2007, p.9). Challenging behaviour is thus not an objective entity; in order for behaviour to be perceived as challenging, a judgement is made that this behaviour is, for example, dangerous or distressing, and that the feelings this evokes are intolerable in the other (Banks et al., 2007; Farrell, Shafiei, & Salmon, 2010). The influence of contextual and interpersonal factors, such as the beliefs

of observers and the impact of the behaviour on them, must therefore be considered when seeking to explore and understand CB.

2.1.2 Staff Beliefs and Attributions About Challenging Behaviour

2.1.2.1 Staff behavioural responses. There is a dearth of empirical research on the relationship between CB and the cognitive, emotional, and behavioural responses of direct care staff in residential children's homes (e.g. McLean, 2013). In the field of intellectual disabilities (ID), approaches to understanding staff responses to CB have thus far been almost exclusively cognitive-behavioural in nature, drawing largely on the attributional model of helping behaviour described by Weiner (1980; 1985; 1986) (e.g. Dagnan, Trower, & Smith, 1998; Stanley & Standen, 2000). This model predicts that staff attributions about CB will be associated with negative emotions, and that these will influence their willingness to offer help and support. Specifically, Weiner (1980; 1985; 1986) proposed that when the cause of CB was appraised as being internal to the client and under their control, staff were more likely to experience negative emotions (e.g. anger) and would be less willing to offer help. Staff making attributions of control external to the client, on the other hand, were predicted to feel sympathy or pity, thus increasing the likelihood of help being offered.

Although there is some evidence indicating that the attributions staff make regarding CB can influence their willingness to offer help and support (e.g. Dagnan et al., 1998), a review by Willner and Smith (2008) concluded that there is at best only partial support for the application of the model in this context. In addition, research has found that staff training on CB based on cognitive-behavioural models can be ineffective in increasing staff morale and modifying practice (Rose, Jones, & Fletcher, 1998). This

suggests that cognitive-behavioural approaches to understanding staff responses to CB may provide only a partial or incomplete account.

2.1.2.2 Staff well-being. Care staff working in residential settings with children and young people are particularly susceptible to stress and burnout (e.g. Barford & Whelton, 2010; Kent, 1997). Burnout refers to a particular type of job stress resulting specifically from the interaction between carer and recipient (Maslach, 1982) and has been cited as a major factor accounting for the extremely high rate of staff turnover in children's homes (e.g. Seti, 2008). The consequences of this for the young people involve not only the loss of trusted staff and a sense of instability (Barford & Whelton, 2010), but also the challenge of building relationships with new staff members (Seti, 2008). When staff do remain at work while experiencing burnout, this can have a significant negative impact on the level of care provided, and on the caring relationship itself (Heron & Chakrabati, 2003).

A number of studies, largely with staff working with individuals with ID, have demonstrated that when faced with CB, staff commonly experience negative emotional reactions which may include feelings of sadness, fear and anger (e.g. Mitchell & Hastings, 1998; Stanley & Standen, 2000). These negative emotional reactions have been linked to staff experiences of burnout (Mitchell & Hastings, 2001). To date, there is a paucity of research exploring the relationship between CB and staff well-being (i.e. burnout and stress) in residential children's homes (Lakin, Leon, & Miller, 2008). This association is, however, well documented in research involving staff working with clients with ID (e.g. Mitchell & Hastings, 2001; Rose, David, & Jones, 2003). Within this population, there is considerable evidence that staff beliefs and attributions are associated with the relationship between CB and burnout and stress experienced by staff (e.g. Rose 2011).

There is some literature supporting this relationship in staff working with children and young people (e.g. McLean, Wade, & Encel, 2003; this study did not take place in a residential children's home), however, this is sparse in comparison and requires further investigation.

In general, there remains a lack of clarity as to the relationships between CB, staff cognitive and emotional reactions, staff well-being, and helping behaviour (Hastings, 2005; Rose, 2011). This may, in part, be due to the various methodological issues with research in this area (Rose, 2011), including a heavy reliance on the use of vignette methodologies, which are devoid of context and lack personal significance to staff (Jahoda & Wanless, 2005; Wanless & Jahoda, 2002). In addition, research has adopted a "problem focused" approach by measuring beliefs, emotional reactions, and burnout, rather than focusing on the bi-directional relationship between care staff and clients (Hastings, 2010). It may, therefore, be beneficial to consider a model beyond attribution theory, and a research method other than vignettes to further explore these complex relationships.

2.1.3 Interpersonal Perceptions

Despite the frequent occurrence of CB within residential children's homes and the potentially significant consequences of this, research to date been largely in ID settings and has tended to focus on the relationship between staff causal attributions about CB and their behavioural responses (e.g. Hastings & Remington, 1994). Although attributions have been found to play a role in determining staff responses, CB is an interpersonal phenomenon and as such, staff are also likely to be responding to the *person* engaging in the behaviour (Jahoda & Wanless, 2005; Wanless & Jahoda, 2005).

This was acknowledged by Back et al. (2011) in their integrative theoretical framework of personality and social relationships. This model proposes that social interactions consist of social behaviours and interpersonal perceptions (IPs), which are bi-directional in nature. They stated that it is only via IPs that social behaviours can influence, and be influenced by, interaction partners. It would therefore be important to explore the IPs of direct care staff within the context of their social relationships with children and young people, as this could influence the behaviour of both staff and young people (e.g. Willems, Embregts, Bosman, & Hendriks, 2014).

Wanless and Jahoda (2002) explored this within an ID setting. They compared staff responses to real incidents of aggression compared to their responses to vignettes of hypothetical incidents. Staff experienced stronger emotions, and made significantly more negative evaluations of the clients and their behaviour when rating the real incident. Staff cognitive and emotional responses were also more strongly connected to their perceptions of the aggressive clients, as opposed to their perceptions of the behaviour *per se*. This pattern was not seen in staff responses to the vignettes. The authors suggested that staff may experience emotionally 'hot' cognitions in situations involving CB, which are essentially interpersonal in nature. They suggested that this might explain the disparity seen between staff beliefs about the best way to respond to CB, and their reported immediate behavioural responses (e.g. Hastings 1995; 1996).

Jahoda & Wanless (2005) looked to explore this finding further, again within an ID setting. Using semi-structured interviews to obtain the immediate experiences of care staff when involved in an aggressive incident, it was found that the thoughts and feelings reported by staff were not about 'challenging behaviour' that exists independently from the person. Furthermore, the authors found that the interpersonal beliefs and emotions

of staff could differ greatly from the way they reported they would respond to CB. The authors concluded that it is only by taking into account the context of the relationships between clients and staff, that the meaning of staff appraisals about CB can be understood. The authors asserted that staff are 'active participants' in incidents of CB as opposed to 'passive observers' and suggested that the dynamic relationships between care staff and clients need to be incorporated into models seeking to explain these interactions.

The importance of considering the relationship between care staff and young people has been supported by additional research. Using qualitative methodology, Moses (2000) found that children in a residential treatment facility whom care staff perceived as difficult and unrewarding were less likely to receive attention and emotional investment from staff than those who were liked by staff and considered to be co-operative and keen to change.

These studies highlight that the consideration of IPs is vital in understanding staff responses to CB. Given the importance of having a clear understanding of the relationship between care staff and young people in residential children's homes, there is a need for further investigation into this field and to address some of the limitations in the current empirical evidence base.

2.1.4 Study Aims

There is considerable value in exploring staff's IPs of young people whose behaviour challenges. These perceptions may significantly impact their relationship with young people, their responses to CB (which can inadvertently maintain the behaviour), and the level of burnout and stress experienced by staff. By gaining an insight into the way staff understand the CB of children and young people within the context of their interpersonal

relationship, staff training and supervision can be tailored to provide more effective and appropriate support and guidance to staff, and the therapeutic nature of children's homes can be enhanced (Willems et al., 2014; Farrell et al., 2010).

This study aims to:

- Explore the interpersonal perceptions of staff working in residential children's homes towards the young people whose behaviour they find challenging.
- Explore the sense that staff make of challenging behaviour within the context of these interpersonal perceptions.

2.2 Methodology

2.2.1 A Qualitative Approach

Qualitative methodologies enable the exploration of novel topics, are sensitive to context and process, promote the in-depth examination of personal experiences (e.g. Smith & Osborn, 2008), and aim to develop understanding (as opposed to testing hypotheses)(Bryman, 1988). A qualitative approach was therefore deemed appropriate to enable the fulfilment of the research aims.

2.2.2 Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA; Smith, 1996; Smith, Flowers, & Larkin, 2009) is a distinct methodological approach to conducting qualitative research, rather than solely a method of data analysis. In IPA, the researcher aims to achieve a highly detailed exploration of an individual's lived experience of a particular phenomenon; how they have made sense of their experiences, and the meanings they attach to them (e.g. Smith, 2004). IPA explores individuals and their experiences within their context, and it is

individuals' subjective reports that are of interest rather than the formulation of objective accounts (e.g. Flowers, Hart, & Marriott, 1999). IPA views research as dynamic (Smith, 1996), recognising that the researcher will bring to the process their own values, beliefs, and experiences, which will influence the construction of the analytic account of the participants' experiences (Osborn & Smith, 1998). The sense-making of the researcher is termed 'second order' as they attempt to make sense of the participant trying to make sense of their experiences (Smith et al., 2009). It is therefore important that the researcher is reflexive and explicit about their biases and preconceptions, and that their analytic process is transparent (Smith et al., 2009).

The theoretical foundations of IPA are rooted within three philosophies of knowledge: phenomenology, hermeneutics, and idiography (Smith & Osborn, 2008). Phenomenology is a philosophical approach to exploring and understanding individuals' unique lived experience, within their specific context (e.g. Langdridge, 2007). Hermeneutics is the theory of interpretation (Smith et al., 2009). Regarding people as inherently and essentially interpretive and sense-making beings, hermeneutics acknowledges the complexity and influence of the relationship between the interpreted and interpreter. Idiography is concerned with the individual and the particular. In contrast to nomothetic approaches, which seek findings that are universal and generalisable, idiographic approaches aim to achieve an understanding of how a phenomenon is subjectively experienced by a particular person in a particular context (Smith et al., 2009). Working at this individual level, IPA focuses on detail and depth of analysis and thus requires small sample sizes.

2.2.3 The Diary-Interview Method

The diary-interview method (Zimmerman & Wieder, 1977) requires participants to make diary entries and then participate in an interview based on the diary content (Sheble & Wildemuth, 2009). Thus the diary, a source of information in itself, is converted into a resource from which questions, and subsequently data, are generated (Zimmerman & Wieder, 1977). This approach can increase the quality and richness of data provided because it achieves a "…closeness between experience and the record of experience…" (Elliott, 1997, para. 5). Consequently, diaries are likely to be less subject to the impact of memory, retrospective censorship, and reframing than other autobiographical accounts (Elliott, 1997). Interviews which follow diaries can be used as part of a process of expansion, to check the internal consistency of participants' accounts and fill in omissions, and also, crucially, to develop the researcher's understanding of the meaning which participants attribute to certain events (Zimmerman & Weider, 1977). This method was considered to fit well with IPA due to its ability to generate rich descriptions of the research phenomenon (Sheble & Wildemuth, 2009), to facilitate participants' telling of their own stories (Smith, 1999), and the opportunity it gives the researcher to develop and enhance their understanding of participants' meaning-making.

In the present study, a semi-structured diary was used. It was hoped that this would both ensure the required data would be elicited, and allow participants some freedom to write about what was important to them. Diaries were event-contingent (Wheeler & Reis, 1991) and participants were instructed to complete a diary after an incident of CB. The diary guidelines (Appendix A) provided a broad definition of CB. It was hoped that this would provide clarity for participants as to the type of event which would trigger a diary entry, whilst allowing participants some leeway to include experiences that they subjectively experienced as challenging. The guidelines asked participants to record their

experiences of CB as close as possible to the event, and no longer than 12 hours after, to minimise the effects of time delay on participants' reports.

2.2.4 Researcher's Relationship to the Research and Epistemology

IPA recognises that the researcher's own values, beliefs, and experiences will influence their interpretations of participants' accounts (Osborn & Smith, 1998). Therefore, for the results of the present study to be considered valid, it is essential that I acknowledge my epistemological position and my personal experiences, and am self-reflexive about how they may have influenced my findings (Elliott, Fischer, & Rennie, 1999).

I worked as Residential Care Worker (RCW) in a children's home, six years prior to undertaking this research. Additionally, at the time of conducting this research I was working as a Trainee Clinical Psychologist in a LAC team. My relationship to this research was therefore somewhat complex as I had connections to it as a researcher, a clinician, and a former RCW. I was aware of sharing some of the participants' experiences and I needed to ensure I remained curious and didn't make assumptions based on my own experiences. It was thus vital to imbed within the research process strategies to facilitate ongoing reflexivity, transparency, and the 'bracketing' of my experiences (Smith et al., 2009). I kept a reflective journal throughout this research to promote acknowledgement of my own values, beliefs, and assumptions, and the impact they may be having on the analysis. This reflexivity was also supported by regular reflective discussions with my research supervisors.

I took a social constructionist approach to this research, assuming that all understanding is socially and culturally specific; knowledge and meaning is constructed between people; and that it is through language that we make sense of life (Burr, 2003).

2.2.5 Participants

***2.2.5.1 Recruitment*.** A purposive sampling technique was employed to identify a closely defined sample of direct care staff working in a children's home (Smith & Osborn, 2008). To ensure homogeneity of participants' experiences, consistent with IPA methodology (Smith et al., 2009), recruitment was from only one care provider. An organisation was identified and an email was sent to the Managing Director (MD) detailing the research aims and protocol. The researcher then met with the MD to discuss the study, share the participant documentation, and answer any questions. Once permission was given, the researcher attended team meetings in three of the company's children's homes which the MD had identified as meeting the service inclusion criteria (see section 2.2.6.2.1). At each team meeting staff were given the participant information sheet (Appendix B) and the participant diary (Appendix A) and the researcher talked through these with the staff teams, answering any questions. The researcher then met with volunteers individually to go through the participant information sheet again, gain written informed consent (Appendix C), clarify the instructions for completion of participant diaries, and answer any questions. Once participants had completed three diaries they contacted the researcher via email and interviews were arranged at a time and place convenient to participants. See Figure 2 for a flowchart of recruitment.

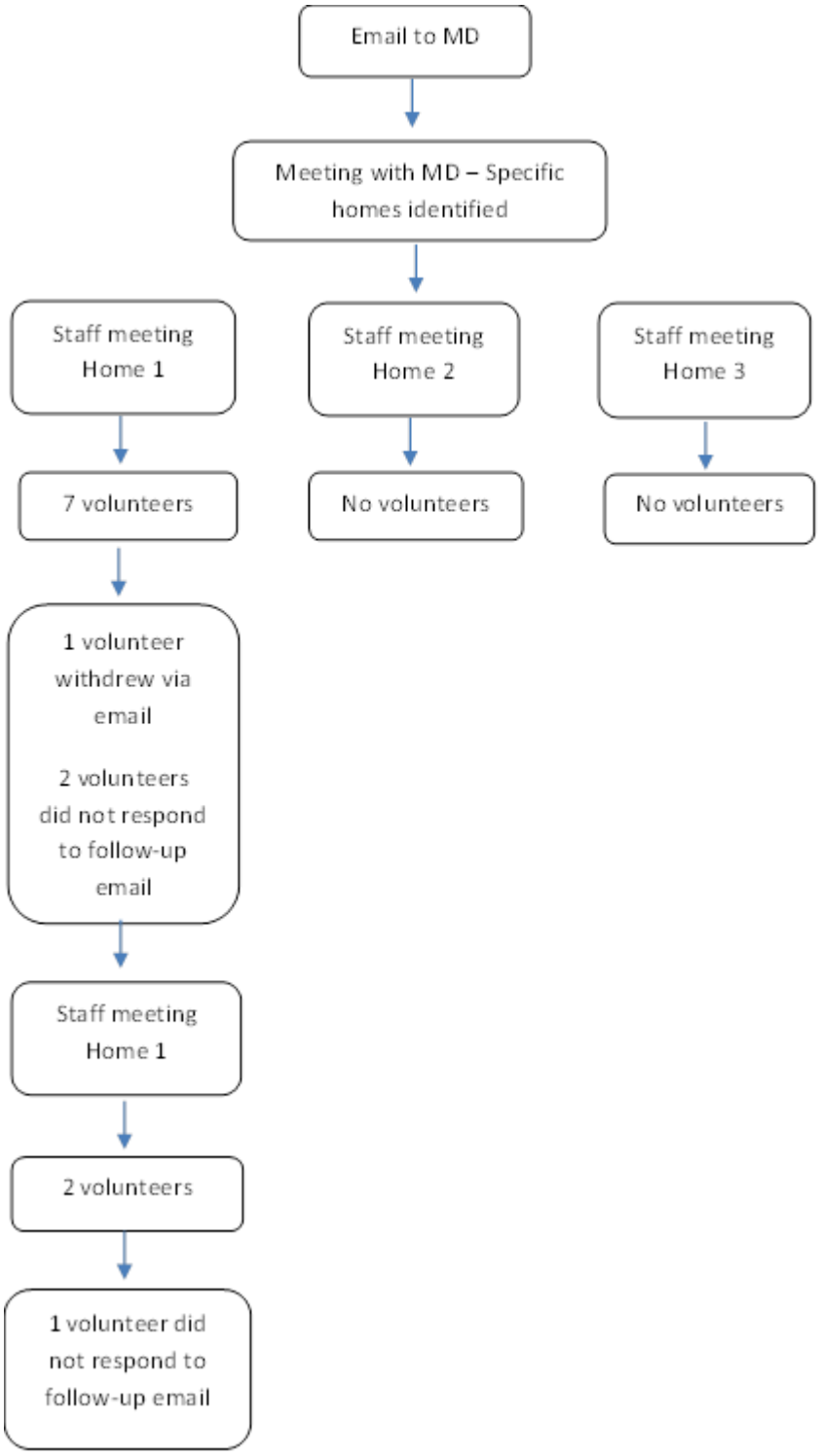


Figure 2. A flowchart of the recruitment process

2.2.5.2 Inclusion and exclusion criteria.

2.2.5.2.1 Service criteria. The service had to be an Ofsted-registered children's home, providing 24-hour residential care for children and young people aged 18 and under. The care home was to have no specialist designation, such as being a dedicated service for people with 'challenging behaviour', autism, ID, or an 'outreach' project.

2.2.5.2.2 Participant criteria. Participants had to be direct care staff (e.g. RCW or equivalent title), and were not to have any formal/professional qualifications (e.g. Social Worker or Nurse), or to be in a management position, as this could decrease the homogeneity of experiences in the sample. Participants had to have been working a minimum of three months for their current employer, thus excluding experiences that related to being new to the role. Participants needed to be English-speaking due to the heavy reliance on language in the methodology and a concern that use of a translator may result in some loss of meaning or richness of the data.

2.2.5.3 The sample. According to Smith and Osborn (2008) a sample of five to six participants is adequate for a student IPA study. To maintain confidentiality, participants have been allocated aliases and participant characteristics are reported at the aggregate level. Four participants were male and one was female; all reported their ethnicity as white. Two participants reported their age to fall in the range of 26-35 years, one in the range of 36-45 years, and two in the range of 46-55 years. Two participants identified their job role as 'RCW', two reported to be in 'Team Leader' roles, and one was a 'Shift Leader'. The reported length of time working with children and young people ranged from 13 months to 20 years (M = 122.6 months, SD = 178.50) and the length of time working for their current employer ranged from 13 months to 6 years (M = 42.4

months, *SD* = 26.89 months). Four participants reported having a NVQ Level 3 in Caring for Children and Young People.

2.2.6 Ethical Considerations

Ethical approval for this study was granted by the University of Southampton's School of Psychology Ethics and Research Governance Committee (Appendix D). This research was compliant with the BPS Code of Ethics and Conduct (2009).

2.2.6.1 Informed consent. Participants were given copies of the participant information sheet (Appendix B) during recruitment and again when they met with the researcher to receive instructions for completing their diaries. The information sheet detailed the research aims, inclusion criteria, what participation would involve, the potential benefits and disadvantages of participation, and how confidentiality would be maintained. It also informed participants that they had the right to withdraw at any time, without consequence or having to give a reason. If they wished to participate, written consent was obtained (Appendix C). This confirmed their voluntary participation, their awareness that interviews would be recorded and transcribed, and their understanding that anonymous verbatim quotes would be used in the reporting of the study. Prior to being interviewed, verbal consent was confirmed and the right to withdraw was reiterated.

2.2.6.2 Confidentiality.

2.2.6.2.1 Participant confidentiality. Information regarding confidentiality and its limits was provided to participants verbally and in writing, in the information sheet, consent form, and debriefing sheet (Appendices B, C, & E). Participants were informed that information collected about them during the study would be anonymised and stored

on a password protected computer, and would only be used for the purpose of the present study. Participants were informed that personal information would only be seen by the researcher (and their supervisors), and that the results of this research would not include any identifying characteristics. They were also advised that a professional transcription service would be used to transcribe interviews and that this data would not be connected in any way to identifiable information. Participants were made aware that any quotes selected for thesis documents or journal articles would be fully anonymised and that information would be kept separately and securely from the audio recordings, transcripts, and analysis.

Consideration was given to the safeguarding of children and young people, and the resulting limits of confidentiality. Participants were advised that their employer would not be informed of their participation unless the researcher had safeguarding concerns. It was explained that in the event of disclosure of evidence of poor practice, where there was serious concern of risk to self or others, the researcher would discuss this with them and inform the relevant line manager, organisation, or external body in accordance with their employers' safeguarding procedures and the BPS (2009) Code of Ethics and Conduct.

2.2.6.2.2 Children and young people's confidentiality. To maintain the confidentiality of children and young people, the diary guidelines instructed participants not to include the names of young people in their entries and instead to use the abbreviation 'YP'. This was also reiterated prior to the interviews.

2.2.6.3 Potential distress. It was possible that in discussing their experiences, participants may become distressed. This was highlighted in the participant information sheet as a potential disadvantage of participation. Prior to giving their consent to participate, staff were informed of the diary questions and told that the interviews would

be used to follow up and gain further detail on their answers. Prior to interviews, it was reiterated that participants could decline to answer questions and could pause or terminate the interview at any time, withdrawing fully from the study if they desired. All participants were fully debriefed following their interview. The debriefing sheet (Appendix E) contained sources of support in the event that participation had raised any issues of concern or difficulty for them.

2.2.7 Data Collection

2.2.7.1 Development of diary and interview schedule. The diary was developed with reference to the relevant literature and in consultation with research supervisors. As per the diary-interview method (Zimmerman & Wieder, 1977) diary entries were used to form the basis of individual semi-structured interviews. During interviews, the researcher read aloud participants' answers to each of the diary questions. Participants were asked to clarify and expand upon the information included in their diaries. Interview questions were designed to facilitate participants' telling of their story and enhance the researchers' understanding of the beliefs, attitudes, and feelings of the staff members and the sense they had made of events (Zimmerman & Wieder, 1977)(Appendix F). Questions and prompts were intended to be flexible, open-ended, and neutral, and the interview was conducted in a conversational style. Due to time constraints, only two diaries were used per interview.

A demographic questionnaire was also completed by participants (Appendix G).

2.2.7.2 Pilot. The first interview was regarded as a pilot interview. A research supervisor listened to the interview recording and gave the researcher feedback on the interview process, including their interview style and choice of questions and prompts. The researcher also listened back to the interview, discussing reflections with the

supervisor. The feedback was taken forward and used in subsequent interviews. The pilot interview was included in the main study.

2.2.8 Data Analysis

The analysis was conducted in line with the IPA procedure outlined by Smith et al. (2009) and was supported by supervision. This section briefly outlines the procedure followed; for a more detailed account see Smith et al. (2009).

2.2.8.1 Individual case analysis. In accordance with the idiographic nature of IPA, each transcript was analysed individually and the same procedure was followed for each case. Interview transcripts were initially read in conjunction with audio recordings. Transcripts were then read repeatedly to enable the researcher to become immersed in the data; initial annotations were made alongside the transcription. Following this, transcripts were analysed at a deeper level, with the researcher using patterns, keywords, contradictions, and metaphors to formulate preliminary interpretations. Transcripts were chunked into units of meaning, and emergent themes were created, which were then merged and clustered together, based on their underlying shared meaning. At this stage, some emergent themes were excluded due to their lack of direct relevance to the research aims. A table of superordinate and subordinate themes was generated and extracts were collated under each theme. An example of the analytic process is given in Appendices I and J.

***2.2.8.2 Group level analysis*.** The tables of themes for each case were compared and patterns, convergences, and divergences across the entire data set were identified. Clustered themes from each case were combined, reconfigured, and refined as necessary to produce a final corpus of superordinate themes, subordinate themes, and corresponding extracts from transcripts. Where appropriate, themes were relabelled to

ensure they represented group level experiences, rather than being specific to particular accounts.

2.2.9 Ensuring Quality and Validity of Research

Yardley (2000; 2015) identified four core principles for evaluating the validity of qualitative research, namely: sensitivity to context; commitment and rigor; coherence and transparency; and, impact and importance. Spencer, Ritchie, Lewis, and Dillon (2003) asserted that quality qualitative research should be: contributory; defensible in design; rigorous in conduct; and credible in claim. The criteria of both Yardley (2000; 2015) and Spencer et al. (2003) were used throughout the research process to assess and enhance quality and validly. Fundamental to this was ensuring that the research process and procedures were coherent, systematic, and transparent (Spencer et al., 2003; Yardley, 2000; 2015). These procedures have been outlined in earlier sections. Triangulation refers to the convergence of data across different perspectives (Yardley, 2000; 2015) and is an important way of attaining credibility, transferability, and trustworthiness in IPA research (Smith & Osborn, 2003). In the present study, supervision was used throughout the analytic process to examine both the content and process of analysis. A supervisor examined transcripts, initial commentary, and emergent themes. These were discussed and explored alongside any alternative interpretations. Once written-up, both research supervisors examined the text to ensure that interpretations were coherent and rooted in the raw data. To promote reflexivity and transparency a reflective journal was kept throughout the study. This was used to record my responses to the data, including any biases and assumptions, and to capture the process of interpretation. Consideration was also given to the impact of my relationship to the research (see section 2.2.5). To enhance

credibility, themes and interpretations are grounded in verbatim extracts from interviews in the reporting of the results (Elliott et al., 1999; Spencer et al., 2003).

2.3 Results

2.3.1 Introduction

This section presents the results of an Interpretative Phenomenological Analysis (IPA) of five direct care workers' accounts of their IPs regarding the young people whose behaviour they experience as challenging. Three superordinate themes emerged from the analysis of the interviews. Within these, seven subordinate themes were also identified. Please see Table 3 for an overview of these themes.

Table 3

Superordinate and corresponding subordinate themes

Superordinate themes	**Subordinate themes**
Challenging behaviour as a vehicle	Communication of emotions
	Young person getting their needs met
Systemic influences	Young person's early experiences
	Environmental factors
	Normalising
Staff cognitive and emotional responses	Emotional reactions and meta-perceptions
	Multiple interpersonal perceptions

The superordinate themes and contributing subthemes will be expanded into a narrative account herein. It is important to acknowledge that the account presented is considered to be subjective, and only one possible construction of the experiences of the participants. However, the researcher has endeavoured to ensure systematic, thorough, and rigorous analysis of the data. Verbatim extracts from transcripts are used throughout this narrative[1] to illustrate and support the findings of the analysis, and to present a clear and credible account of participants' experiences. It is recognised that themes are interconnected, and are therefore at times overlapping. This account does not capture every aspect of participants' experiences; those not considered salient to the research aims were excluded.

2.3.2 Challenging Behaviour as a Vehicle

This superordinate theme captures participants' perceptions of CB as serving a function for young people. Participants referred to the communicative function of CB, and described young people 'using' CB to get their needs met. Participant descriptions differed, both within and between accounts, as to the level of conscious motivation the young person (YP) in question was considered to have in using CB as a vehicle.

2.3.2.1 Communication of emotions. The occurrence of CB communicated to staff that young people were experiencing difficult emotions, such as anxiety, anger, frustration, and sadness. Participants also described a perception that CB was actively

[1] Quotations have been edited to highlight key points, with checks having been made to retain the participants' original meaning. Minor hesitations of less than two seconds and repeated utterances such as "eh" or "erm" have been deleted from the text. An ellipsis is represented as (…) within quotations. For confidentiality, participants have been given pseudonyms and all personal or identifying information has been excluded.

used by young people as a means by which they could communicate their emotions; using it as a tool to express, process, and manage their feelings. Furthermore, participants shared their hypotheses about what had generated these emotions in the young people, identifying both immediate and delayed triggers. Four out of the five participants speculated as to the emotions experienced by young people.

Paul's account revealed the complexity of his appraisal of a YP's emotional experiences. He looked beyond the immediate situation to make sense of what was generating the YP's emotions, using his knowledge of her upbringing and familial relationships, to formulate an understanding.

> *I think it is just an emotional reaction, I think it just links with how she feels about herself. So she doesn't have the phone, she can't speak to people and make out she has got texts or Snapchats, so she looks popular, so she looks like she has got a normal life. So therefore I am going to feel shit all night because I can't do that. So it is all linked to how she feels…I don't think it is about the phone, it is about how she feels, but the phone is the link to that.*

Simon, Steve, and Paul referred to the communicative function of CB. Paul described the YP as being unable to communicate verbally and therefore using CB as a proxy for this.

> *…I knew from experience with him that he's not going to talk, he's never going to say, "Oh I miss you" or "I'm really upset" or "I'm angry because of this," he's never going to do that, so… that was the only option.*

Simon reflected on the YP's lack of skills and ability to process and manage their experiences and emotions. He identified CB as a medium through which the YP had learned to communicate, and perhaps regulate, his emotions.

So my thoughts were the YP was acting out his behaviour considering his contact days previously and this may have been his way of telling staff he was struggling.

…maybe he just needed to vent something which means the anger is out of his system and then he can talk about it because it's hard for him to process.

Steve also spoke about a CB as a strategy used by a YP to manage and express their feelings. He reflected on the influence of systemic factors, inferring that the YP's manner of emotional expression was linked to feelings of safety in his current environment.

The swearing and physical lash-outs are because they are angry, frustrated and venting and feel safe that they can lash out, knowing that we will not respond as they may have experienced in the past.

Katie's account differed from Steve's and Simon's. She did not refer to CB as inherently communicating the presence of difficult emotions, nor did she refer to the use of CB as a communication tool. Moreover, Katie explicitly speculated that the YPs' behaviour was not driven by or connected to their emotions, rather it was motivated by the YP becoming involved in a "battle" with staff, and a conscious desire not to 'back down'.

I think it was just a case of a battle. He is thinking, 'Right, chest out, I'm going out to fight and staff aren't giving in… it was more of that than emotional.

In their reflections about what might be generating the hypothesised emotions in young people, Steve and Simon looked beyond the immediate situation when trying to make sense of the CB.

Steve spoke about the potentially numerous factors that could have been driving the YP's emotions and behaviour, and how this could make it difficult to make sense of the situation.

…it could be something that happened two days ago and you've only just decided to quantify it. Or it could be something that happened two months ago…

Simon also referred to emotions that may have been generated by the immediate situation, as well as those connected to an event several days previously. This indicated a non-linear understanding of the YP's experience; an appreciation that multiple factors may be influencing the YP's emotional state simultaneously.

…annoyed and frustrated most probably because he couldn't get what he wanted.

…I've got a feeling that it might have been to do with mum not spending quality time with him and nodding off, which was unfair on him because he hadn't seen her for two weeks, every two weeks.

2.3.2.2 Young person getting their needs met. Staff spoke about CB as a vehicle through which YPs could get their needs met, both in a planned, goal-directed way, and also with less conscious intention.

In his account of one incident, Simon articulated a belief that the YP had a clear goal of spending time with him, and chose CB as a tool to achieve this.

> *Because he didn't get his own way maybe of giving me constant hugging, to provoke the other peers so the emphasis of staff telling him not to was put on them, so maybe he could come back to get a hug then. So a diversion technique……so then he would come in to me and give me a hug again.*

Similarly, Mike also made inferences regarding the deliberate engagement of a YP in CB to achieve a goal; this time, to avoid doing his homework.

> *…just seemed like he didn't want to do the reading so, in my eyes, the way to get out of that's to plum around and, oh, it's too late to read now.*

Paul believed that, due to her emotional state, a YP needed to have a "blow out" and to be held (i.e. restrained) and that CB was a means by which these needs could be met. Paul expanded on this, connecting CB with the YP's need for safety and physical contact. He inferred that the YP was aware of this need and actively sought Paul out for this. He also considered the relational context, associating the CB with his approach and the YP's sense of trust that Paul could manage their behaviour.

…but she needs it, and she says sometimes I need that. So when I got a sense that she is really upset or really angry, I thought well this is better for her right now, so that is what I did. So sometimes it is that, yes……the physical contact or the feeling safe or whatever it is, yes… She says sometimes she knows she needs it, yes…

In an account involving a different YP, Paul identified multiple needs being fulfilled by CB, including the need for safety, comfort, and for someone else to be in control, as well as the YP's need to find an identity. He referred again to the YP being aware that they would feel better following a restraint by staff.

Because if he's being physically held in some way… it's like because you're taking control and you're in control he doesn't have to own anything then, does he, sort of thing, and I think sometimes they do feel safer…it's reassurance, I think….

Steve also associated a YP's behaviour with a need for physical contact, and, in addition, for attention. In the absence of the ability or desire to ask staff directly for a hug, the YP was perceived by Steve as using CB to meet this need.

…yeah, the physical contact, I'm feeling wobbly, I need a hug but I don't know how to ask for a hug so I'm going to do this because it's going to create a situation where I know that you guys are going to have to go hands on.

2.3.3 Systemic Influences

This superordinate theme describes the perceptions of all participants that young people's thoughts, feelings, and behaviour, were the product of systemic factors, both

current and historical. In contrast to the subordinate themes of 'YP's early experiences' and 'environmental factors', the subordinate theme of 'normalising' captures participants' perceptions of young people's experiences and behaviour as being a reflection of their developmental stage. This superordinate theme demonstrates the complexity of staff IPs and there is therefore overlap between the subthemes, as participants often held multiple, multi-layered understandings.

2.3.3.1 Young person's early experiences. Four participants made links to young people's background, drawing on their knowledge of the YP to identify factors which could be seen as predisposing the YP to think, feel, and behave in a certain way in the present moment.

As described in section 2.3.2.1, Paul's sense was that it was the YP's negative feelings about herself which caused her to react aggressively to the removal of her mobile phone. Paul considered the origin of these negative feelings, making connections to the YP's family relationships and early life experiences.

> *It is to do with her mum, her relationship with mum, not so much dad but mum I think. And her sister, rejection, just being let down by mum therefore I am not very important therefore I am not worth anything, so I think it is all to do with that. It seems fairly obvious really…So in order to feel like she belongs or is wanted, she has to seek that out through friends, through Snapchat, through Facebook, so if she doesn't have her phone, that is a link to self-esteem, so that is why she does it.*

Steve also described links between the YP's behaviour and their early experiences, although he was less specific than Paul about what these experiences were and how they

might presently be exerting an influence. This process of making links seemed important in enabling Steve to make sense of the situation.

> *But again I could also understand where he was coming from, i.e., what's gone on in his past, etc. So I know why he does what he does.*

Katie's description of the systemic factors influencing a YP captured the interplay between the YP's background and current environment. She identified that boundaries being put in place by staff were difficult for this YP, and that this was an immediate trigger for CB. Katie subsequently went on to explain why boundaries were a trigger for this YP, citing his upbringing.

> *He doesn't like the word 'no'…Because he has come from mum where he literally is abusive to mum. He is used to having everything. He is used to running riot. He has never had boundaries as in food, the dietary thing, didn't have to go to school, his history is basically if he doesn't get his own way he would open his bowels. He is still doing that now but certainly not at that level.*

Mike also referred briefly to the YP's upbringing, suggesting that CB might have been an acceptable and/or typical way of expressing emotions within the YP's family.

> *To him that's probably normal because of the way he's been brought up… So he might just see that as, well, that's just what it is.*

2.3.3.2 Environmental factors. Three accounts referred to current environmental influences on young people. Katie and Simon spoke about the impact of staff factors on the development and maintenance of CB. Both accounts illustrated awareness of the interpersonal context of CB, and the bi-directional influences between staff and young people.

Staff factors were integral to Katie's account and were identified by her as being the key trigger for CB. She criticised the way that her colleague spoke to a YP, explaining that knowledge of the YP's background would have prevented her doing this.

> *…the fact that he had been told 'no' to whatever and maybe the person that told him and how he was told and that just started something off.*

Katie also described her colleagues and the YP getting into a 'battle', and she expressed frustration that the CB could have been avoided if it weren't for her colleague's interaction.

> *It's turned round so that in black and white it looks like that child has refused to do something when they have been asked and then the staff, their chest puffs out. It's like watching two animals fighting. You know their horns are going to lock and someone is going to come worse off and it's just the case of the stronger and the more physical or the tallest person is going to come out better off.*

Simon also identified a link between a colleague's approach to interacting with a YP, and the occurrence of CB. Like Katie, Simon expressed a belief that he would have managed things differently, and had this been the case, the CB might not have occurred.

The staff member dealing with the situation at the time was – he is very strong boundaried…if he wants something done he will do it and he wants it done now. We've spoken about it at de-brief after that incident and said maybe he doesn't want to do it, let him just forget his PE kit… And he has gone, 'Okay, maybe I should have done.' It would then probably have not escalated into a hold. Some of the kids are funny with – they are different with me and they are different with other people because of the said boundaries and they know how I act and they know how I am with my boundaries. They know they can negotiate and I can talk to them about it. But there is some staff that will, 'Right, got to be out,' so that's probably what has heightened this behaviour and led to this incident.

Paul also perceived the relationship between the staff member and the YP to be important. He asserted that the YP's behaviour will be linked to their knowledge, experience, and expectations of staff. He explained that trust in a staff member, and a sense of safety within the relationship, might result in the more frequent occurrence of CB.

…when they know you can manage the behaviour, and they will then feel better after you have managed the behaviour, they will keep seeking you out to manage their behaviour! Which other people won't get the behaviour. So your sense is because you do have a relationship and you have kind of given her a safe clearance in the past or something, that actually … is it that you might … you might end up actually getting more challenging behaviour in a way?

Both Simon and Mike speculated that demands placed on the young people may have impacted their thoughts, feelings, and behaviour. Simon spoke about how staff wanting the YP to get their PE kit ready and do chores at bedtime might have contributed to the situation. He reflected on the possible need for staff to adapt their practice and make some changes to avoid this.

> *So he probably had his back up over the incident with the peer, then as we walked in and then we said, 'Come on, let's get your PE kit out,' and he went, 'Aggghhhh!' and exploded again as such.*

Like Simon, Mike suggested that a demand on the YP (i.e. to do their homework) was an immediate trigger for CB. Mike expanded on this idea, also considering the wider context of the YP's very busy day and the role this might have played in the incident.

> *His brain must be in overload… To me that's the main thing that makes sense to me…He has his school day, which sometimes, more often than not, on a Wednesday isn't as great as the other days… Then he has his therapy session. Then he has afterschool football club…Then he'll come and get changed, have a shower if he needs one… we'll have dinner, then its youth club. Then it's back from youth club. Then it's chill out in front of the telly… Then its shower, teeth, get your uniform ready for the next day... goes to bed and... Either watch a film, if he hasn't done his reading from after school to before settling he'll do his reading.*

2.3.3.3 Normalising. In contrast to the two previous subthemes, this refers to the identification of common experiences between staff and young people, and the associations made by staff between young people's age and their presentation. Throughout their accounts, Mike and Simon identified perceptions of shared experiences, which appeared fundamental to their sense-making and were associated with a judgement of CB as typical of the YP's age, developmental stage, experience and relationships. Mike explained:

> *…they just... try and do things to get the others in trouble. I suppose, to me that's sort of normal behaviour, like the three kids here, they're all the same age, so it would just be like being at home with you and two brothers really… And you just do, don't you, you do things to try and get them in trouble… Well, I would say you do, that's sort of what I used to do a bit when I was a kid!*

> *…probably an age thing. Just, he's an 11-year-old boy, he just, he doesn't want to do it, so he's going to get his hackles up and... just argue about it, so...*

Simon's account echoed these perceptions. He also put himself in the YP's shoes and promoted the importance of viewing the YP, and the CB, in the context of their age. This appeared to be related to some acceptance of the behaviour by Simon.

> *Like I was as a child, I just thought, 'I can't be bothered doing that now, I just want to go to bed,' or whatever. So he wanted to watch a film, obviously for settling and he just probably wanted to get the maximum amount of the film done rather than get his PE kit which will take two minutes.*

In his account, some of Steve's IPs were also viewed in the context of the YP's age, and their wider circumstances. Steve's interpretation at this point appeared to be that the YP's response was understandable given these factors.

> *"Why? Why are we having to go through this?" and then my personal side was, "Well he's 11 year old boy that's in Care, he's got an oppositional disorder, does he really want to be here? Do any of them really want to be here?" And let's face it, no.*

2.3.4 Staff Cognitive and Emotional Responses

This superordinate theme refers to the thoughts and feelings participants reported to have experienced during the incidents of CB.

2.3.4.1 Emotional responses and meta-perceptions. This subtheme describes the emotions staff reported to have experienced during incidents of CB. Tentative links are also made between staff emotions, their IPs, and the sense they made of the CB.

Paul reported a variety of emotions: annoyance, disappointment, frustration, and hope. Throughout his account, he articulated links between his IPs and his emotional responses, and again demonstrated a complexity to his sense-making. Paul described his preference for seeing young people's behaviour as a choice, and the benefits of this.

> *…you don't get overly stressed then about the short-term stuff because you know it will all change. Which is important, isn't it, because if you don't see that it will change then you're going to get stuck on what you're seeing in that moment and for that week or whatever. So sometimes it can be hard work but it always changes, everything changes, nothing stays the same so it'll be fine.*

However, Paul also described feeling disappointed, annoyed, and frustrated, which was associated with his belief that the YP was choosing their behaviour. He had worked hard with her to initiate change, believing her to be capable of making different choices and feeling hopeful that things could be different.

> *I am disappointed because I have had those previous conversations with her, and I felt that, like I said, that she wanted to listen, that something struck a chord, more than once. So I was hoping that she would choose differently but she didn't, she chose to go through the routine that made sure she got held.*

Similarly, Paul described feeling hopeful, associated with his belief that behaviour is a communication, and is thus inherently positive. However, he also described feeling disappointed, linked to his belief that the YP was communicating through CB because he didn't trust Paul enough to talk to him. Hope appears to be somewhat of a double-edged sword for Paul, allowing him to keep going, but also leading to negative emotions when the YP has failed to fulfil his hopes or expectations.

> *…most people, no matter how hurt or damaged they are, will still be able to communicate and therefore there's still hope.*

Steve also reported a variety of emotions: upset, annoyance, disappointment, and frustration. Like Paul, Steve referred to feeling annoyed in the context of his belief that the YP had chosen CB. However, Steve differed from other participants in that he expressed a self-judgement that he shouldn't have felt negative emotions because he was

aware that the YP had a difficult background, and he had an understanding of their behaviour.

> *…upset and annoyed at negative responses, but also annoyed at myself for feeling these negative thoughts after all these kids… have been through… (Sighs). Negative thoughts after all the kids have…with difficult backgrounds, needs, behavioural issues and I should be more sympathetic and understanding.*

Steve expressed some conflict about whether by making links between the YP's background and their behaviour he was justifying CB. He also debated with himself whether an understanding of the YP's behaviour meant that he was not allowed to feel hurt by CB.

> *I'm almost justifying to myself why they're doing what they're doing because they trust us to do that. So therefore why am I feeling annoyed when they're doing it, because I should expect them to do it? But then I'm a human being and it hurts me when I get hurt and I get annoyed that I get hurt because I shouldn't come to work to get hurt.*

Katie described feeling frustrated. This was not linked the actions of the YP, but to her belief that erroneous staff behaviours played a significant role in the incident, which she therefore viewed as being preventable. Katie reported not considering her feelings during the incident, although she stated that she felt sympathy for the YP, empathising with his need to phone his mother.

... And then I get frustrated if I think, God, these things could be so preventable and aren't even necessary.

I didn't think about my feelings at that moment in time although I did feel it could have been preventable. I felt sympathetic towards the YP as any person would want or need to telephone a parent.

Katie's judgment that the YP wasn't distressed allowed her to accept the situation, despite her frustration. She explained that had she perceived the YP to be feeling distressed, this would have changed her thoughts and feelings.

The only way that I could justify the whole of that was the fact that that young person wasn't distressed and didn't need to speak to mum because he was upset or over excited or had a problem… That was how I could accept it.

Katie was clear that she held no negative judgements of the YP involved in the incident. She explained that because she evaluated their behaviour as linked to their upbringing, they shouldn't be judged, perhaps indicating that she didn't hold the YP responsible for the CB.

…we can't blame these kids for the situations they are in… You've met the parents, you know what their history is, you know what it's about, we can't judge them.

Mike reported feeling frustrated and let down, linked to him having trusted the YP and given him a chance to show positive behaviour. Despite interview prompts, Mike's

emotional and cognitive responses did not form a significant part of his account; they did not appear to be an important consideration to him.

> *…you give him the benefit of the doubt to take his mind off things and...give him the chance to prove himself and then it's just frustrating because you give them the activity and then they come back and then misbehave so it feels like they're just throwing it back in your face.*

Similarly, Simon's account featured little in the way of his emotional responses. He did however report feeling annoyed by the YP's failure to follow his instructions. Simon's aforementioned tendency to relate the YP's experiences to his own appeared to create empathy for the YP.

> *So I felt sorry for him in that sense because I can always go round my mum's or round my dad's whereas he gets supervised contact every two weeks which is probably annoying for him and it's not as what a normal child should be with his mum, with no proper interaction.*

Simon was clear that not only did he not judge the young people, but that it wasn't appropriate or fair for him to do so.

> *I don't feel that I can speak about judging them. I'm just here to support and guide. In my experience, if you judge someone you understand them completely and we don't really know what makes these kind of boys tick because they are so quiet, they are so secretive, they don't want to let you know too much and they have been judged before, haven't they? They have been judged by parents or*

they've been judged by family members because of the way they are and it's not fair for us to go ahead and judge people.

***2.3.4.2 Multiple interpersonal perceptions*.** Throughout their accounts all participants expressed multiple IPs and hypotheses regarding a single incident. At times, these perceptions appeared connected and complementary to each other, and at other times these different beliefs appeared to be in conflict. This subtheme highlights the complexity of participants' sense-making, and the overlap between themes.

In Paul's account of an incident, he made multiple inferences about what the YP might have been thinking and feeling, as well as about the influence of various contextual and systemic factors. Paul's account did not however feel incongruous; these beliefs appeared connected, and demonstrated Paul's multifaceted understanding of the situation.

…it might have been there's just something about the bed-time with him and a safety thing at bed-time. There was physical abuse, I think, with this little boy which quite possibly could have been at bedtime…so maybe that's why sometimes he struggles at bedtime…

I think he did it because one of the other boys that lives in the house does it regularly so it was an identity thing. "So if I do this I'll get attention." I think it's tied in with that.

I think he was worried and scared about upcoming family contact…

I think he'd just been told the last day or two before that he wasn't going to have any more Skype contact with his sibling because the family didn't want him having

contact with his brother… which obviously made him feel... you know, it was the route of his self-esteem stuff, I guess.

When describing another incident with a different YP, there were times when Paul appeared to have held somewhat conflicting opinions. He referred several times to the YP having made a choice regarding her behaviour, but also inferred a potential lack of awareness of the YP that she has choices. In section 2.3.4.1 Paul's preference for seeing behaviours as choices is demonstrated. This contradiction might therefore reflect a general belief about CB as a choice, as well as a specific belief about this YP in this situation.

…how she was choosing to manage her feelings….

… Yes, I think that she … I think she is intelligent enough, I think she is self-aware enough to be able to make the choice to take responsibility for herself. I don't know whether it has clicked in her head yet, to be honest, that actually I have a choice, I can make myself feel better. But I think she is capable of doing that, which is why I take that approach.

Simon's account, much like Paul's, reads as a 'formulation'; a description of the multiple thoughts, feelings, and motivations of the YP, and the factors that may have precipitated these. Simon appears to hold a complex but coherent understanding of the situation. Examples of Simon's IPs include the following:

He was just being oppositional and being rude, kicking off.

…it became disruptive because he wasn't getting his own way.

… So he wanted to watch a film, obviously for settling and he just probably wanted to get the maximum amount of the film done rather than get his PE kit which will take two minutes.

…you are just doing it now to try and get on people's nerves…

As described in section 2.3.4.1, Katie identified various IPs which connected to create a rich, complex understanding of the YP's thoughts, feelings, and behaviour, and the interacting influences of wider contextual factors. Her account referred to historical factors (i.e. the YP's background) and current factors (i.e. staff interactions, the imposition of boundaries), and thus multiple explanations were given for the CB. In her account of an incident, Katie also expressed what appeared to be contradictory beliefs regarding the YP's emotional state.

I felt the YP was justified in feeling upset because he wanted to talk to his mother on the telephone.

…was the fact that that YP wasn't distressed and didn't need to speak to mum because he was upset or over excited or had a problem to talk to…

Steve explicitly acknowledged the various IPs he held during the incident, describing them as "awarenesses" and "potentials". He appears to be aware that these beliefs are hypotheses, rather than known facts, and as such he doesn't appear to privilege any one. Furthermore, Steve appears content with not knowing the thoughts, feelings, and

motivations of the YP; gaining an understanding of the YP's experience is not presented by Steve as being of importance to him.

> *So yes I'm sat there going, "Okay I'm aware you've got an oppositional disorder, I'm aware of that. I'm also aware of the fact that you don't like to hear the word "no". I'm also aware you're feeling frustrated at the moment, it could be a whole multitude of – it could be something that happened two days ago and you've only just decided to quantify it". Or it could be something that happened two months ago; it's really difficult to pinpoint any one incident to a specific thing.*

Somewhat incongruously, after proposing a number of factors which may have contributed to the incident, Steve suggested that often such incidents of CB are random, and not possible to understand.

> *Yeah and then there's the whole thing of you try to make sense of it and sometimes it's just nothing more, nothing less, it is 'just'… it's not a conspiracy, it's not personal, it's not anything, it's just. And sometimes it's just. As soon as you take all the psychoanalysis and all the analysing and you – sometimes it is just sitting there and going, "Oh it's just".*

In his account of one incident, Mike, like Steve, expressed the belief that there was no reason for the YP's behaviour. In fact, Mike seems to imply the incident was related to *who* the YP is, rather than any specific thoughts, feelings, and motivations, or the impact of any external factors.

It didn't make sense of these, I didn't make sense of these behaviours as I couldn't see any reason or trigger for them. I feel YP likes to create issues for no reason sometimes…

Despite suggesting there was no reason for the behaviour, Mike went on to provide some rationale for the situation, presenting somewhat opposing views. He described seeing the CB in the context of the YP's upbringing and what they might have learned from this. Mike also considered this behaviour to be a normal part of growing up and being a child.

To him that's probably normal because of the way he's been brought up… So he might just see that as, well, that's just what it is… Whereas we've been brought up differently in a sense, or have been taught what's expected.

2.4 Discussion

The findings of the present study will now be discussed in the context of the research aims and existing theory and literature. This will be followed by a critique of the methodology, including reflection on the research process, and a discussion of the clinical implications and suggestions for further research. As IPA often leads to the emergence of new and unexpected themes during the research process, some of the literature presented here will also be new.

This study aimed to:

- explore the IPs of staff working in residential children's homes towards the young people whose behaviour they find challenging.

- explore the sense that staff make of CB within the context of these IPs.

When asked about their IPs during incidents of CB, participants' thoughts and feelings were not about 'challenging behaviour' independent of young people, echoing the findings of Jahoda and Wanless (2005), and Wanless and Jahoda (2002). The present study captured the complexity of the IPs held by staff regarding the young people, and the multi-layered sense that participants made of CB in the context of these IPs. Participants saw CB as serving a function for young people (i.e. communication of emotions, meeting needs), but also went beyond more behavioural discourses, drawing on their knowledge of young people to identify how current and historical systemic, relational, and environmental factors might be exerting an influence. Staff accounts did not refer only to *what* the young people may have been thinking and feeling, but also to *why* they might have been thinking and feeling this way, and at times, a *judgement* of this.

Participants often expressed multiple, mixed, or contradictory beliefs regarding the cognitions, emotions, and behaviours of the young people, consistent with the findings of Jahoda and Wanless (2005). This does not fit with the linear model described by Weiner (1980; 1985; 1986), which proposes that certain attributions will be linked to negative emotions, which will in turn influence staff willingness to offer help. The current study indicates that this attributional model presents a somewhat reductive explanation of staff responses to CB.

The complexity of participants' accounts is in keeping with the findings of Ravoux, Baker, and Brown (2012). The authors explored the responses of care staff to the CB of clients with ID and found that CB was understood in relation to complex, dynamic

intrapersonal and interpersonal appraisals and in the context of systemic and organisational influences. Also consistent with the present study was the finding of Ravoux et al. (2012) that this immediate appraisal process occurred in the context of the negative emotions experienced by staff during incidents of CB.

Participants' complex sense-making seems to fit within the framework of an integrative psychological formulation (Figure 3). Staff proposed hypotheses about causal and functional relationships between variables, and the CB. The formulation proposed by McGill, Clare, and Murphy (1996) appears to echo how participants' IPs have formed an understanding of the CB they encounter. As with this formulation, the participants highlighted the interplay between young people's historical and personal context and their environmental contact in influencing antecedents, in addition to the role of an individual's inner world giving rise to CB. It would be interesting to explore whether participants had in fact encountered this or a similar formulation in their work, which had informed their understanding of CB.

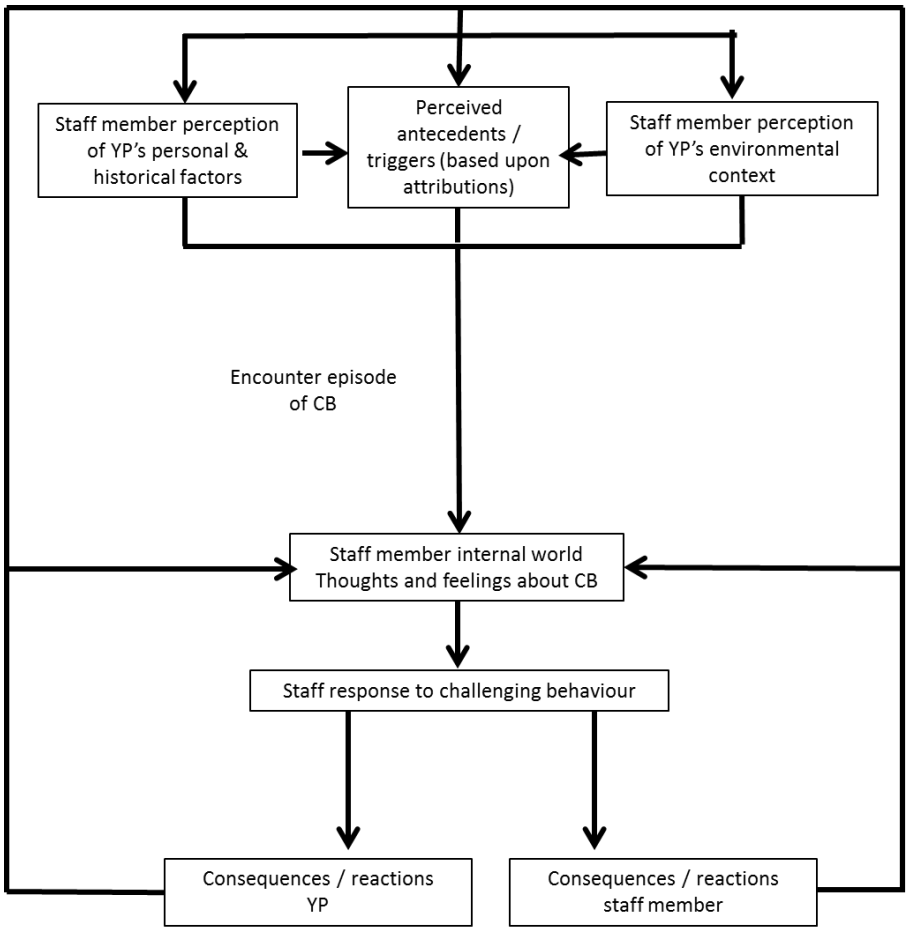


Figure 3. Participants' accounts presented as a formulation, based on the framework of McGill et al. (1996)

In keeping with previous research, the present study also provides further evidence that staff experience a range of difficult emotions as a result of working with challenging behaviour (e.g. Mitchell & Hastings, 1998; Stanley & Standen, 2000). There also appeared to be an association between IPs and staff emotional responses, although no inferences can be drawn from the data as to what mediates this association.

The present study aimed to achieve an initial exploration of the IPs held by direct care staff, and their understandings of CB within the context of these IPs. This is only one aspect of the broad and complex picture emerging about the factors which influence how staff understand and respond to CB. Although not considered directly salient to the research aims, participants discussed issues both during and outside of the semi-

structured interviews that are important to note here, as they illustrate the complexity of staff experiences and enhance understanding of the broader context of the results reported in this study.

During interviews, three members of staff spoke about their perceptions of their job role, and how this linked to how their typical style of interaction with young people. Two members of staff also described what influenced their approach to their role, such as their own upbringing, experiences of being a parent, and their personal values. One member of staff described how their belief that their role was primarily to nurture and parent young people impacted their interactions with the young people on a day-to-day basis. Another staff member described how their understanding of their job role had evolved over time as a consequence of learning from others and being part of debriefs at the end of shifts. These experiences were viewed by this staff member as significantly impacting their understanding of and interactions with the young people. The multiple and competing demands of the job role were also remarked upon by three members of staff. Prior to the commencement of one interview, a staff member described the numerous factors they considered during an incident of CB, stating "the last thing we think about is why the child is doing what they are doing".

These additional considerations further illustrate the complexity of staff interactions with the young people, both during and separate from incidents of CB. A model is presented in Figure 4 which illustrates the dynamic interplay of the multiple factors identified in this study as potentially influencing the thoughts, feelings, and behaviour of staff and young people. Challenging behaviour is thus conceptualised as something interpersonal, which happens between people.

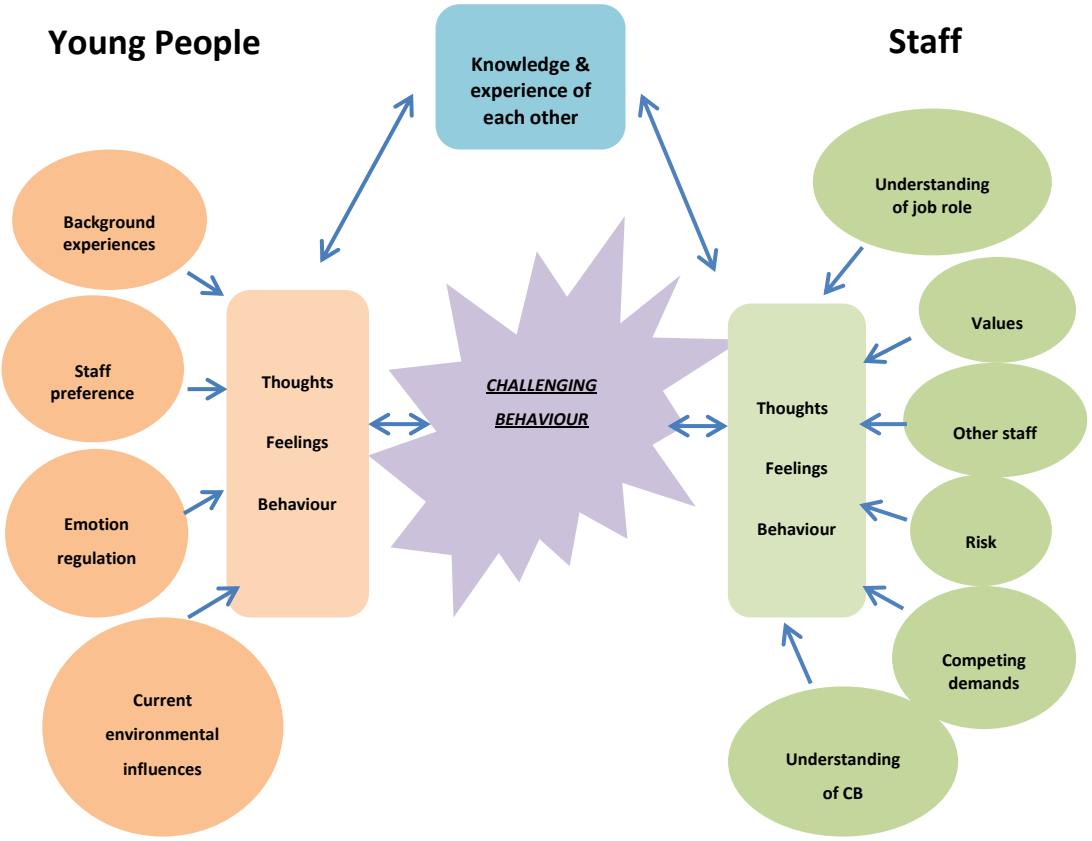


Figure 4. *A dynamic interpersonal model of challenging behaviour*

2.4.1 Methodological Considerations

The use of IPA allowed for a rich and detailed exploration of staff experiences, and was thus well-suited to achieving the aims of the research in this novel area of study. Whilst every attempt was made to ensure that the process of analysis was rigorous, systematic, and transparent, the account presented here is one interpretation of participants' experiences, and its construction will have been influenced by my own values, beliefs, and experiences. It is therefore not possible to generalise these findings to the wider population of direct care staff working in residential children's homes.

The employment of the diary-interview method promoted the generation of rich, high-quality data, however, there are potential shortcomings to the use of this method.

Although participants were given guidelines for the completion of diaries, it is not possible to determine the extent to which these were adhered to. For example, diaries might have been completed more than 12 hours after incidents, and may therefore have captured delayed, rather than immediate, reflections. Furthermore, it is not possible to ascertain if, and how, the process of competing diaries affected participants' experience and understanding of the incidents reported. A broad description of CB was provided in the diary guidelines, and consequently incidents of CB described by participants differed considerably. This makes comparisons between the experiences of participants within this study, and within the wider literature, somewhat problematic.

The findings of the present study could perhaps have been enhanced by asking participants to check the themes generated. However, due to the awareness of participant burden, this validation was not sought.

2.4.1.2 Reflexivity. Self-reflexivity is vital to consider throughout the duration of qualitative research. As outlined previously (section 2.2.9), measures were taken throughout the research process to promote the consideration and bracketing of my own experiences, values, and assumptions (Elliott et al., 1999; Smith et al., 2009). I noticed that I was at times adopting a clinical position in relationship to the research data; I was becoming interested in participants' accounts beyond the scope of the research aims, and making sense of their experiences in the context of my clinical role. This was a challenge in the interviews and the analysis and I repeatedly needed to position and re-position myself as a researcher. I was able to address this issue by reviewing interview recordings, using my reflective journal, and consulting with supervisors.

2.4.2 Clinical Implications

Some important implications for clinical practice emerged from this study. Staff accounts indicated that they used IPs to construct sophisticated understandings of CB, beyond a traditional narrow behavioural discourse. Clinical Psychologists could work collaboratively with staff to explore these IPs and to ground understandings of CB in psychological assessment, theory, and evidence, via formulation work, training, and post-incident de-briefs. It has been suggested that a team formulation can be a powerful systemic intervention, facilitating culture change and developing psychosocial perspectives in teams and organisations (Kennedy, Smalley, & Harris, 2003; Onyett, 2007). Person-specific formulations, drawing from a range of models and causal factors, and incorporating systemic, contextual, and relational factors, could be used to create proactive strategies to: support young people to regulate and communicate their emotions and get their needs met in less destructive ways; support staff to develop their interaction and communication skills; help teams and organisations to proactively reduce potential stressors in the young people's environments; and support staff to explore the impact of their responses to CB on themselves and on young people, and recognise the bi-directional nature of CB. Additionally, based on the finding that staff can hold multiple IPs, Clinical Psychologists could help staff members to think about these multiple perspectives, and support them to make sense of them using a more structured framework (i.e. a formulation).

An example of this kind of approach is the conceptual training model management of CB developed by Farrell, Shafiei, and Salmon (2010). The authors drew on theory and evidence to develop framework for nurse training in the domains of: environmental management (consideration of features of the situation in which the behaviour occurs, including its culture and working practices and physical environment); features of and

knowledge about the client; and personal domain (influences of staff behavioural and communication skills, emotions, values, and attitudes).

In the model presented in Figure 4, CB is conceptualised as an 'explosion' that happens when a number of factors relating to both staff and young people converge at a particular point in time. Regarding the implications of this for clinical practice, the dynamic and multifactorial nature of this interaction indicates the potential efficacy of Clinical Psychologists using a systemic framework for intervention with staff teams. Specifically, systemic ideas such as: circularity (moving away from linear and blame-based discourses); focus on relational and context-based aspects; the promotion of self-reflexivity; consideration of reality as a social construction; and, crucially, a focus on dynamic systems and patterns of behaviour rather than individuals, seem to connect to the themes described in the interviews, and the additional comments made by staff. This framework could be used to enhance staff members' understanding of CB, and to inform proactive changes in practice regarding staff patterns of interactions with young people.

Given the dynamic nature of CB, it would also be beneficial for training to enhance staff competence in using formulations dynamically; thinking on their feet in situations of CB to make an informed assessment of the situation and a decision as to the best way to respond. Ongoing staff supervision could support the development of these skills and examine the extent to which learning is put into practice, and help them to overcome any barriers to being able to do this.

This study also supports the idea that CB has an emotional impact on staff. Previous research in the field of ID has identified a link between negative emotional reactions and staff experience of burnout (Mitchell & Hastings, 2001). Although staff in the present study were not asked about their experiences of burnout, and no references were made

by staff to feelings of burnout or stress, these emotional reactions may be potentially important indicators of current or future experiences of burnout. It is therefore important that frameworks are put in place within organisations to address the emotional impact of working with young people whose behaviour is experienced as challenging, so that staff can be supported to understand and manage their emotions.

2.4.3 Further research

The majority of the research into staff responses to CB has occurred within the context of ID services and has tended to focus on the relationship between staff causal attributions regarding CB, and their responses to the behaviour (e.g. Hastings & Remington, 1994; Hastings, 1997). However, the present study indicates that IPs may play an important role in how staff make sense of CB; examining interpersonal perceptions may therefore be important in understanding the relationship between staff cognitions, and their emotional and behavioural responses to CB.

It is unclear to what extent the findings of studies in ID services can be generalised to residential children's homes and there is therefore a need for research to explore further the experiences of staff working in this specific context. Moreover, the potential importance of IPs means that this research should be driven by frameworks other than the cognitive behavioural ones typically used in research on CB. Current measures of staff emotional and cognitive responses to CB, are specific to ID populations, and do not examine the IPs of staff. Therefore valid and clinically-relevant measures that apply to those working with children and young people need to be developed, which examine the relationships between IPs and staff emotional and behavioural responses within the context of the dynamic relationship between staff and young people. In the field of ID, Hastings (2010) has been appealing for measures to be developed which capture and

measure relationships and interpersonal appraisals between support staff and clients. In this vein, given the bilateral nature of perceptions and behaviours in interpersonal situations (Back & Kenny, 2010), future research would benefit from gaining the views of children and young people regarding the staff with whom they work, and their relationships with them. Longitudinal methodologies could also be employed to explore how IPs, and relationships between staff and young people develop and change over time, and would enable causal inferences to be made between variables. Exploration of the impact of various staff characteristics could also add to understanding of how and why staff understand, and respond to CB.

Expanding on the current study, the employment of larger sample sizes, establishing homogeneity of CB referred to, and exploring the experiences of staff from other residential homes could all help to gain a more comprehensive understanding of staff IPs and their impact.

Practice-based research would be beneficial to evaluate whether using formulation to guide staff understanding of CB helps mediate staff emotional responses and to explore any barriers to staff being able to use these formulations in the moment.

2.4.4 Conclusions

This novel study explored the IPs of care staff about the children and young people whose behaviour they experienced as challenging, and the sense that they made of CB in the context of these IPs. An Interpretive Phenomenological Analysis revealed that participants' IPs formed a framework of understanding CB, which linked young people's thoughts, feelings, and behaviour, and incorporated current and historical, systemic, relational, and environmental factors. Participants' accounts also suggested that their IPs may have been associated with their emotional responses. These findings

highlight the dynamic and complex nature of participants' understanding of CB, and the potential importance of IPs in participants' sense-making and responses. Research to date has almost exclusively taken place within adult ID settings, and has focussed on linking attributions to staff emotional and behavioural responses. The present study highlights the need to explore the experiences of this specific group of staff, and to move away from the use of linear models of understanding staff responses to CB. The findings of this study are promising and pave the way for further research.

Appendix A Participant Diary

UNIVERSITY OF Southampton

PARTICIPANT DIARY (Version 1 / 10.10.14)

Researcher: Helen Williams **Ethics reference:** 12201

Participant number: _____

Diary Guidelines

I would like you to keep a diary of two incidents of challenging behaviour in which you have been involved at work. The purpose of this diary is to capture your experiences of challenging behaviour as close to the time that they happened as possible. For this reason, I would like you to complete this diary as soon as possible after the incident, no longer than 12 hours after.

For the purpose of this research, challenging behaviour is defined as any behaviour that you find difficult to manage and/or which you believe may involve a risk to the personal safety of yourself, to the child or young person displaying the challenging behaviour, or to any other person.

Please complete one diary per incident and please answer all questions in the yellow boxes provided. You do not need to write a certain number of words, but I would like you to give as much detail as you can when answering the questions. If you are completing this diary using an audio-recording device, then please answer all questions by speaking into your device.

Please comment on anything you think will help me to understand your experiences.

Please do not include any names of young people, staff members or the name of the children's home within which you work in this diary. When referring to a young person please use the abbreviation 'YP' (if more than one then 'YP1', 'YP2' etc.). When referring to another staff member please use the abbreviation 'SM' (if more than one other member of staff then 'SM1', 'SM2' etc.)

Date & time of diary completion:

_____

1. **Description of challenging behaviour**
    - When did it occur?
    - Describe the incident from beginning to end
    - What was the young person's behaviour? (i.e. what did they do?)
    - Was anyone else involved?

2. How did you feel at the time? What were you thinking?

- What were your thoughts and feelings about the child or young person?
- How did you feel you had been treated by them?

3. What sense did you make of the young person's behaviour?

- What was the cause of their behaviour? What had triggered them to behave like they did?
- Why do you think they were behaving in that way?

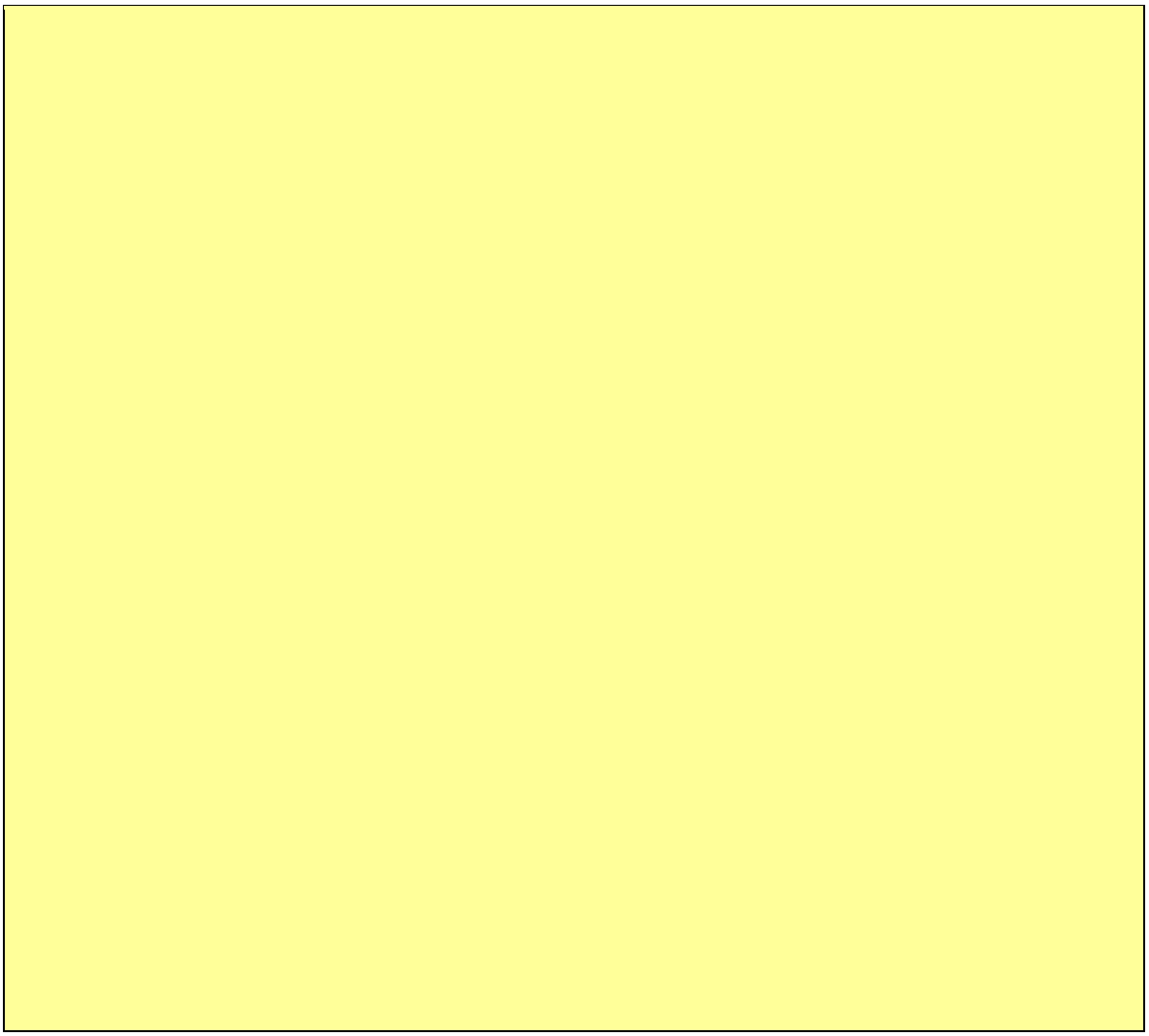
4. **What did or do your thoughts about the cause of the young person's behaviour make you think and feel about them?**

5. What did you do?

- How did you respond in the situation?
- Did you want to respond differently?
  - If so, what might you have done differently?
  - If so, what stopped you responding in this way?

6. Any other comments

- Is there anything else you can tell me which will help me to understand this incident?



Thank you for your time and co-operation.

Appendix B Participant Information Sheet

UNIVERSITY OF Southampton

PARTICIPANT INFORMATION SHEET (Version 2 / 06.01.15)

Study Title: *An exploration of the interpersonal perceptions of care staff working in residential children's homes about the children and young people whose behaviour they experience as challenging*

Researcher: Helen Williams **Ethics reference**: 12201

My name is Helen Williams and I am a Trainee Clinical Psychologist studying at the University of Southampton. You are being invited to take part in a piece of research which I am completing as part of my doctoral training. Before you decide if you would like to take part, it is important for you to understand why this research is being done and what taking part will involve. Please take time to read this information sheet carefully and if you have any questions or would like any more information please do not hesitate to ask me.

Please take as much time as you need to decide whether or not you would like to take part. Thank you for reading this.

What is the research about?

This research aims to explore the thoughts and feelings that staff have about the children and young people whose behaviour they find challenging. It also aims to explore how staff make sense of this challenging behaviour alongside their thoughts and feelings about the children and young people.

Research within a learning disability setting has found that the interpersonal perceptions (i.e. thoughts and feelings) that staff have about clients may have an important influence on how they respond to clients who display challenging behaviour. That is, it is not simply the challenging behaviour that staff are responding to, but also their thoughts and feelings about that client. As these perceptions may significantly impact staff responses to challenging behaviour, staff-client relationships and the level of stress experienced by staff, it seems important to explore this in the context of children's homes.

What is challenging behaviour?

For the purpose of this research, challenging behaviour is defined as any behaviour that you find difficult to manage and/or which you believe may involve a risk to the personal safety of yourself, to the child or young person displaying the challenging behaviour, or to any other person.

Why have I been chosen?

All care staff (i.e. support workers, residential care workers, shift-leaders) employed at your place of work are being asked if they would like to take part in this study if they:

- Have been employed at their current place of work for at least three months
- Work in a registered children's home. If you work in an 'outreach' or transition project (i.e. a project supporting young people transitioning from children's homes into more independent living), you will not be invited to take part in this research.
- Have no formal qualifications (e.g. social worker, occupational therapist, counsellor) or be in the position of manager.
- Are English-speaking

Do I have to take part?

No – participation in this research is completely voluntary.

If you do decide to take part, you will be asked to sign a consent form.

You would still be free to change your mind and withdraw at any time, without giving a reason.

What will happen to me if I take part?

If you decide to take part you will be asked to keep a diary following three incidents of challenging behaviour at work in which you were involved. You will be asked to record what happened during the incident, including your thoughts and feelings at the time. You will be given the choice to complete pen and paper diaries, electronic diaries, or to record your diaries by speaking into a dictaphone. Once you have completed these diaries, you will be asked to attend an individual interview where I will discuss your diaries with you to gain further information about your experiences of challenging behaviour.

This interview should take no longer than an hour and will take place at a time chosen by you either in your home or at the University of Southampton; whichever is more convenient for you.

The interviews will be audio taped and then at a later date will be transcribed onto a computer by a professional transcription service. I will gain a signed non−disclosure / confidentiality agreement from the service prior to giving them my recordings. These transcripts will then be analysed to identify ideas and themes emerging from the interviews.

You will also be asked to complete a demographic questionnaire which will include questions about yourself such as your gender, age-range, ethnicity, time working with current employer and your qualifications and training. Data from this questionnaire will add to my understanding of your experiences.

The interview (including time filling in questionnaires) should take no more than 1 hour.

Are there any benefits to my taking part?

Your participation will help me to understand if and how the thoughts and feelings that staff have about their children and young people affect how they respond to challenging behaviour. I hope that this will add to the knowledge base about how best to support staff working in children's homes with the goals of reducing levels of challenging behaviour, promoting positive staff-client relationships and reducing levels of staff burnout and stress.

If you decide to participate you will be thanked for your time by being given £40 in high-street vouchers when you have completed your diaries and individual interview; this will not affect your right to withdraw your data at any time.

Are there any possible disadvantages or risks to taking part in the study?

Discussing the challenging behaviour you have experienced can be difficult and distressing and it is possible that during the diary completion and interview you may become upset. If this happens we will stop the interview and take a break. If you decide that you do not want to continue, we will stop the interview immediately.

If I ask you about something that you do not wish to talk about, for whatever reason, please let me know and I will move to the next topic of discussion immediately.

Will my participation be confidential?

This study will comply with the standards and regulations set out by the University of Southampton's School of Psychology Ethics Research Governance Committee and the Data Protection Act 1998. It will also adhere to the code of ethics and conduct of your employer.

Information collected about you during your participation in this study will be anonymised and stored on a password protected computer and will only be used for the purpose of this study. You will be assigned a participant number which will be used to

link your diaries and questionnaires with your interview data, and to enable anonymous storing of information. Transcripts of your interview will be anonymised to remove all identifiable information.

Personal information will not be seen by anyone other than the researchers involved in this study. The results of this research will not include your name, date of birth, or any other identifying characteristics, and your confidentiality will be maintained.

This information will be written up as part of my doctoral thesis, with the aim of being published in an academic journal. I intend to use short quotes from the interviews and diaries as examples of what care staff have said. Quotes will be anonymous; no information will be given that would allow anyone to link the quote to the person who said it, or identify anyone that participated in the study.

Your employer will not be informed of your participation in this research, and they will not have access to any of the information you provide unless the researcher has safeguarding concerns.

Safeguarding

The exception to this confidentiality clause is in the event of disclosure of evidence of poor practice, where there is serious concern of risk to self or others. In these circumstances the relevant line manager, organisation or external body will be contacted in accordance with your employers' safeguarding procedures and the British Psychological Society's (BPS) code of conduct.

What happens if I change my mind?

You are free to change your mind and withdraw from the study at any time. If you have completed your diaries and interview you will still be reimbursed for your time with a £40 gift voucher.

Contact for further information

If you have any questions, please contact me at the telephone number/ email address below and I will be happy to discuss these with you.

Helen Williams, Trainee Clinical Psychologist

Tel: 07515480314

Email: hw2g12@soton.ac.uk

If you have any concerns about the study, or would like to make a complaint, please contact:

Chair of the Ethics Committee

Psychology

University of Southampton

SO17 1BJ

Tel: 023 8059 4663

Email: slb1n10@soton.ac.uk

Thank you.

Appendix C Consent Form

UNIVERSITY OF Southampton

CONSENT FORM (Version 2 / 06.01.15)

Study title: *An exploration of the interpersonal perceptions of care staff working in residential children's homes about the children and young people whose behaviour they experience as challenging*

Researcher name: Helen Williams

Ethics reference: 12201

Please initial the boxes if you agree with the statements:

I have read and understood the information sheet (Version 2/06.01.15.) and have had the opportunity to ask questions about this research. ☐

I agree to take part in this research and agree for my data to be used for the purpose of this study. ☐

I understand that taking part is voluntary, that I have the right to refuse to answer any questions, and I may withdraw at any time without my legal rights being affected. ☐

I agree to complete three diaries of my experiences of challenging behaviour at work, ensuring that I maintain the confidentiality of the young people, staff and service I work with. These diaries can be completed using pen and paper, electronically, or I can audio-tape my entries. I understand that the researcher will read or listen to these diaries and ask me about them during an individual interview.

I agree to being interviewed, and that the interview will be audio taped. I understand that the audiotapes will be transcribed onto a computer by a professional transcription service. There will be no way to connect me to my responses. If any publication results from this research I would not be identified by name. ☐

I understand that if during my participation in this research I disclose evidence of poor practice, where there is serious concern of risk to self or others, the researcher will, with my knowledge, inform the relevant line manager, organisation or external body in accordance with my employers' safeguarding procedures and with the British Psychological Society's (BPS) code of conduct. ☐

Data Protection

I understand that information collected about me during my participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of this study. All files containing any personal data will be made anonymous.

Name of participant (print name): ……..

Signature of participant: ……..… Date: ……..

Name of researcher: .....

Signature of researcher: ..... Date: .....

Appendix D University of Southampton Ethics Approval

From: ERGO <ergo@soton.ac.uk<mailto:ergo@soton.ac.uk>>

Date: 31 October 2014 at 01:07:28 GMT

To: <hw2g12@soton.ac.uk<mailto:hw2g12@soton.ac.uk>>

Subject: Your Ethics Submission (Ethics ID:12598) has been reviewed and approved

Submission Number: 12598

Submission Name: An exploration of the interpersonal perceptions of care staff working in residential children's homes about the children and young people whose behaviour they experience as challenging

This is email is to let you know your submission was approved by the Ethics Committee.

You can begin your research unless you are still awaiting specific Health and Safety approval (e.g. for a Genetic or Biological Materials Risk Assessment)

Comments

None

Click here to view your submission<http://www.ergo.soton.ac.uk>

ERGO : Ethics and Research Governance Online

http://www.ergo.soton.ac.uk

Appendix E Debriefing Sheet

UNIVERSITY OF Southampton

DEBRIEFING SHEET (Version 2 / 30.10.14)

Researcher: Helen Williams **Ethics reference:** 12201

Study title: *An exploration of the interpersonal perceptions of care staff working in residential children's homes about the children and young people whose behaviour they experience as challenging*

Thank you for taking part in this research which aims to explore the thoughts and feelings that staff have about the children and young people whose behaviour they find challenging. It also aims to explore how staff make sense of this challenging behaviour alongside their thoughts and feelings about these children and young people.

Research within a learning disability setting has found that the interpersonal perceptions (i.e. thoughts and feelings) that staff have about clients may have an important influence on how they respond to clients who display challenging behaviour. That is, it is not simply the challenging behaviour that staff are responding to, but also their thoughts and feelings about that client. As these perceptions may significantly impact staff responses to challenging behaviour, staff-client relationships and the level of stress experienced by staff, it seems important to explore this in the context of children's homes.

I appreciate that discussing the challenging behaviour you have experienced can be difficult and distressing. If you feel that taking part in this research has raised any issues of concern or difficulty for you, and you would like some further support or wish to speak

to someone regarding your experiences, please contact someone at your workplace (e.g. home manager or human resources manager/occupational health) or your GP. There are also a number of not-for-profit counselling services in the local area, such as Southampton City Counselling, who you can contact for further support on 07909 501142 (E-mail: info@southamptoncitycounselling.co.uk)

I would also like to remind you that if during participation in this research you disclose evidence of poor practice, where there is serious concern of risk to self or others, I will speak with you about this and inform the relevant line manager, organisation or external body in accordance with your employers' safeguarding procedures and with the British Psychological Society's (BPS) code of conduct.

If you have any further comments or questions about this research, please feel free to contact me on:

Telephone: 07515480314

Email: hw2g12@soton.ac.uk

If you have any concerns about this research, or would like to make a complaint, please contact:

Chair of the Ethics Committee

Psychology

University of Southampton

SO17 1BJ

Tel: 023 8059 4663

Email: slb1n10@soton.ac.uk

Thank you for participating in this research.

Helen Williams

Trainee Clinical Psychologist, University of Southampton

Appendix F Interview Schedule

INTERVIEW SCHEDULE (Version 1 / 10.10.14)

As per the 'diary-interview' method (Zimmerman & Wieder, 1977) diary entries will be used by the researcher to form the basis of an individual semi-structured interview with the researcher and participant.

The purpose of this interview is:

- To expand on entries made in the diary i.e. filling in omitted details
- To lead beyond the particular events recorded, touching on attitudes, beliefs, knowledge and experience of a more general character
- To provide the opportunity to develop the researcher's understanding of the meaning which participants attribute to certain events

Questions from the Participant Diary:

7. **Description of challenging behaviour**
    - When did it occur?
    - Describe the incident from beginning to end
    - What was the young person's behaviour? (i.e. what did they do?)
    - Was anyone else involved?

8. **How did you feel at the time? What were you thinking?**
    - What were your thoughts and feelings about the child or young person?
    - How did you feel you had been treated by them?

9. **What sense did you make of the young person's behaviour?**
    - What was the cause of their behaviour? What had triggered them to behave like they did?
    - Why do you think they were behaving in that way?

10. **What did or do your thoughts about the cause of the young person's behaviour make you think and feel about them?**

11. What did you do?

- How did you respond in the situation?
- Did you want to respond differently?
  - If so, what might you have done differently?
  - If so, what stopped you responding in this way?

12. Any other comments?

- Is there anything else you can tell me which will help me to understand this incident?

Appendix G Demographic Questionnaire

UNIVERSITY OF Southampton

DEMOGRAPHIC QUESTIONNAIRE (Version 1 / 10.10.14)

Researcher: Helen Williams **Ethics reference:** 12201

Participant identification number: ____

Please answer the following questions by circling the response that best applies to you:

What is your gender? Male Female Other

What is your age range?

25 or under 26 – 35 36 - 45 46 - 55 55 and above

What is your ethnic group?

White Asian/Asian British Black/African/Caribbean/ Black British

Mixed/multiple ethnic groups Other Ethnic Group

Please write your answer to the following questions in the spaces provided

How long have you been working with children and young people?

How long have you been working for your current employer?

What is your current job title?

_____

What post-16 qualifications do you hold?

_____

_____

_____

What training have you received to support you in your work with children & young people?

_____

_____

_____

_____

Do you receive supervision at work? If so, how often do you have supervision and for how long? Are there any other support mechanisms in your workplace that you use?

_____

_____

_____

_____

Thank you for your time.

Appendix H Transcript of interview with Paul

[0:00:00]

Interviewer: Okay, right diary number one. So this one was from the beginning of February, I think, this one. And description of challenging behaviour, so I will just read a bit out of it and jog your memory. So I have got here 'YP was having her access to her mobile phone reviewed by myself, and I took her into the flat with a colleague to speak to her about it. I told her that she would not be getting her phone back today, Friday, due to her behaviour in general during the week. This involved a lot of verbal aggression and rudeness towards staff and also damage to property, which led to a level 3 hold on the Wednesday. I told her that I felt she had not made enough effort to manage her temper better, and that I knew she was capable of this as she had proven it to be true in the past. She became very verbally loud and aggressive towards me and attempted to leave the room. When she attempted to slam the door, this led to a level 3 hold. She was very loud and abusive, making a lot of personal comments about myself and my colleague. After being released, she apologised and said that she felt really bad. She spoke about family …' I can't read that word!

Respondent 5: Concerns.

Interviewer: Concerns, no that is really obvious now you have said that! 'And how she feels that she doesn't have any friends et cetera'. Okay, so I will just start with a really general, tell me a bit more about that incident.

Respondent 5: About the incident? Right, well we were in this room, I knew beforehand she wasn't going to get her phone back, she knew it was going to be reviewed. It was one of those things where, she was sat where you are actually, and she … as I was sat down to tell her, I knew she would be upset, it is just about knowing them isn't it? So either she was just going to sulk and cry or she was going to sulk and cry for a bit and then decide she couldn't hold her temper and start shouting and screaming, which is what happened.

Interviewer: So has this been a conversation that you have had with her before? Is the phone a frequent issue?

Respondent 5: The phone is the main issue.

Interviewer: Oh okay.

Respondent 5: But it is not actually … well what is really interesting is when you … well you know yourself from doing this work don't you, that you are talking about a phone and not having a phone, but it is not about the phone, it is about how she feels about herself, so it has got nothing to do with the phone. So the phone causes issues, because it is her link to the outside world, outside of the company of being in care, so it is Snapchat and friends and so it makes her feel popular. So if she has her phone, she will have a feeling like she has friends, so she will say I have just got a text, I have just got a Snapchat, when really it is just some random person that she probably doesn't even know, so she will want her phone, because it makes her feel like she has got a life outside of being in care. But she doesn't want it, because it reminds her that actually no-one likes her, and she is not very popular.

Interviewer: And has she kind of had that conversation with you? Or is that the sense that you are making of what is going on?

Respondent 5: Have I had that conversation with her? Yes I have had the conversation with her, but obviously she is never going to say actually the issue isn't about the phone, it is about how I feel about myself, that is what I have picked up.

Interviewer: That is your kind of interpretation?

Respondent 5: But she will say she doesn't feel like she has got any friends, and she needs more freedom, but for me that is her just being a normal 13 year old girl, I don't see that as something that needs to be analysed, like it would be if … it is not something that is not that complex, it is just her being a girl, a teenage girl.

[0:03:43]

Interviewer: Yes. What has kind of led you to make that … kind of make sense of it in that way? That it is actually about how she feels about herself? What has led you to come to that conclusion?

Respondent 5: Just a feeling, just a feeling, talking to her. I don't know, just a sense, you know when someone is talking to you and you can hear what they are saying, rather what they are feeling is different to what they are saying. It is just that sort of thing, that is all. So when … and then if I get that feeling, I will say to her well actually maybe … when I talk to her about how she feels about herself and that must feel pretty shit, blah blah blah, and you have got ways to kind of dig into trying to get a sense and you read the reactions, so when I have talked about stuff like that, I can tell by her body language and her reaction, my opinion anyway, my interpretation of that, that that is actually true. So if I have made comments like … oh I don't know, when was the last time I spoke to her, I don't know … like for example you know what it is like, you go through the same routines every time, about the phone or whatever it is, and it is the same routine every time. So when you try and break that a bit, you try and break it apart and try and break that pattern, I say to her 'every single time we have to go through this routine, so I am going to tell you something about your phone now, and you are going to get upset, and you might have to be held because you might lose your temper, so what are you going to do differently?' Blah blah blah. 'I don't care'. 'Well you do care, so are you going to lose your temper, or do you want me to just hold you now, and then tell you to save you having to slam the door? What do you want to do?' And I talk to her about stuff and I say until you feel better about yourself, the only thing we can deal with is the phone, which isn't actually the issue, is it? So it is those conversations that make me think, because when I talk about the stuff that I feel is really the problem, she goes really, really quiet and the body language, the eye contact drops and do you know what I mean? So I interpret that as I have hit a bit of a nerve and she doesn't really sound comfortable, so there must be some truth to it. So that is why I feel that … that is why I feel it is not the phone, it is about her, the way she feels about herself.

Interviewer: Okay, so just your experience? Your experience generally but also with this young person, and like you are saying, checking it out and knowing that actually, or thinking actually, that is generally what she does when I have hit the nail on the head? And obviously she might think she does something different when you haven't hit the nail on the head?

Respondent 5: Yes, and then it becomes about being … trying to think of ways to deal with it differently, so it actually helps her to manage herself, rather than just being 'if you do that, you haven't got a phone'. Oh okay. You are doing that every day for ten years and she would never feel any better about herself, because it is a phone. It is not about the phone, it is about how she feels and how she deals with loads of feelings about herself, that she hates herself, is my opinion.

Interviewer: And have you guys come up with anything to support her? Like you are saying, to support her with how she feels about herself?

Respondent 5: We are trying to talk to her differently, so I … to begin with, I would … one thing that she would do and that is when I said she slammed the door, she got up to slam the door and we are not allowed technically to bar exits anymore, so you can use that as an excuse, so you have to be a little bit creative in how you go hands-on there, but I will stand in front of her and say 'well hang on, I don't want

you leaving the room in a temper while you are this upset, so please sit down, all I am doing is talking to you.' And then she will try and barge past, and then that will turn into a hold because she is being physically aggressive. Not overtly but just … and sometimes like the first … I did that probably three or four times, it has gone that way, and you end up in hold which is horrible, isn't it? For half an hour, an hour. And then she shouts and she screams and you go through that routine. She goes through her routine, and now because I have done that, I think that has set the … you know yourself, in this work, that sets the boundary if you like, as in X can manage me when I am like this.

Interviewer: Right okay.

[0:07:49]

Respondent 5: That I am not going to tolerate that, so the next time I would say to her, now when I say to her 'right don't lose your temper, sit down', it doesn't tend to go quite as far, and she will sit down. Because she knows that if I talk to her, that she will feel better because she has learnt that I don't know, that she feels better if I talk to her. So she doesn't need to slam the door, because she doesn't want to be held really. So it is just about talking to her.

Interviewer: So it sounds like you have kind of got an idea about what might be going on, in her inner world, in her head, and then based on that, you have thought about your behaviour and okay what can I do in this situation? So that it doesn't escalate? Is that right? Or is that not quite …

Respondent 5: Well yes, it is just that feeling isn't it? It would be easy just to say … to go through that same routine, wouldn't it, but when you are starting to get a sense of it, of I could do it differently so she can learn to do it differently, then I do it differently. But sometimes I still do that same routine, because I might be tired or pissed off, because I am human. I don't actually have the energy to sit and be really patient and nurturing, I just think do you know what, I have been here 14 hours, I would rather just hold you, that is the truth.

Interviewer: Yes, so there are times when actually, you just feel like you are tired, and you just feel like I can't. So your response to the challenging behaviour is different.

Respondent 5: Will vary.

Interviewer: Will vary.

Respondent 5: It varies when I am tired, yes, that is the main thing. Which I would imagine would come up quite a lot with people who do this work! You know, when you are tired, if you are feeling full of beans, full of energy, and it is 2 o'clock in the afternoon on a Saturday, you are kind of more up for putting the effort in if you like and doing it properly. You know how you should deal with it, for her sake, but when it is 8 o'clock at night and she has been really … it could be that she is being really rude all day long, and then right that is enough now. And you deal with it that way, because you are annoyed that she has been swearing at you all day, which is normal. And sometimes you can quite put that barrier up, so you deal with it that way. And then you think well … but it is okay, because I recognise that I do it and why I do it, it is just hard sometimes isn't it, to not react in the way that you know is not the best way to react.

Interviewer: Do you think that when you are knackered, you are thinking differently about what is going on?

Respondent 5: I am responding more emotionally, that is all. That is how I see it, I am not actually thinking at all, I think I just get pissed off, so I respond, I react.

Interviewer: Oh okay.

Respondent 5: The same she would when I say you are not having your phone, oh fucking hell! So it is … it just mirrors it, doesn't it? That is all, that is how I see it.

Interviewer: So is it when you are not tired, you are able to think differently, or to not be ruled so emotionally?

Respondent 5: Yes, when I am not tired or … I am trying to think, I don't know what the difference is, I don't know what makes a difference. Tiredness definitely, it could be that you have got other things to think about as well, during the day, there are things on your mind, or … I have got to be honest, I don't actually let stuff outside of work come into my mind very often, and that doesn't affect me very much at all, because I have learnt, I have been doing it a long time, so I don't tend to think oh God I have just had a row with my girlfriend or something, so that doesn't bother me. It is the stuff at work, so if you come into work and you have had a bollocking about something, or you are worried about something, people have missed stuff, and you are like … so that be on your mind a bit. Or you have had so many conversations or meetings or telephone calls for the last four or five hours that your brain is fried and then the kids come in and 'can I have this, can I do that?' and you are like grrr! So sometimes that is a factor as well, but more often than not, it is just a tiredness thing.

[0:11:13]

Interviewer: Okay.

Respondent 5: That is what I think the difference is.

Interviewer: Yes that makes sense.

Respondent: It is knowing yourself isn't it? I know when I am tired and when I have had that overload of things, I kind of go numb, I get this numbness so I just react emotionally rather than …

Interviewer: Tell me more about the numbness, what is that like?

Respondent: It is the just the way I describe it, it is like … I can't describe it. I am sure other people get it, but I don't know, it is … I struggle to put that into words. The numbness? It is just my brain gets fried, and I know that I can't tolerate another human being being within a 2 mile radius. So there are days on my days off where I can't … people will text and I don't want to respond because I just don't have the energy, and I need to shut down and have space. So it is that feeling, because it is too much of other people's stuff.

Interviewer: Okay, so something about this particular type of work?

Respondent 5: Yes, it does yes, because it is an energy thing, isn't it? You take on other people's stuff. You walk in a room and you know it is a negative feeling in the room, that affects you doesn't it? And then you might end up with a couple of holds or incidents during the day, and that makes it even worse because that compounds it all. And then by the end of the day, at the end of the couple of days, you just think oh God I just need to have two days off! And sometimes it builds up and then it resets itself and you start again. So if I have any visits in that time, where I am feeling a bit drained and numb, then yes I will respond more emotionally, definitely.

Interviewer: Thank you, that is a really full answer. In this particular situation, with this YP, before you even had the meeting with her, were you having any thoughts about how this is going to go, or what she might be thinking and feeling?

Respondent 5: That is an interesting one isn't it, because I don't know how other people think about it, but you know when you know you are going to do something, have a conversation, and you don't know how it is going to go because it hasn't happened yet, so there is a bit of an unknown quantity to it, you think it could go

this way, it could go that way. But you get a gut feeling, like it will probably go that way. So I don't tend to think too much, I just think concentrate on what I have got to do, and then you deal with it as and when it happens, or doesn't happen. And you always get kind of a feeling, but what I was saying earlier, the interesting thing is that afterwards I always think well, like that particular incident, I knew that I didn't have to respond in that way, that is what I am saying. Even though I might be numb or I am reacting, I know I don't have to, so I don't know whether it is a choice or not.

Interviewer: So you don't have to respond in the way of … which way?

Respondent 5: The emotional thing, so what I am saying is I know that by the way I am talking to her, the things I say or the patience that I could show, that I wouldn't maybe have to … it wouldn't have to go as far as being a hold, if you know what I mean. But I just … sometimes it is a … I am tired and numb, I don't know whether it is I can't be bothered, or whether it is just I am not capable, I don't know. I don't know how much of a choice it is, or how much control I have got over that, it is just how it is, so it is just about how I feel about myself isn't it? In that moment? That is all.

Interviewer: Yes, and how you are feeling in yourself?

Respondent 5: But I always reflect, I always think well did I have to? Well no, I didn't have to but … I don't know.

Interviewer: So you kind of think back and think about the incident?

[0:14:39]

Respondent 5: Always yes.

Interviewer: And reflect on it?

Respondent 5: Always.

Interviewer: And is that useful? Is that really useful?

Respondent 5: It is useful yes, because you learn about yourself don't you? And what I have learnt in 14 years is that it will probably never change, I am just what I am and some days I will react like that, and other days I will react more positively for the child yes.

Interviewer: So have you employed any strategies if you have thought oh I could have done that differently? Have you thought about what would enable you to do it differently? Or have you thought actually no this is the way I am? Or have you thought something else, something completely different?

Respondent 5: I don't think I employ any strategies, I just … no I don't think so, I just go with the flow. I don't beat myself up about it, I just think if I feel pissed off, then I will probably react that way, because everyone has to have their needs met, don't they, so if I am pissed off, that is just the way it is. So you can't always put everyone and everything before you, can you?

Interviewer: Okay, so you being pissed off, is that you getting a need met then?

Respondent 5: I think sometimes, yes.

Interviewer: What need do you think that is?

Respondent 5: Because you see it is an outlet for frustration or that emotional numbness or that … because obviously if you have days on end when it is constantly about everyone else, and you are always the one being leaned on, and it is not just the kids, it is your colleagues as well, it is the whole environment isn't it? And

no-one ever goes how are you doing Paul? Do you need a break? It is that sort of thing, or how are you dealing with it? So because I can just crack on with it, no-one ever thinks to ask 'are you alright?', so sometimes yes I think that is a little bit of a factor, when you have these incidents and a part of me wants it I think, because when it escalates, you know what I mean, it is like … it sounds awful doesn't it, it is … it is perfectly justifiable to go hands-on if they are slamming a door as you know, or if they are verbally threatening you with physical violence, it is perfectly justifiable to do it, but I think sometimes I go that way because I need to do that.

Interviewer: Right okay.

Respondent 5: Because then it gets that tension out doesn't it? It is not just for the kid either is it? It is for me as well.

Interviewer: And do you think that is something you are consciously aware of at the time?

Respondent 5: Yes.

Interviewer: Or is it reflecting back you think? Or is it both?

Respondent 5: I think it is both, it is a bit of both. I think I am always aware at some level, in my gut, in the moment, that I am yes. And I am probably reflecting, that makes more sense, it is clearer, but yes, I think I am.

Interviewer: So in your gut, you are kind of aware that you have had enough?

Respondent 5: Yes, I am, absolutely yes. But I know that … I know there is a line, I know that I would never lose my temper, I would never allow that to happen, no matter how tired I was, which is why I get tired I think, because I am always controlling that.

[0:17:22]

Interviewer: Oh okay, yes. It is tiring.

Respondent 5: It is not every day, it is every couple of weeks or something I will feel like that, but yes I am aware of it, absolutely.

Interviewer: Yes, there are some really interesting reflections there.

Respondent 5: Yes I suppose it is, yes. It is … I am aware of it.

Interviewer: And do you … it sounds like you do spend a lot of time reflecting? Do you do anything with those reflections? Or is it just …

Respondent 5: No I just have them! I don't write them down or anything. No, not really, I just … I just have them.

Interviewer: Yes, okay. And sorry we will move on, just really curious about the times when you do feel like you have really had enough and you can feel it in your gut. Do you think that affects the way you think about the young person and why they are behaving as they are? And what might be going on for them?

Respondent 5: …

Interviewer: And how you feel about the young person generally as well?

Respondent 5: In the moment, yes, in the moment it probably does affect it in the sense that I don't think too much about why they are doing what they are doing right now. It is about getting through that moment.

Interviewer: Oh okay.

Respondent 5: So I have got that reflective bit and that kind of let's think about or analyse so we can try and get to the bottom of stuff, that doesn't come in until after everything slows down.

Interviewer: Okay, yes.

Respondent 5: And that feeling has gone, because once that feeling has gone and we have had a blow out, or I have had a blow out, you can then talk about it. But no in the moment it does, yes. Perhaps they have just got to have a blow out, the same as I have. Or let them have a blow out.

Interviewer: Yes and if you are feeling … you are not feeling like that, and you are kind of feeling on top of things and things are fine, are you then more able, in that moment, to think about oh I wonder what is going on here?

Respondent 5: Yes I am, and I want to kind of go the long route and take the long way around, which is more … I don't know if it is more positive or not, who is to say, it might be more positive to do it the other way, I don't know? Yes, I do yes. So that is my default setting, but it is the environment that makes you feel like that, isn't it? And it builds up?

Interviewer: Yes, so it stays when you are knackered and like you say you have got stuff from the YPs and also stuff from colleagues as well? So are you a shift leader here?

Respondent 5: I am actually … they made up this new job role now, they call it a 'team leader' which is a bit like an assistant manager, I guess, but without having to pay them assistant managers salaries! So yes.

Interviewer: Is that more responsibility?

Respondent 5: Yes.

Interviewer: Ah okay.

[0:20:06]

Respondent 5: I enjoy that though, I enjoy that side of it, because it has moved away a little bit from child contact, which after 14 years of shift work, you don't want to really be doing any more. Anybody that does is a little bit mad, I would say, so yes I do enjoy it yes.

Interviewer: So it kind of breaks up the day, with lots of different tasks? But I guess with that, different demands as well?

Respondent 5: It is different, and it is an adjustment, but I am enjoying it, yes.

Interviewer: That is good! Okay, back to this incident. So you went into the flat with a colleague, to speak to her about it, so you said you had made a decision had you, in the team or your colleague or you on your own that actually, due to her general behaviour in the week, her verbal aggression and rudeness, that she wasn't going to get her phone back that day.

Respondent 5: Yes, I already knew that yes, that decision was already made, yes.

Interviewer: Okay, how long had she not had her phone for, then?

Respondent 5: She has had it back since.

Interviewer: Okay. Before that, did she have it and then you took it away on the Friday? Or was she kind of earning it back?

Respondent 5: I don't think she had had it for two or three weeks I think, actually, before that.

Interviewer: Wow, okay.

Respondent 5: Because we set in the place that she would earn things back because there was a lot of stuff around. You can say about her social networks and her laptop, internet access, mobile phones, and you take things away from them, but it is not about the mobile phones and the laptops, it is about the relationships that she has via the social network and mobile phone, and how that makes her feel about herself. So we thought we would take them all away and give them back one at a time, so she earned the laptop back and we monitored her behaviour for a week or two, and then we reviewed the mobile phone, but she couldn't manage the laptop so she didn't get the phone so she managed the laptop for a week and a half or whatever it was, and we decided to review the phone but because she had had the incident on the Wednesday, that is the only reason she didn't get it back.

Interviewer: Yes, okay, okay. 'I told her that I felt she had … I told her that she had not made enough effort to manage her temper better, and I knew she was capable of this as she has proven it to be true in the past'. So tell me a bit more about that, so you felt she had not made enough effort to manage her temper better?

Respondent 5: You know I said earlier about the conversation, you asked about the conversation I had had with her, it is those conversations. I had so many with her, which I felt were very clear and very positive and very constructive and it was very positive advice about how to manage her temper and choices that she had in that moment, the same as I do when I am feeling … we all have choices, don't we? And it was made very clear, I thought by myself and others, what she could do differently.

Interviewer: Okay, so you did some skills stuff, if you are feeling like this, you could do this?

Respondent 5: Yes, and people including myself had said in the moment right you are a little bit bubbly, why don't you think about what we talked about the other day and take yourself away for five minutes, without losing your temper? Or we could sit and talk? And she chooses to then not take either of those options, then she chooses to, most of the time, just shout and scream and whatever, but there was a couple of occasions I saw her do it, so I know, and I knew that she could manage it.

[0:23:19]

Interviewer: Okay, so you kind of see it, it sounds like you see it as a definite choice, so she is choosing her behaviour in the moment?

Respondent 5: Yes, I think that she … I think she is intelligent enough, I think she is self-aware enough to be able to make the choice to take responsibility for herself. I don't whether it has clicked in her head yet, to be honest, that actually I have a choice, I can make myself feel better. But I think she is capable of doing that, which is why I take that approach. I could be wrong, but that is just my opinion.

Interviewer: Okay, so you are not sure if she is aware that she has got a choice?

Respondent 5: No.

Interviewer: But you think she is capable?

Respondent 5: I think she is very capable, I think if the penny dropped, but it is all about how she feels about herself, but then I suppose if you are challenging the way we are doing and she is constantly thinking about how she feels about herself anyway isn't she? So in a way, it is all positive really, because if you constantly … I don't know, go down the rabbit hole a bit, it … I think she is capable of doing it, that is my feeling.

Interviewer: So in that moment, your sense was actually you are capable of doing this, and you have made a choice not to? And so there are consequences?

Respondent 5: Yes, because maybe in the past, no-one has talked to her, and I don't think sometimes we talk to the kids, we formulate answers for them in the right way, do you know what I mean?

Interviewer: Tell me more, tell me more about that!

Respondent 5: Oh Christ! I am confusing myself now! It is difficult … people … my brain is going to be fried in ten minutes!

Interviewer: Sorry, you let me know if you want a break.

Respondent 5: That is alright.

Interviewer: Or a cigarette.

Respondent 5: That is alright, I quite enjoy it really, but it is just trying to … People behave, don't they, as we all know and that is what we do, so if she is behaving in that way, in those circumstances there is a pattern all the time, isn't there? So people say she does this when she doesn't get that, or she responds to this. So okay, she has been doing that for 25 years, or 2 years, or 6 months so why don't we do something about it then and do something different? So what we do, I suppose in this profession, in this job, what we are good at is putting boundaries in, and saying you can't have this and we keep them safe and we hold them sometimes. But I think the bit that we don't do very well, not everyone, but I think as a general thing what we don't do very well is talk to them, we don't make them feel that they can talk about how they feel, and that is the bit I think we are not good at. So where am I going with this? So that is the bit I think, when you start doing that with them, and it is needs … it is quite … it is a balancing act isn't it, because anyone could say, colleagues or anything, anyone could say to them no you are not having your mobile phone, and they kick off and you hold them, and if they don't feel that they can talk to you about stuff, they are just going to go through that emotion and that pattern every time, because they think well that is how it is, I have lost my phone, I will just sit and watch TV. And no-one has talked about anything, why have they reacted like that, the actual real root of things, do you know what I mean? And that is the bit we are not good at, I think, so that is why … I don't know what the original question was to be honest!

Interviewer: Do you know, I am not sure I do either!

[0:26:29]

Respondent 5: So that is why … I try to have that approach and that is why I was talking about in terms of I can't always respond like that, because of how I feel, because it takes a lot of energy. But I think that is the right way to do it. You always have to have boundaries, no you are not having your phone, but actually this is why you are not having your phone.

Interviewer: Yes, okay.

Respondent 5: And I think that makes sense.

Interviewer: In that moment, when you kind of said … I don't know what you said, something about you are not getting your phone back, what do you think went through her mind?

Respondent 5: I think she was very upset in that incident, to the point I mean she was sat there and she turned away, she always turns away. She will turn away, she will go

like this and she will put her head up. And I think well she is just upset and doesn't want people to see that she is genuinely upset. But then a few seconds later, or rather in that incident once she had finished her slice of pizza, which was interesting, that is another sign of control, because she didn't lose her temper until she had finished eating her pizza! So that obviously was more important to her than ---

Interviewer: Okay, so you have some sense again that the behaviour was under her control?

Respondent 5: Yes, because she had food. And I have sat and watched her eat her slice her pizza and as soon as the pizza was finished, she put the plate up on that window sill and went 'right' and then went off on one! And I put it out to her, I just thought you would finish your pizza before you lost your temper, so yes she definitely has the choice, that is another piece of evidence for me, why I think she does.

Interviewer: Yes, okay. And what do you think she was thinking at that time? So it sounds like she was upset?

Respondent 5: What do I think she was thinking?

Interviewer: Yes.

Respondent 5: I don't know about thinking, I just think … I think it is just an emotional reaction, I think it just links with how she feels about herself. So she doesn't have the phone, she can't speak to people and make out she has got texts or Snapchats, so she looks popular so she looks like she has got a normal life. So therefore I am going to feel shit all night because I can't do that. So it is all linked to how she feels, and it is very quick, isn't it? It is such a quick link or reaction, but I think that is all it is. I don't think it is about the phone, it is about how she feels, but the phone is the link to that.

Interviewer: Yes, and did your understanding of that affect how your responded, do you think? Your understanding of what it was about?

Respondent 5: Yes, because I will communicate that with her. Not in that moment, I have dealt with it in a different way, but I will talk to her about it and I will say do you ever think that maybe it is not really about the phone? What do you mean? And I can tell by her face that she is interested in hearing what I am saying, so in some way it must strike a chord with her, even if she doesn't actually understand it. There is something about what I am saying, I can tell that she wants to listen to so when I talk about it, I get the sense that it is correct. Or it is helpful and that is why I say well maybe this is just how you feel about yourself, because I don't know if you are lying about all the Snapchats and texts you are getting, maybe everyone that you say is your friend, maybe they all hate you? Maybe they all fob you off when they ask to meet up with you in your free time, they don't turn up? I don't know, but maybe it is difficult for you to say that? They do turn up, they do turn up Paul. Maybe they do, I am not saying you are lying, I am just saying maybe sometimes you do lie. But she doesn't get angry and defensive when I talk to her about that, she kind of goes quiet.

Interviewer: But in that moment I guess, when she was … when her behaviour did escalate, and she became very verbally loud and aggressive, it sounds like what you are saying, and do tell me if I am wrong, you have got that understanding. Actually in that moment was that understanding put to one side, and you just dealt with ---

[0:30:18]

Respondent 5: I had to.

Interviewer: I don't want to put words in your mouth so if I am wrong, do tell me!

Respondent 5: No, that is correct, because if she hadn't reacted by standing up and shouting and screaming and trying to slam a door, then I would have gone into that mode, I would have gone into that role, if you know what I mean? But I couldn't because I had to physically hold her, and then it was about the hold. And then after the hold, there was a conversation, so we went back to it.

Interviewer: And the decision to hold, is that … how do you make that decision?

Respondent 5: That is a good question! I could quote the policies, couldn't I? But that is not really the truth, the truth is that I feel that is what I need to do, in order to let her have a blow out. And then … because if she is reacting like that, then I am not going to be able to bring her back down, because she is already up there, if you know what I mean, so …

Interviewer: So you are thinking she needs a blow out? And is a blow out being held, is that what it is?

Respondent 5: Yes, because she shouts and she screams, she always apologises afterwards, but she needs it, and she says sometimes I need that. So when I got a sense that she is really upset or really angry, I thought well this is better for her right now, so that is what I did. So sometimes it is that, yes.

Interviewer: Okay, so you kind of had the sense that she needed to be held, and needed to blow out?

Respondent 5: Yes, the physical contact or the feeling safe or whatever it is, yes.

Interviewer: And then that is something she has kind of said to you actually?

Respondent 5: She says sometimes she knows she needs it, yes.

Interviewer: That is really interesting, really interesting. Loud and abusive, so making a lot of personal comments about yourself and your colleague. When she is making those comments and being abusive, how are you feeling? What is that like?

Respondent 5: How am I feeling? I have kind of … I don't know, my reaction is normally to … I feel very calm, to be honest with you, I don't tend to … I don't tend to take it personally but … because I know while she is making them, she is just lashing out, it is because I am there. And I see that as what I am there for, in that moment, I am there to allow her to do that, because that is unfortunately part of it, isn't it, you have to go through that sometimes. So I don't mind that, I just find it quite funny, because she comes out with the same things every time anyway, so I say to her that is boring, you said that last time! So it takes that power away from it in a way, I find it quite funny.

Interviewer: So it sounds like you don't take it too personally? You see it as almost part of your role? Is that right? In the moment, to be … I can't think of the right word, it is not like a sounding board.

Respondent 5: It is being an emotional punch bag.

Interviewer: Oh okay, that is an interesting phrase.

Respondent 5: It is though, isn't it? That is just how I see it, it is just you are the one there saying no, or you are the one there to be shot at if you like, so yes.

Interviewer: And is that something that you see as something you expect as part of your role, or is it something that you ---

[0:33:21]

Respondent 5: I expect it from some of the children, and some I don't expect it from, so because that is what she always does, then I expect if from her. If one of the

other … if one of the boys did it, I would be quite shocked and I would probably react initially quite angrily or differently, because I think well you have never said that before. Why are you personally attacking me? So with her, I know there is no real … what is the word … there is no real intention to hurt behind it, it is just her fending …

Interviewer: Right, so there is something about you knowing her, and your experience with her, that changes the context of the behaviour? So that behaviour from a different YP would, it sounds like you said, make you feel quite differently, quite angry?

Respondent 5: Yes, because if it is something they haven't done before, then you would be starting from scratch again, about knowing and learning about them, wouldn't you? Because you are having to … initially you would react, it is the unknown isn't it? You know, they call you a fat cunt or something, or like the YP always says to me, and this is interesting, one of the comments she always makes is 'you are just fucking lonely', and what a strange thing to say, I always think that is really strange! So of course, everything is mirrored isn't it, so it is that. So that is what is interesting about the YP, she will always attack me in the way and she is very clear about how she feels because she says it to me, that is how she says it.

Interviewer: Okay.

Respondent 5: Whereas if it was someone else, if one of the boys said that, in a real angry way, you think well what the hell are you saying that for? I would have to then analyse it, but yes

Interviewer: Right, that is really interesting. And it sounds like that understanding of what is going on, and what you think is going on, impacts how you feel? So if you are … and do tell me if I am wrong, because sometimes I talk too much! So it sounds like if you were thinking okay this is actually she is telling me something about herself, that she is mirroring, to use your word, actually it doesn't make you feel angry, but maybe if someone was doing it …

Respondent 5: Yes, until I understood why they were doing it, yes, it would yes, because it is an unknown isn't it? You don't understand it.

Interviewer: So that understanding seems quite important in terms of how you personally react?

Respondent 5: Oh, it is very important, yes yes. Yes so like the first time, maybe the first couple of times I had these incidents with her, it made me angry or I had that sense of frustration, how dare you speak to me like that? And then eventually you think well actually this is all it is, and this is why. So it is just a process, isn't it?

Interviewer: Oh okay.

Respondent 5: Of understanding, of going through it.

Interviewer: That is really interesting, so the more you got to know her and the more you understood the anger, the emotion changed? It went from anger to ---

Respondent 5: Yes, so I am open-minded, like I might react one way, but then I know that it is not necessarily how I interpret it initially, so you have always got to be … you have always got to be flexible in your thinking about things haven't you? Otherwise you can't change, because how can you possibly understand everything about someone?

Interviewer: I think your idea of a kind of process in the relationship, or whatever you want to call it, in your knowledge, is really interesting, yes.

Respondent 5: Yes, maybe it is! It is just how I think, I do think like that, but yes that is how I see it.

[0:36:34]

Interviewer: Thank you. So then she apologises and said she felt really bad? When she apologised, does it again … what is that like for you? What sense do you make of it?

Respondent 5: That is interesting, because when she apologises, I don't get the feeling that she is saying it just because she should say it.

Interviewer: Oh okay.

Respondent 5: So, because she will wait until … like I think that particular evening, we were in the kitchen and I was just washing a couple of mugs up and she came in and got a cup out of the cupboard and she just turned to me and went 'sorry about earlier', and she said it really quietly because … there was a genuine kind of … there was a sincerity about what she was saying, because you could tell by the way that she did it, because she was uncomfortable saying it. So I think she genuinely is sorry and then the next time I had an incident, she was a bit more comfortable saying it, and she also said 'I didn't mean what I said, you know', and I said 'I know you don't, but we will just keep doing it until you stop saying it, that is not a problem'. And that is how my relationship is with her. So that is why I think I get the behaviour, because she … I mean you say you have done the job as well, haven't you, they know … when they know you can manage the behaviour, and they will then feel better after you have managed the behaviour, they will keep seeking you out to manage their behaviour! Which other people won't get the behaviour.

Interviewer: Right okay.

Respondent 5: Not necessarily.

Interviewer: So your sense is because you do have a relationship and you have kind of given her a safe clearance in the past or something, that actually … is it that you might … you might end up actually getting more challenging behaviour in a way?

Respondent 5: Yes, I do think that sometimes, but … I do think that, but then I think because I am flexible, and I don't get stuck with one opinion about her all the time, I don't let it fester, I kind of analyse it, so I am always flexible with how I deal with her. Sometimes I deal with it differently, because I have said at the start of the conversation and then I don't think it will get to that, it will just be moving forwards, it will just be a development of something positive, it won't be … I won't get stuck doing the same things, having the same arguments, because I make sure it changes.

Interviewer: It sounds like that process of reflection is really important?

Respondent 5: It is massively important.

Interviewer: It is really important yes.

Respondent 5: It is massively important, you have to don't you? I think you have to, otherwise how can you move forwards with them? Therefore helping them move forwards? How can you if you are constantly thinking well they are just angry and they just like to be held? If you have only got that one opinion, you are never going to think differently, and they will never think differently. So you constantly have to change, don't you? Everything is in forward motion all the time, so you have to try, don't you?

Interviewer: And do you do that reflection on your own? Or do you do it with other team members?

Respondent 5: I do it on my own, and I do talk about it with colleagues a lot. I don't think … I don't think some of them quite have the same mind-set! That lady next door, she is very good, she is very reflective, she is quite switched on, very switched on. But there are other people that are not quite so much, but … and it is interesting that isn't it, because sometimes the people that you think don't really analyse things like that and they don't have that same approach, that same thinking, thought process about people. They don't tend to have the same kind of behaviours sometimes! And I think sometimes I think it is because, one of the factors is just that, it is the kids know that if I have this issue, they won't manage it.

[0:40:16]

Interviewer: Right.

Respondent 5: I think some of it is that sometimes. It is not the one and only thing, but I think it is a factor, definitely, it is about the relationship with them, yes.

Interviewer: Okay, is that something you have learnt through your 14 years?

Respondent 5: Yes, thanks for bringing that up! Yes it is yes, it is yes, it is. I just think sometimes they just have a sense don't they, of … or anyone does, it doesn't have to be a child in care, anyone has a sense of who they are comfortable with, or who they can't talk … say things to, or whatever. If you ask them, they probably wouldn't be able to explain it would they? They would just say … probably they would show us wouldn't they? But I think it is just a sense, it is a feeling, isn't it?

Interviewer: It can be really hard to put things like that into words, I think?

Respondent 5: I think it is about trust, I think it is just about I trust that I will be looked after, I trust that I will feel better. Regardless of what the process they go through with that particular person, whether it is a hold or it is a conversation or it is going for a drive, they know that they will feel better afterwards and they trust that, because it has happened before. Whereas other people won't have that same approach, they are just … they are just here.

Interviewer: Okay that is really interesting, yes. So if you have got an approach that fosters trust?

Respondent 5: Then they will seek it out, and it will happen again and again and again.

Interviewer: Really interesting! Thank you.

Respondent 5: I think I am making sense?

Interviewer: You are.

Respondent 5: I am waffling really, but ---

Interviewer: No, you are not waffling, you are making sense, it is really really interesting and really useful actually. Okay, I will go onto the second question. What I tend to do, is on the first question I then ask you all the other questions, so I am hoping there is not too much repetition but the second question, and we have touched on this, so how did you feel at the time? What were you thinking? What were your thoughts and feelings about the child or young person? How did you feel you had been treated by them? So, I will just read your answer, so we know where we are at. 'I felt a constant state of disappointment at how she was choosing to manage her feelings, as I feel she is very bright and very capable of doing better. If I am honest, I did feel a little annoyed that we were going

through this routine again, as I tried very hard on numerous occasions to encourage her to deal with things differently. I felt a strong sense of frustration due to this'.

Respondent 5: I did on that day, yes.

Interviewer: Did you? I am really interested in kind of just that feeling of disappointment as well.

Respondent 5: I am disappointed because I have had those previous conversations with her, and I felt that, like I said, that she wanted to listen, that something struck a chord, more than once. So I was hoping that she would chose differently but she didn't, she chose to go through the routine that made sure she got held. So yes I was disappointed, because I don't want to be doing that. I would rather not be doing that, so I am just disappointed, because I would hope that she would deal with it differently, yes. And it is frustrating, I did find it frustrating that day and maybe more so because I was tired.

Interviewer: So was it … it was … it sounds like you were disappointed, so the frustration came from actually the fact that this is something you have done really, really regularly, and that you felt you have had lots of conversations with her about trying to think about a different way to do it? And you were disappointed? What do you … what is your sense of kind of why she is not able, or why she didn't in that moment seem able to do something differently? Or to chose to do something differently?

[0:43:56]

Respondent 5: Because her pattern, her script, is to react like that, so she may well have listened and endured listening to other options, when I had to deal with her behaviour when those feelings come up, but in that moment, if it is just too strong, that urge is stronger than … do you know what I mean? I don't know.

Interviewer: So script, kind of like habit or something?

Respondent 5: Yes it is a habit, yes.

Interviewer: Okay, so because it is what she has done again and again?

Respondent 5: Yes, and in that moment, when she turns away, in that moment I think there is a moment, there is a window, that is a better word, there is a window where you can speak and I know I could say something and that is what I am saying about doing it differently, but I didn't, because I was tired. And I have done it before, so I know it works, that I can intervene there and it will stop it going up. So I can see it very clearly, but that day I felt that wasn't the right thing. So yes there is.

Interviewer: What does that window look like? How can you tell that it is there?

Respondent 5: It is just a feeling, it is just a feeling, it is really difficult to describe. It is just a feeling, you know when they are angry and upset or whatever, or they are threatening stuff, and I know when it is over, I know when it is over because I feel different. So I can feel what … this sounds really weird, but I can, I can feel what they are feeling, it is like I feel, I know it sounds really odd, but I do. So I know when I am calm, it is because they are calm. And it is okay to say yes you can go out now, or yes we can talk about this now. It is just a feeling, so I just wait for that feeling to come, that is all.

Interviewer: That is really interesting.

Respondent 5: I know that sounds really weird, but ---

Interviewer: It doesn't sound, it doesn't weird. Do you think it works both ways? Do you think they pick up on your feelings? Or do you think it is mainly you?

Respondent 5: … Do they pick up on my feelings? Sometimes. I don't know, I think sometimes they just want you to hold their feelings, I don't think it is a two-way thing. I think they just, because they are children, I don't think it is always a two-way thing, no.

Interviewer: How old is this …?

Respondent 5: 13.

Interviewer: Is she 13? Okay, so you feel that she is very bright? Is that intellectually very bright? What kind of …?

Respondent 5: I think she is self-aware, I think she knows why she is upset, she knows what drives her behaviour, I think she is very aware of it. It is to do with her mum, her relationship with mum, not so much dad but mum I think. And her sister, rejection, just being let down by mum therefore I am not very important therefore I am not worth anything, so I think it is all to do with that. It seems fairly obvious really, it is just … so I think she knows that because she can talk about it, there was even a conversation the other day, she was crying her eyes out, and this was positive in my opinion. She didn't lose her temper, she cried, and she talked about her mum letting her down, always letting her down, always letting me down. So, that is what it is.

Interviewer: Yes, okay.

[0:47:02]

Respondent 5: So in order to feel like she belongs or is wanted, she has to seek that out through friends, through Snapchat, through Facebook so if she doesn't have her phone, that is a link to self-esteem, so that is why she does it. That is how I think.

Interviewer: Right, okay. And you feel that because she has got that self-awareness, and you have kind of had those conversations, is that what made you feel frustrated or annoyed? Or was it something else?

Respondent 5: … Yes it was that, and that there is a little bit of I am tired, so I would rather not deal with it, but I know I have to, so I do. Do you know what I mean? There is a bit of that, of course there is, because I am human, I don't want to be doing that.

Interviewer: Yes, okay, that is really interesting, thank you. Question three, I think we have probably covered this, I will have a look. What sense did you make of the young person's behaviour? 'I think her phone is her access to people outside of the home, so if she doesn't have it, it triggers feelings of rejection, not having any friends, being in care, feeling trapped and stifled et cetera. She has become accustomed to dealing with these issues by blaming others and loosing her temper, leading to holds. These feelings of rejection are likely linked to being let down constantly by her mother throughout her childhood'. It sounds like you have kind of really really thought about this young lady actually, and it sounds like you have made links between actually previous experiences and now, links about how she feels about herself and then also how that translates to her behaviour as well? So I think we have answered that question. We haven't picked up on the blaming others actually. Is that a behaviour thing?

Respondent 5: Oh that is just a venting thing, when she is in her loosing her temper phase, you can't have your phone, this place is fucking shit, you are all fucking cunts! It is just … which is the sort of thing she will apologise for, as we mentioned earlier, afterwards. I didn't mean that. I know you didn't, but try to swear less please. That is all that is, that is what I meant by that.

Interviewer: And is it the same as what you were saying earlier, when she was being abusive about you? When she is blaming you, again is it that you don't take it personally?

Respondent 5: No, I don't take it personally, but obviously you have to say right don't swear at me please. I am not swearing at you. You still challenge that, yes.

Interviewer: Right, okay thank you. What did or do your thoughts about the cause of the young person's behaviour make you think and feel about them? 'I feel that this YP needs a lot of work and time to deal with her feelings about her mother, and I feel her self-esteem is very low due to this. I feel sad for her, but not due to her mother's treatment of her, but more due to the fact that she could begin to feel so much better about herself if she would just try to trust people a bit more. And try to explore feelings with them. I feel frustrated with her at times because I feel she has so much potential'. Okay, so you feel like yes she needs lots of work and time to deal with her feelings? How … I was going to say how would that work look, but actually that is my curiosity rather than this. And you feel sad for her?

Respondent 5: Yes it makes me feel sad, yes, because when you talk to her and you have the conversations, and even when she is up here, when I was saying you kind of feel, you have to … it is an empathic thing, isn't it? You have to … and I am very empathic, so I do feel everything really so it is a bit of a double-edged sword that one, but that is how I feel, that is how I feel, I just feel very sad. I don't think I can put it any other way, but yes I do, I do. But not because she has been let down by her mother, because I don't believe in … I don't believe in feeling sorry for her, because that doesn't help anyone. I wouldn't want anyone feeling sorry for me, because otherwise I think … I think it just … they already feel … they already are a victim of something or someone aren't they, so to feel sorry for them means that you are teaching them to continue feeling like they are a victim, so I don't see how that helps them. So I am not sad because of that, to a degree I am not actually interested in what has actually happened to any of them. That sounds really odd, because I have to know and I have to understand stuff, but that has no bearings on what my expectations are of them or what I think their potential may be, because it doesn't have to be defined by what has happened to them, does it? So that is the thing, the biggest thing. The best thing you can teach them, the very minimum I think you should teach them is to take responsibility for their own … or any human being, to responsible for your own actions and behaviour and whatever, despite what their life has been, because otherwise they are constantly defined by stuff, and other people's treatment, which has nothing to do with them. And it is showing them that, it is teaching them that, that how your mum treated you is not your fault, that was her problem. So that is why I don't feel sorry for them, because it has no bearing on them as human beings or what they could achieve, is it?

[0:52:33]

Interviewer: Okay, so you don't see a link between the past experiences and …?

Respondent 5: I do for them, it is still a link for them, because they haven't yet … she hasn't clicked that I don't have to be this way, I could be something else, I could be different to my mum and I could … or whatever. So yes, that is why I feel sad, that is why I get frustrated, because I know that she could.

Interviewer: Okay, so you have kind of got really strong belief in her potential?

Respondent 5: I do, yes.

Interviewer: And what she could achieve?

Respondent 5: I believe in all of them, to be honest, I think you have to. You have to, don't you? Why not?

Interviewer: But you feel so if she would just try and just try, is your sense then that she is not trying?

Respondent 5: I don't think she is trying hard enough, sometimes, in the moment no. She is not recognising when her feelings are coming, or she is recognising but is choosing not to do different. But she will, I think she will eventually.

Interviewer: What do you think will make the difference?

Respondent 5: Just repetition.

Interviewer: Repetition?

Respondent 5: Yes, just keep having the same conversations, keep pointing out the same things, and she knows. It was interesting, the last time was really funny, because I had that same conversation with her last night in the kitchen, and I said no about something and I said remember we talked the other day? It makes it very difficult for me to say yes to these things, when you are continually having head fits and swearing at people. She went yes, and as she walked off, she patted me on the shoulder, and I thought I don't know what that means, but it felt positive. So I think eventually, she will get it.

Interviewer: Okay, so that is what you feel, you will support her to try harder and to make changes is kind of repetition, repetition? And does this behaviour and your understanding of this YP's behaviour, does it make you feel or think anything about her as a person? What kind of person she is and who she is?

Respondent 5: Does it make me … well yes. Does it make me think what kind of person she is? I don't know, she is not … she is not a finished article is she? She is a 13 year old girl, so I don't think she is anything, I just think she is what she is or who she is right now, so she has not defined anything yet, because she is a child! That is our job, or partly our job, to help them develop and grow into the person they could be, so I don't tend to focus on that.

Interviewer: Okay, thank you. And again I think we have covered this actually. 'I remained very calm with my tone of voice, and I made sure I was very reassuring. I tried to really listen to what she was saying, and more importantly what she was really feeling. I don't feel that I wanted to respond much differently than I did, perhaps it was hard for me at the time not to show my frustrations with her. I didn't though, as I felt this would damage the relationship.' Okay, so you were consciously aware of staying calm and obviously you thought that would be kind of helpful in that situation? And you were reassuring? Tell me about reassuring.

[0:55:58]

Respondent 5: … Reassuring? That I often say to her that … you can't make promises can you, but I do say sometimes 'I promise', but I don't make weird promises! But it is just how I see it, I say things like if you listen to what advice you are given, if you trust that we can help, then I promise you things will change, because nothing will ever stay the same. Yes it fucking will! It won't if you decide that it won't. But it will change anyway, because everything does. It won't change. It will change! And it can be a really good change if you trust people who are saying this for your own good. So there is that sort of reassurance, there is reassurance that we will … try and help her the best we can, but she … until she buys into that ethos, she is always going to have these same patterns of behaviour, so I don't think she has quite bought into it yet, I don't think she quite trusts it yet. But I just reassure her that it can change, and it can, and I know it can.

Interviewer: Yes, it seems like to you, the reassurance and reassuring is important, something that you come to believe is an important part of how to deal with those situations?

Respondent 5: It is, because they don't believe in themselves, do they? And they don't really have any sort of confidence or self-esteem, so we have to have it, don't we? We have to believe in them, because … well who else does? That is why we are here, that is our job isn't it? So I do believe yes, absolutely.

Interviewer: And you tried to really listen to what she was saying? And more importantly what she was really feeling?

Respondent 5: Yes, and that is what I was saying about, she might be saying something, but I feel that really what she means is something else, so I will then say that, I will just respond to the words, I will respond to how I am feeling, which is how she is feeling.

Interviewer: So there is kind of another layer? It is not just the behaviour that you are presented with?

Respondent 5: Oh yes it is, yes. Yes there always is, isn't there? Normally, so yes, I am trying to think of an example of that, it is just about the self-esteem thing, so she has gone on about the phone, I haven't had this for so long and I don't have any freedom and blah blah blah. And some of it is normal teenage girl stuff, I just want to go out and so what I want! But some of it is that deeper self-esteem issue attached to it, like the phone. I think the phone is a link to that, so it is normal for a 13 year old girl to go want to go out, she wants to go out and spend several hours walking around talking with her chavvy friends, so that is normal. But there is other stuff that is more complex, isn't there?

Interviewer: Yes. 'I don't feel that I wanted to respond much differently than I did'. That question is really kind of just getting at you know sometimes when you are in a situation and you do respond in a certain way, but you have also got an urge to respond in a different way? And that is just trying to capture that, but it sounds like you didn't kind of have an urge or a dilemma about how you should respond, it sounds like?

Respondent 5: No, I was always going to respond in that way, but sometimes it is with half a heart, isn't it? It is with a bit of a heavy heart that you do it! So that is what I mean, really if a genie popped out of a bottle and presented me with a choice, I probably would have walked out of the room and gone home, and picked my nose or something! But no I had to.

Interviewer: And were you with half a heart on this day do you think?

Respondent 5: I was initially, but then after the incident kind of slows down and you are on a downslope and you are talking and it feels like something positive is happening, my energy levels pick up then, because it feels like something positive is happening. Or I am helping, I guess.

Interviewer: And you felt that actually if you had shown your feelings of frustration, that this would damage the relationship?

[1:00:11]

Respondent 5: I was worried that it would, yes, because I thought if I raise my voice and I am a little bit more real with her, then I might not have the same opportunity to speak. But since then, that was a while ago, but since then, that has changed because then I learnt, you know we talked about being flexible with your goals, I felt that she was seeking me out for that kind of need, get my needs met sort of thing, and I said I am not going to go anywhere. So I tried the other way! And I spent about an hour raising my voice at her, and interrupting her and talking over her. This is everything that she does, which if I am being honest was quite good fun! And it didn't work, it didn't work, it just meant I was holding her for longer! But it didn't damage the relationship, interestingly. Because I was then able to say to her 'I was angry with you earlier and that is why I shouted at you'.

Interviewer: So even in that moment, you were thinking about the relationship?

Respondent 5: Yes, yes. I always have that, I always have that kind of clinical bit, even though it … it is a very hard balance, isn't it? But I do have it, yes, because it is helpful.

Interviewer: So it sounds like when you are responding to a challenging behaviour, there are lots of different thoughts and lots of different kind of things you are trying to balance? And hold onto?

Respondent 5: Yes there is, always. Always trying to listen and feel what is going on, yes.

Interviewer: Yes, okay. And I think that is it for that one, thank you very much. Just to check with time, we have been talking for an hour.

Respondent 5: Oh God!

Interviewer: So … and it is just gone 11, so I just want to check on you and whether you want to do another diary, or if actually you need to be doing other stuff? Because that is absolutely fine, because I did say an hour.

Respondent 5: … What is it, 11?

Interviewer: It is almost ten past 11.

Respondent 5: How much time have you got left, in order to get these done?

Interviewer: That could be enough, so that could be enough, I did say an hour, we don't have to go through them all. Or we could meet at a different time and go through the rest of them, or do another one now. It is completely … it is completely up to you?

Respondent 5: Would it be possible to arrange another time to go through another one? Would that be okay?

Interviewer: Yes it would, yes.

[End of Transcript]

[0:00:00]

Interviewer: So what I'll do, I'll just read through what you've written for Number 1 Description of Challenging Behaviour. 'This incident occurred in the evening as the young person was asked to begin his bedtime routines, showering and getting ready for bed. He came upstairs with his member of staff and also myself; he is two to one staffed. As he was in his bedroom he was prompted to get his towel and his wash kit ready for his shower. As he was looking for his towel he began asking to shower in the morning instead saying that he doesn't have to shower at night-time. The more verbal advice and reassurance that was offered to him, the more his behaviour escalated. Eventually physical intervention was necessary due to him throwing various items at staff. While in the hold I noticed a very strong smell of faeces which I believed to be due to the YP soiling himself. He became very angry and upset when I challenged him on this and the verbal and physical aggression escalated leading to a Level 3 hold. The YP continually denied he had soiled himself despite the smell being present still. After some time he talked about his mum and dad and about family contact in general, after being released from the hold.' Thank you for all that detail. I guess the first question or the first thing I'd like a bit more information on was, initially when he was sort of saying, "Actually I want to shower later," or whatever he was saying, asking to shower the following morning, you've written

'The formal verbal advice and reassurance that was offered to him, the more his behaviour escalated', so this is kind of before the hold. So what do you mean by 'verbal advice and reassurance' and what was that like?

Participant 5: Alright. Well if he didn't shower and complete his routines as per his strategies then there would be consequences for the next day. So we were just talking to him saying, "Look, what's the problem? You've been alright all day, you've been alright all evening, why do you not want to get on with it now?" You know, "Come on, you've had a good day, tomorrow you've got this (inaudible 00:02:26)". And none of that seemed to work and he just continued... you know, and it escalated. "I don't want to, I don't want to." So obviously there was more to it than just "I want to shower in the morning".

Interviewer: Yeah. So even before kind of, like you're saying, the behaviour escalated when he was kind of saying that he wanted to shower later, did you have any thoughts about what he might be thinking or feeling or kind of did you have a sense that it might escalate, or...?

Participant 5: Yeah, because as soon as he says, "I want to shower in the morning," that's the big neon sign saying I'm going to have some kind of a problem this evening.

Interviewer: Oh okay. And you know that through...?

Participant 5: Just through him doing it a lot, yeah.

Interviewer: Okay. So this is a bit of a hot spot?

Participant 5: Yeah. So he... God, it was a few months ago now, he... What happened?

Interviewer: Yeah, it was, it was back in January, wasn't it, yeah.

Participant 5: Yeah, it was, yes, it was January, February. Yeah, so he... What happened?

Interviewer: So it sounds like you were kind of explaining why he needed to have a shower then and –

Participant 5: Yeah, like that side of things, as in "Well if you don't do this, this happens" sort of thing, and none of that was going to work, so –

Interviewer: And has that worked previously with him?

Participant 5: It has a couple of times. There was like two or three people that never really had that behaviour from him at bedtime and I never had it before, and he never used to... Well it was me and... I can't remember who else, one or two others, where he's want them to sit outside his room and there was never any issues but occasionally he would do this and it would always end up in a hold. But when we were talking to him he just got louder and louder and then he started jump up and down on his bed and then throwing all his toys at us and stuff. And he wouldn't stop, so the more you'd... Obviously you were still talking to him, "What are you throwing your toys for, what are you doing? Come on, what's the matter?" And he's not going to tell you what's the matter because he can't communicate like that, can he, so he's doing stuff, and so you have to hold him because he's like throwing pencil cases and things like that, so... So then you have to grab him and then... And then I could smell the faeces.

[00:04:45]

Interviewer: So at that time, so the behaviour had escalated and he was throwing things, like how do you make the decision to kind of intervene physically to hold him?

Participant 5: Because you get a sense that it's not going to stop by talking to him so just more control was needed, I suppose, yeah. Which is what we're taught, isn't it, in my job.

Interviewer: Okay. Can you tell me a bit more about that?

Participant 5: Yeah. (Laughs) It's just that feeling that when you know you're talking and you know you're trying to... because you don't want to hold them - well you shouldn't do really because it's not very nice, is it – and the more you talk, you just get a feeling that they're not calming down and nothing's coming down, or he hasn't even got up to his maximum point of behaviour yet. So, yeah, you just get a sense of it, I think, so you have to take control.

Interviewer: Okay, so that's kind of how you were seeing it, as in –

Participant 5: I'd justify, yeah.

Interviewer: - "I need to take control of the situation"?

Participant 5: Yeah.

Interviewer: Okay. And why did you think that taking control would be helpful?

Participant 5: Because if he's being physically held in some way and he's... (Hesitates) I don't know, it's like because you're taking control and you're in control he doesn't have to own anything then, does he, sort of thing, and I think sometime they do feel safer. In hindsight, I have to talk with them afterwards, you know, it's reassurance, I think, it just... It's a bit like having a cuddle, isn't it, I mean, they can't say, "Can I have a hug because I feel really shit," or whatever, so that's what they do, isn't it?

Interviewer: Ah okay.

Participant 5: With experience, I suppose that's what they do, it's the way that they communicate.

Interviewer: So your sense at that time was that it would be helpful – and tell me if I'm wrong, I don't want to put words in your mouth – that it would be helpful for him to have that control given to you and taken away from him then given (overspeaking)?

Participant 5: Yeah, and I think because he'd been in this situation before where people had held him and he... I suppose they recognise that "when I'm going up like this with my behaviour or my anxieties and then someone grabs me, and I might not like it in some ways but actually it always calms me down because I can then say, 'Get off me, get off me, you fucking wanker!'". You know, and then they get it all out and then all of a sudden they're okay. So I suppose he's learning through the routine because that's what we do that that's how he makes himself feel better, I guess.

Interviewer: Okay. And that's something that you've kind of noticed through your experience (overspeaking) kind of –

Participant 5: Yeah, with some of them, yeah.

Interviewer: So it sounds like in that situation you were kind of trying to make sense of what was going on for him and what he might need and you kind of responded to your understanding by deciding that actually...

[00:07:47]

Participant 5: Yeah. But it's not always... You know, you can tell when kids... I suppose it depends on the relationship you have with them but I knew from experience with him that he's not going to talk, he's never going to say, "Oh I miss you" or "I'm really upset" or "I'm angry because of this," he's never going to do that, so

to me that was the only option. I don't understand why he soiled himself but that came afterwards.

Interviewer: So it sounds like – and, again, this is just me thinking out loud really – that you were responding to kind of your sense of the hidden meaning of his behaviour, meaning that you have kind of stuff that's out there but there's also... like kind of an express need but there's also kind of hidden needs as well and it –

Participant 5: Yeah, and they don't... you know, I suppose they don't always know... Whereas I've got the thought process of it, I don't think he has. So I can see what he's doing because that's what behaviour is, it's what people do, isn't it, so I can see what he's doing and I know he shouldn't be doing that based on what my rules are so... When you're talking to him, he was not going to talk to me so I know that there's a need there but he can't verbally express it so he's got to do stuff to make something happen. So that's the outlet that he's learnt worked, isn't it, because that's what we do in that environment. And then because he can't verbalise things, that's why obviously we have to talk, we have to name everything for them, and you do end up second-guessing them. I mean, you've got to be careful with that obviously because you might tell them you think it's something and you can be completely wrong, you've got to be really careful. But I think you do have to talk to them and you do have to verbalise things for them. So in time, I suppose, when they're feeling safe because they've physically held, in time they... You know, it'll go in eventually, won't it, with repetition, repetition, and they learnt that "When I feel like this someone says that" or "Maybe that's true," then... But obviously if everything I hold him I'm saying, "It's because you've got two legs that you're behaving like this," he's going to get to 25 years of age and think, "Well I lose my temper because I've got legs". (Laughs) So you've got to be careful what you say because that's obviously not the reason, it was probably due to his feelings around family, wasn't it, and contact. Or not around contact per se but around family, no one wants him, you know, his family don't want him and how crap is that? So, you know, that's... How do you express that as a 9-year-old, you can't, can you, it's just... not verbally.

Interviewer: Yeah, really tough, really, really tough. So it sounds like part of your role, kind of you see, is looking for and understanding those kind of hidden meanings and kind of –

Participant 5: Yeah. It's all just an emotional thing with kids that age, isn't it, where you just have to be aware of the emotions that you're getting from them so that you know you can... I don't know, it's... I know what I'm saying, it's difficult to sort of word it. (Laughs) It's not like a 25-year-old person or an adult that's got like some kind of understanding or self-awareness, it's a 9-year-old boy who just feels things and doesn't know what he feels and what he does is normal or not normal, or common or not common, he doesn't... he just gets a sense that something's really shit because his family don't want him and he's got no one, so that's what he does, I guess. Yeah, it's interesting when you think about it but... He's got no identity, has he, he's got no identity whatsoever, so he's grown up in care and then... you know, with no family really and less and less family contact and so he's had to use the other kids around him as his identity and he still does it now so, you know, he'll copy other kids because no one's told him that he's okay, no one's told him that he can be okay, he just copies people, bless him. But it's just how it is. So, yeah, I can't remember what your question was, I've gone off on a tangent again. But, yeah, it's just a feeling, isn't it, I guess.

Interviewer: Yeah. So think later on I would look more into kind of your sense of what he was thinking and feeling and what you were thinking and feeling so I'll just go onto the second part of the incident which is, 'While in the hold...' Yeah, so when you were holding this young person - so you'd got to that stage - and you noticed actually you could smell poo basically and you thought that actually he might have soiled himself. And so when you were in the hold did you bring that up with him or was it after the hold?

Participant 5: It was straightaway as soon as I smelt it.

[00:12:49]

Interviewer: And that was in the hold, was it?

Participant 5: Yeah. We were stood up at that point, we weren't... You know, and obviously because he became more aggressive later that's why it developed into a more secure hold. But, no, I was just stood up with him.

Interviewer: Was that kind of like an elbow... what is it, a single elbow or a double elbow?

Participant 5: Yeah, it was a double elbow, yeah, I think.

Interviewer: Double elbow hold. Okay.

Participant 5: He's only little. Yeah, so I could smell that. And because we've got another boy in that house who soils himself very regularly it's something we were all quite experienced with, we're familiar with the signs and whatnot. I believed that he's soiled himself, yeah, it wasn't like he'd just broken wind.

Interviewer: Okay. And you've written that actually he became... So it sounds like you asked him whether he had.

Participant 5: Yeah, I did, yeah. And he said, "No, I bloody haven't," and blamed other people, and the other people said, "No, it definitely wasn't me". And, I don't know, I pushed that for some reason, I don't know why I pushed it but I... Because I knew that he had, I believed that he had, and I didn't want him to lie about it, I guess, and I didn't understand why he was lying about it. And I believe actually that he did it because... We were talking a minute ago about his identity, I think he did it because one of the other boys that lives in the house does it regularly so it was an identity thing. "So if I do this I'll get attention." I think it's tied in with that.

Interviewer: And is it something that this young person has done much before?

Participant 5: The one we're talking about?

Interviewer: Yeah.

Participant 5: No, there was no history of that at all, nothing at all, which was why I pushing it, because I thought, "What on earth are you doing, why have you soiled yourself?"

Interviewer: Okay. So the other young person, it's quite frequent, but this young person it was a first time, to your knowledge?

Participant 5: With the other young person it's like a... well it's not really medical, it's more a psychological thing or a behavioural thing. But there was no history of it, he'd never done it before, there was no apparent hygiene problems, apart from the sense that he didn't know how to wash himself properly, so we then had that conversation later on. But there'd never been any of that before so I think it was just because of that, because he was feeling really low about family contact; he went back to his "I don't know who I am but actually I'll be like him so I'll soil myself". (Laughs) I don't know, I just think it was something like that.

Interviewer: And is that what you were thinking kind of at the time?

Participant 5: Yeah.

Interviewer: You were making those links to the other young person, were you, or...?

Participant 5: No, I think I did actually. No, I did, I think I did mention the other boy, yeah, to him. I think I asked him outright, I said, "Have you done this because So and So does this all the time, because you've never done this before," and he got really angry. I might be wrong, you know, I could be completely wrong. It's difficult because you've got to try and second guess them, haven't you, try and get some dialogue and some sense of what... but you've just got to be careful what you're saying. So of course he was just getting angrier and angrier and I thought, "Well maybe I shouldn't keep going down that road". But I was being stubborn, I think, because I didn't understand why he was lying about it, because he clearly had soiled himself.

[00:16:15]

Interviewer: Okay. So that's interesting that you're kind of thinking now, "Actually I was being stubborn," and you're not quite sure what that was about but –

Participant 5: Well that's my stuff, that's me, I don't like being liked to obviously, you know, so that's my stuff. Well it's a bit of that and it's a bit of I want him to feel that he can be honest, so "We don't need to hide stuff or lie about things because it's fine if you have soiled yourself, I just want to know why". So it's a bit of both really.

Interviewer: Yeah. So he was kind of getting more angry and upset and did you carry on kind of asking him about it and...?

Participant 5: Yeah, I changed tack a little bit, and by that time I think we were on the floor anyway.

Interviewer: Oh okay. So what had led to your decision then to... I think you'd said Level 3 hold, I'm not sure about the levels... so to increase the level of the hold, I guess?

Participant 5: Because he was just kicking out at the other member of staff and kicking out at the furniture and it was just the physical aggressive side of it, it was safer to... Went to sitting first and then... Well I stayed in sitting actually, yeah.

Interviewer: So you mentioned safety, so was safety involved in your decision to kind of increase the level of the hold?

Participant 5: Limit the damage to the property and just the fact he's struggling and wriggling around so much, you know, it's not safe, is it, he can tear all his ligaments or something like that. You know, it's a safety thing, isn't it, so he's more secure being sat down. And it was more comfortable as well, if I'm honest. For him and me, you know, not just about me. Yeah, no, I can't... I'm trying to think how I diverted(?) it. I did change tack (inaudible 00:17:53) talking about the soiling. Because I didn't drop it, I (inaudible 00:17:56). (Laughing) I did keep it going for quite a while. I can't remember what I said to him. There was a... Yeah, that's what I did, I was saying to him, "I don't mind if you've soiled yourself, I'm not angry if you have soiled yourself and I won't be angry or disappointed, and I'm not going to punish you if you've soiled yourself. I believe that you have because I can smell it which is why I keep asking you, and I can see you're angry but I'm going to keep asking you because I don't know why you're lying. I believe you're lying to me". So he said, "I haven't," and I kept saying to him, "Well if you haven't then please explain to me what you think the smell is, because I know I haven't soiled myself, I know Brian hasn't soiled himself, so..." But then that still didn't change, it was odd, it still didn't make him feel like he could just say, "Yeah, alright, I have". Maybe he'd gone half an hour saying, "I haven't, I haven't, I haven't," and didn't feel that he could then lose face, I don't know, it was weird, he's never done that before – really, really odd. But then towards the end of it he mentioned mum. No, he didn't mention mum actually, he... It popped into my head because he had... I think he'd just been told the last day or two before that he wasn't going to have any more Skype contact with his sibling because the family didn't want him having contact with his brother

because it was... Was it his brother? Yeah, his brother. Because it was upsetting his brother, so they thought, “Oh we’ll just stop that then,” they didn't want anything to do... you know, which obviously made him feel... you know, it was the route of his self-esteem stuff, I guess. So it popped into my head so I asked him.

Interviewer: So during the hold you’re kind of really trying to make sense of “Okay, what might be going on for this young person?”?

Participant 5: Yeah. I got stuck with talking about the soiling for a while because I couldn’t understand why he was lying about it but then, yeah, the contact with his mum and the brother and the Skype contact with his brother popped into my head so I went there. And then there was the physical change because he stopped. You know when...? It kind of felt to me like he was angry and he was screaming and crying and physically resisting and then when I asked him that and I mentioned contact he physically relaxed.

[00:20:20]

Interviewer: Really?

Participant 5: And it felt like he... I could be wrong but it felt like he kind of went, “Oh that’s correct, I’d better not react to that so I’ll just relax and then pretend that I don’t know what he’s talking about,” and he went, “What? What about my mum?” You know. So it was that sort of thing, so it felt like he was trying too hard to make me think that it wasn’t that, which obviously in turn made me think that it was that.

Interviewer: But you noticed a real physical change, did you?

Participant 5: Yeah.

Interviewer: Was that kind of almost instantaneous?

Participant 5: Yeah, it was, yeah. So there was like a relaxing with him so he... To me, I thought, “Well that’s it then. That’s it because there’s a change so something’s changed so it must be what I said was significant,” so I went with that then. But yeah.

Interviewer: And then were you able to have a conversation with him about that?

Participant 5: Yeah, a little bit. He didn’t talk about his brother, he talked about mum and dad, mum and dad splitting up or mum and dad divorcing, something like that, he mentioned something like that. And I think... I can’t remember how old he said he was. He was only 9 at the time, (inaudible 00:21:26) young anyway. But he remembered, bless him, he remembered his mum and dad breaking up. I think he was 5 or 6 or something, or whatever he was. But he remembered it and he said something that made me think, “He remembers this,” and the... And, I don’t know, I said, “Well that must feel really crap, mate, that must feel shit that your mum and dad broke up, it must have felt awful”. And I don’t know why I said it, I probably shouldn’t have said it, but I said, “It’s not your fault”. And really it probably was true, how can it be a 9-year-old’s fault, how can it be, you know? So I did say that because I just felt I wanted to, I guess. And he stopped reacting at all then, he was just very quiet, and then he just started wanting to joke around and have a bit of banter and have a laugh because it was like what needed to be said was said somehow and then –

Interviewer: Okay, that was your sense.

Participant 5: And then it felt like he was okay, like, “No, I want to talk more about this,” you know. So I wanted to talk more about it because I thought, “Well let’s dig right down as deep as we can,” but then obviously he’s not ready to do that, I don’t think. His need was met and he was fine. Then he went to bed and that was it.

[00:22:35]

Interviewer: So did you kind of respond –

Participant 5: After having a shower.

Interviewer: - to that, so the laughing and joking? Even though it sounds like you're saying actually you really kind of wanted to explore it with him, were you responsive to him kind of (overspeaking)?

Participant 5: Yeah, because... well the time of night had nothing to do with it really, I suppose. Yeah, because he seemed happy, he felt happier, so I thought, "Well that's obviously enough for him". So, yeah, I went with it, yeah, he was talking about... and he was talking... I think I made a joke of him blaming me for soiling myself. I said, "How dare you blame me for that, that's disgusting, why would you think I would poo my pants?" And he started giggling. So it was alright, it was like, yeah, we turned it into a bit of a joke. He was okay then.

Interviewer: So was it at that point that the hold was kind of finished?

Participant 5: Yeah.

Interviewer: And then did he kind of have a shower and go to bed?

Participant 5: He had a shower. I didn't talk about the soiling thing anymore and I don't think he's... I haven't heard of him doing it since, to be honest. I just think he's something he chose to do on that day in that moment and I think it was just an isolated thing for some weird reason. But yeah –

Interviewer: And your sense is that it was a choice and that it might have been to do with the other young person's behaviour?

Participant 5: Yes, I think so, I think it was like an identity thing and he just picked that out of a hat because he'd noticed that when the other boy does it there's attention, if you know what I mean. And he felt crap. But it's all like an emotional thing, isn't it, it doesn't feel like there's a great deal of planning around it, it's just very instinctive for them, isn't it?

Interviewer: Okay. So that kind of 'in the moment', in that moment, yeah.

Participant 5: Yeah, just thought, "I know, I'll do that," yeah.

Interviewer: Okay. Question 2. I think we've touched on some of this but could explore it a bit more. So how did you feel at the time, what were you thinking? So what were your thoughts and feelings about the child or young person and how did you feel you'd been treated by them? 'From the beginning to the end of the incident I felt that the YP was lying to me about the soiling. I didn't think at any point about how I was being treated by him as I had learned not to take things personally. If I analyse my feelings about the YP during the incident I would say that I felt sorry for him as I felt he just needed comforting and to be reassured but had no other means to communicate this.' So we have kind of touched on these points. So there are three main points, so 'I felt that the YP was lying to me about this'. Do you have a...? I suppose I have two questions about that, the first being kind of what was your sense about why he was lying about it and the second being about your kind of emotional or kind of thinking response to the lying. Because sometimes lying can, not that it necessarily did, but can evoke emotions in us.

Participant 5: Mm, no, it does, it does with me, yeah. Yeah, lying's a big thing.

Interviewer: So I guess firstly then kind of that sense of... you know, why do you think he might have been lying?

[00:25:47]

Participant 5: Why do I think he's lying?

Interviewer: Yeah, or was lying.

Participant 5: (Hesitates) I don't know, (inaudible 00:26:01). Obviously before someone had noticed that he'd soiled himself, he wasn't going to shower anyway, was he, so in theory he was happy just to go to bed with soiled underwear, which is odd. But why did he lie about it? I suppose when challenged about it... I don't know, I'm trying to sort of remember how it felt. (Pause) I was going to say he might have been embarrassed but I... a little bit embarrassed. And I suppose because someone's saying it out loud and it sounds a bit... you know, when someone's actually saying it out loud all of a sudden... "It was all a good idea a minute ago but now someone's saying it and they might be disappointed in me, I don't want to admit it." (Overspeaking) –

Interviewer: Sorry, can I just check? How old is this young person?

Participant 5: 9.

Interviewer: 9. Okay.

Participant 5: Yeah, 9. Only just 9, though, he hasn't been 9 long, only for a couple of months. Yeah, I think he was a bit embarrassed, I think. I don't understand why he got so angry about being challenged about it though, it was odd, because obviously he was reassured that he wasn't going to be punished and it was okay. But, I don't know, I did pick that one for this reason because it kind of baffles me a bit. So it's frustrating when I can't suss things out. (Pause) I don't know, there is just something about the... Maybe it wasn't the soiling, it might have been there's just something about the bedtime with him and a safety thing at bed time. There was physical abuse, I think, with this little boy which quite possibly could have been at bedtime more often than it was at daytime or morning so maybe that's why sometimes he struggles at bedtime and why with people that he feels safer with that he settles ok and with other people he doesn't. It could be that he felt really silly and then being challenged about that meant that, "Well if I'm honest about lying about that I might have to talk about why I'm really feeling shit, I don't want to do that yet," so he couldn't lose face so he just kept it up with "no I haven't". I don't know, that's the bit I suppose I was thinking but... Yeah, I mean, it's frustrating because it's not easy for them, is it, they can't just go (makes noise), I mean who can anyway? Can I? Not always. (Laughs) So for a 9-year-old boy who's never had an identity of course it's really bloody difficult. But why did he lie? I don't know. You asked why I think he's lying about it, I'm not sure is my answer, I'm just... There's a couple of theories there, I guess, that I've just said and I don't know for sure, and he probably doesn't either otherwise I would, I think. But what was it, how I felt about it, about the lying and (overspeaking)?

Interviewer: So yeah, if you kind of had that sense that you were being lied to, kind of what was that like, how did that affect kind of how you responded?

Participant 5: Well it was a little... I won't say 'upsetting'. Well it's okay if it's upsetting, it's just that... as long as it's like a measured amount of being upset. Because, I think, if you want to help it's a bit disappointing when they don't trust me enough to tell me sort of thing, and I wanted... You know, you want to help, don't you, so a part of you gets a bit... Or it did (inaudible 00:29:48) but this is... Because he's never done it before and he'd never had... I'd never had any problems with him before at bedtime, even though I wasn't actually technically with him. And so, I don't know, I wanted to help, I wanted to... you know, bit of a learning curve, I guess I wanted to kind of dig into a little bit and help because I knew he was lying. So it was disappointing that he couldn't admit it.

[00:30:14]

Interviewer: Okay. So you kind of wanted to help and it sounds like you were thinking, "Okay, well maybe he doesn't trust me enough to tell me," or...?

Participant 5: Yeah, I said that, I (inaudible 00:30:27). Is that what I felt? Yeah, I suppose so a little bit, or just a little bit of empathy, you know, like I said, I did feel sorry for him because I could feel for him. Because he's got a really good heart, that kid, he wouldn't harm a fly, you can feel it with him, he's not... Despite all he's been through, he's not malicious, he's just... you know, he's such a really lovely kid and I just thought, "This is such a shame that he does these things and then can't be honest about it". And maybe he's right not to be honest about it because... you know. And people get moved around, don't they, and the attachments aren't really kept as they should be, arguably, so (inaudible 00:31:05), so maybe he was right not to trust me. I don't know. Yeah, just disappointing really.

Interviewer: Yeah, so you felt kind of disappointed.

Participant 5: Yeah, just disappointed. Not in him, it wasn't like I was angry at him, I was just disappointed... You know, you can feel it, can't you, what a shame that he's been through all that and he does this and... you know. I don't know.

Interviewer: Yeah. And do you think that kind of sense of disappointment impacted kind of your questioning of (overspeaking)?

Participant 5: I think it did in that instance, yeah, I think... I mean, I pushed and pushed about the soiling and the lying because... Yeah, because I felt it, you know, the empathy side of things too. So I think I got a little bit... you know, for 20 minutes or so I got a little bit caught up with that feeling but then... Yeah, it always changes, always... you know, you pull yourself back, don't you? But, yeah, I think just a bit disappointed and I just really felt for him. Because I just felt like if he could just say, "Can I have a cuddle?" he could have a cuddle and it would have been fine, and that's the bit I think... I think that's what it was, that's was the feeling, it was the "I just want to give him a hug, that's all," because I wanted to comfort him, and he didn't really want that or know how to ask. Because he had done before but this time he was choosing to poo his pants and throw things so I thought, "What are you doing, you don't need to do it". So that's what it was, yeah. Yeah, that's what it was, that's how I felt, I just felt a bit like, "Well...," you know. It's that push and pull thing, isn't it? So for weeks or months they can trust you and you think you have a relationship where there's trust and they'll give you a cuddle or they'll talk to you and they'll feel safe in that way, and that's fine, that's nice, and then all of a sudden they do that stuff. And even after all my experience it still affects you, doesn't it, it still affects me, because it still disappoints because you're still surprised by the pushing and pulling – it still affects you. I think if it didn't affect you there'd be something wrong, no matter how much experience you've got, but as long as you're aware of what you're feeling. So I think that's what it was actually.

Interviewer: And what is it that you're disappointed in or disappointed with in those kinds of situations or in this situation?

Participant 5: Because I want them to know that they don't have to carry on doing that to get (inaudible 00:33:29), there's another way of doing it, which is just say something or ask for a cuddle if that's what you need. And so I want that to change for them, I want them to know that it can be different and really feel it. But then sometimes, you know, you're... Or my idea of the timing of things is not in synch with what they're ready for, is it, so that's the... that's it, isn't it, I guess. Yeah, no, I think that's what it was, I think, yeah, it was just... that's what it was, quite simple really when you think about it.

Interviewer: So the second thing you've written is 'I didn't think at any point about how I was being treated by him as I've learned not to take things personally'.

Participant 5: I didn't in the moment, I didn't then, I was just going through that process, I suppose, but... Yeah, I didn't think at the time, I didn't think, "God, how dare you treat me like this," it wasn't like that, it was... Like we just said, there was something going on but it wasn't like I was blaming him, it was just... I certainly didn't say that anyway, I didn't say, "How dare you blame me, I didn't soil myself".

[00:34:37]

Interviewer: Yeah. And you said that that's something you've learnt over time (overspeaking).

Participant 5: Yeah, sometimes it just feels like it's just... it's just raw emotion, isn't it, and then you have to... you know, you're holding them or you're talking to them or whatever and it just feels really raw and intense and then you know that it's then calmed down because it just feels relaxed. So you just kind of go with it, don't you, you just have to stay with it until they're ready to calm down or ready to talk or whatever, yeah. It's difficult with the little ones because they don't... I mean, that little boy doesn't say anything. I mean, I've been seeing him since, he's at a different place now, and I... I don't know, I felt like I should... (Inaudible 00:35:22), "I really miss you," and he completely ignored me and asked me a question about a film. I said, "I don't want to talk about the film, I really miss you". And I kept saying it, I said it about six or seven times, and he still interrupted or ignored me. I said, "I'm not going to talk about anything else until you acknowledge what I just said. I really miss you". He went, "Alright, Danny, okay," and then started smirking. So it's... You know, and it's such a shame. And that's why I think there's that connection there so it... I don't know, he can't say, can he, he can't say anything like this and it's such a shame, but... Yeah, he's... Yeah, that's all it was.

Interviewer: Okay. And then I think we've covered this last bit. I'll just read it out anyway. 'If I analyse my feelings about the YP during the incident I would say that I felt sorry for him as I felt he just needed comforting and reassurance but had no other means to communicate this.' And I think you've said that. And I did have some questions that I wrote down but I think you've probably answered them. So one of the questions I wrote down was kind of where does this idea come from that he just needed comforting and reassuring?

Participant 5: It's just a feeling, isn't it, it's just a... I don't know where it comes from, it's just a feeling, isn't it? You know, why does a mother know when her baby needs a cuddle or feeding and you just... I'm not saying I'm a mother or have a baby but it's just a feeling, isn't it, I think. Yeah, sort of like an intuitive thing or an empathic thing, I don't know.

Interviewer: Right, okay, yeah, I get you. And I've put 'Did this... And, again, I think you might have answered this actually. I put did this kind of understanding or this kind of sense you were making of what the young person needed, did this impact on how you responded to him? So kind of the sense that you've made was actually what this young person in this moment needs is some comfort and reassurance and I was just wondering if your sense of that then impacted how you responded in that moment to him and to his (overspeaking).

Participant 5: Yeah, I think so because if I just dealt with the behaviours and what he's doing then I probably would've probably gone down the route of saying, "Right, you've lost your X-Box and you've lost your TV, you're not going out anywhere". And I believe now obviously that wouldn't have worked, that wouldn't have made him calm down, because he wouldn't have cared about his X-Box or his TV or playing football in that moment, he just had an emotional need. Yeah, so if I didn't feel that, yeah, that's what I would've done and it would've probably escalated until he was just physically exhausted because he was being held and that would've bordered on abusive, wouldn't it, let's be honest. So, yeah, so I'm glad it went the way it did. I mean, he did get very upset and he got very

angry with what I did and what I said but I still wouldn't have done much different because... Even though I suppose some of the things I might have been asking him would have been really difficult or whatever or, I don't know, I suppose at times slightly... you know, maybe a bit too much for him to cope with, I knew that I would be there, I'm not just going to say stuff and walk off. So it was always going to be okay in the end, it just... that's what he needed, yeah. And he still got angry and upset but there was an ending to it sort of thing, he wasn't just left like an open wound and then I went off and went home, there was a process to him ending and calming down and feeling better, having a good chat and going to bed. And, like I said, you know, he the mentioned right at the end about his mum and dad splitting up and things like that, so there's all sorts of rubbish going on that little boy's head, isn't there, and he seemed to be quite aware of what things were, if I'm honest, it just felt like a "I just need someone to comfort me because I'm not ready to talk properly". I don't know, yeah. So it did affect how I dealt with it, yeah.

[00:39:40]

Interviewer: Yeah. So I guess I'm wondering if you hadn't had that sense of what might be going on in his kind of inner world you say you would've taken of a more behavioural kind of approach and more kind of consequences and...

Participant 5: Yeah, but sometimes it does feel like that's all you need to do, doesn't it, with some of children in my job because it... And you know yourself, don't you, it's just one of those things where you know they're just being an idiot for the sake of it and you just need to be behavioural, and that's a feeling as well and you go by how that feels.

Interviewer: But your sense in this instance was that that wasn't it at all?

Participant 5: No, it wasn't, I didn't feel that at all. I think when it's just behaviour I tend to get a feeling that it's... you get their weird sort of feeling in your solar plexus, don't you, where you just kind of know that "I don't want to open anything up with you, I don't feel that kind of sensitivity or that empathy, I don't feel that kind of thing towards you, so this is just behavioural". But with him at that time it felt like... I just felt for him. So that's what I went with, whereas if it was just behaviour I would have... it's kind of obvious.

Interviewer: Do you think there's something about this particular young person that kind of allows you to be so kind of empathic?

Participant 5: Yeah, I think there's an innocence about him because he's just 8 years old, 9 years old and he doesn't know anything, does he? And he's not aware yet, I think, of actually what a bad time he's had in his little short life so far so he's still innocent and he still has an open heart, he's still... you know. It makes me feel emotional thinking about it because it's true, that's what it is, and so he's not been, you know, too corrupted, he's not too far into the system or down the line where he's been corrupted by it, so I just wanted to... So that's why I think I felt for him, because I don't want him to change, I want him to stay like that, you know, and if he doesn't there's... He should be fostered really and hopefully he will be by a family that really want him. And I really genuinely hope he is because if he stays in the system I think (inaudible 00:41:45) it'll ruin him. And that's why I feel for him, because I can see that there's potential for him to have a completely and utterly normal life but with a family that love him and want him and it would be genuinely sad for me to see that not happen.

Interviewer: Yeah. So there's something about what this young boy's been through and his kind of presentation and maybe like your hopes for his future and all of that together enables you to be kind of empathic towards him?

Participant 5: Yeah, I can't really explain why, as in a personal way, I don't know, it just is, it's just that innocence or that... I don't know, it's like there's a purity about him sort of thing. Well obviously he's a child but he was... I don't know, you can see

how kind he is to others and what a good heart he has and he's just... there's something really lovely about him so I don't want him to lose that. So when he's feeling stuff like that it affects you more, doesn't it, so it's difficult to keep your stuff in check so you've got to be professional all the time, haven't you? But, yeah, no, it did, yeah, I think he just kind of touched me a little bit, that kid, you know, in that way.

Interviewer: Yeah. And I think you've answered both the other questions I had for that actually. So question 3, what's... and I think you've answered this but I'll just read out your answer anyway. 'What sense did you make of the young person's behaviour? So what was the cause of it, what triggered them, why do think they're behaving in that way?' 'I think bedtime's notoriously difficult for this particular YP and he feels very unsafe at this time of day on most days.' I know earlier on you kind of hypothesised that perhaps he'd had negative experiences at bedtime previously and that might be... '...but I think he was worried and scared about upcoming family contact. I also think, in my opinion, that he soiled himself on purpose to create the situation to meet his needs.' So I think we've talked about your sense that he might have been worried or scared about upcoming family contact and the fact that in that moment you were, you know, trying to... So sometimes it's difficult to make those links in the moment, kind of on reflection afterwards, but it sounds like actually in the moment you were able to think about what might be going on with this young person and making links between what's happened and what might happen in the future and it sounds like... Another question I'd written down but I think you've answered it, again, is 'Do these ideas influence how you responded to the challenging behaviour?' and I think I kind of asked you that just now and you said actually that that did, that that understanding did kind of impact your response.

[00:44:49]

Participant 5: Yeah, it did. Yeah, it does and it should.

Interviewer: It sounds like that understanding allowed you to kind of empathise and to... yeah.

Participant 5: Mm. I think it's difficult sometimes in the moment, (inaudible 00:45:04) when it's emotionally charged or whatever, but I think sometimes if you've got that kind of little quietness within you, you just pay attention. I don't know, you just kind of feel it, don't you, there's like a little space in you that kind of... It sounds really silly, doesn't it, but –

Interviewer: No, it doesn't.

Participant 5: But, yeah, it can be difficult but, yeah, it's possible.

Interviewer: So how do you... Is that kind of quietness or that ability to have a space within you to think, is that something that you kind of have to work on to have or something that you just have? Like do you have to work to create that space or is that space generally there during kind of challenging behaviours?

Participant 5: I think it's generally just there, yeah. Yeah, I think so.

Interviewer: 'I also think that he soiled himself on purpose to create the situation to meet his needs.' And is that what you were talking about earlier in terms of kind of control and to meet his needs for that kind of physical contact or reassurance, is that kind of what you mean by that or is (overspeaking) different?

Participant 5: I think the soiling was more connected with this lack of identity. Because I think if he was feeling, you know, the family stuff as in "No one wants me," that sort of thing, "Therefore who am I, I don't know who I am," and what he'd previously done is copy other kids (overspeaking) lots of stuff, so he went back to that 'script', if you like, and was, "Alright, I'll soil myself". So, I don't know, I think it was more of an identity thing. I think possibly another option is he might have

been angry when I challenged him because he realised it was really silly, apart from kind of... maybe, it's certainly possible, isn't it, that he knows it was silly and there was no more deeper meaning to it. But I think that's more of an identity thing, the soiling, I don't think... yeah, I don't think it was... Because he'd never done it before, it had never been something he'd done before, so why would it start now sort of thing? So, yeah, that's the only reason I had that theory but...

Interviewer: Okay. So kind of the behaviour escalation beforehand, was that more to do with the control and being held and the soiling, do you think those two aspects were connected to separate needs maybe?

[00:47:35]

Participant 5: I think (overspeaking). I think like the behaviour as in the throwing stuff or not wanting to shower which ended up in a hold, that's all about feeling unsafe at bedtime, possibly connected with things that we don't know of yet or we're partially aware of. Whereas the soiling I think was more about his identity, which kind of makes sense in a way as I'm saying it. But I could be wrong, that's just my sort of thoughts on it. Yeah, so I think that makes sense. (Laughs)

Interviewer: And question 4. 'What did or do your thoughts about the cause of the young person's behaviour make you think and feel about them?' 'As I mentioned earlier, I felt very sorry for the YP, if I'm being honest, as he chose to create rather than talk openly, which must be so hard for him. On a positive note, I felt hopeful that we could help him in time as at least he was communicating and reaching out in some way for help, even if it was by soiling himself.' So you have mentioned as we've been talking that you felt very sorry for him. And I think you've also kind of used the word kind of 'chose' or 'chosen' a few times so I'm kind of interested in that and whether you see the challenging behaviour in terms of the throwing things and I suppose in terms of the soiling as a conscious choice or not.

Participant 5: That's an interesting question.

Interviewer: Yeah, just how you understand it in that sense.

Participant 5: Yeah, it's interesting. Yeah, I think I see most behaviours as a choice because if the person who is behaving whatever way doesn't learn to... I don't know, to own or be responsible for their behaviour then, regardless of what's happened to them, how can they ever learn to not be a victim? I don't know, it's like... you know, you can't change someone, can you, you can't ultimately, no matter what you do, it's got to be a choice for anyone, hasn't it, to do the right thing or the wrong thing or a good thing or a bad thing, however you look at it. So, yeah, that's why I think I use that terminology, because I believe that they're capable, as everyone is, of growing into a well-rounded person who can live a happy life so... And that's about choice as well, isn't it? You know, otherwise it's constantly someone else's fault all the time or... then what's ever going to change, because you don't have to, do you, obviously you don't have to if you're never going to look at yourself. So that's why I think I use that terminology. I do obviously understand that they're children and there's work and processes you need to go through but, yeah, why not and why can't they learn, why can't they start to learn to be responsible, why not? Because it was him that soiled himself, it's him that behaves that way. So yeah, that's why.

Interviewer: Okay. And do you think that your view of seeing those things as a choice, does that impact how you respond to challenging behaviour?

Participant 5: Yes and no. I mean, if it's just a behavioural thing and I don't get a sense that there's like a deeper emotional need going on then I respond differently; I'm happy to take X-Boxes out of bedrooms and things like that, that's fine, and say, "You're not going to play football because you've been swearing all day," and

that's fine because they can choose not to swear as much as they can choose to swear. But when it's a deep emotional need, yeah, it does affect it because you then have to be able to be present and, you know, talk about stuff. Or enable them to talk about things. So that's where I think the difference is. I can't remember what your question was. Did I answer the question?

Interviewer: Yes, you did. Thank you. And then just at the end you put 'On a positive note, I felt hopeful that we could help him in time as at least he was communicating and reaching out in some way for help, even if it was by soiling himself'. Yeah, can you tell me any more about that?

Participant 5: Yeah. I mean, how many human beings is there that need to talk or need help but don't do anything? You know, do you see... They might not trust people or they might not ever leave the house even or whatever but it's not like they do nothing, they're still existing, so all the while they're existing and there's some form of communication within someone then there's always hope that things will change. So that's just... yeah, to communicate. Like, for example, if all that he did every time he was angry or upset was soil his pants then that's the only thing that you would have to deal with, isn't it, or to work with, so you'd talk to him about soiling his pants all day long for six months and then eventually you might say, "Well..." Then he might do something else – do you know what I mean – and then you work with that, and it's just a... Because it's still communication, isn't it, whether you're soiling your pants or talking openly and honestly or whether you're breaking windows or setting fire to buildings or having sex with adults that you shouldn't be; no matter what they're doing, they're still communicating so it's still communication.

[00:53:11]

Interviewer: So you're seeing that behaviour quite clearly as a communication and then for you that's kind of hopeful because you're thinking (overspeaking) -

Participant 5: Because they're communicating.

Interviewer: - "Well they're communicating something with me," and then you've got something to kind of work with.

Participant 5: Yeah, I mean, obviously there's a minority of people that shut down so much that they take their own lives because they just simply can't and there's no hope in their mind, is there, but it's a minority, isn't it, and most people, no matter how hurt or damaged they are, will still be able to communicate and therefore there's still hope. So yeah.

Interviewer: So you're able to kind of take positives out of the challenging behaviour, out of the situation (overspeaking) –

Participant 5: Yeah, you have to. If you can't do that then why would you do that sort of work? You wouldn't be able to do it, would you, I don't think. Why would you, why would you be able to cope with it? No, I cope with it quite well, it's alright, I don't take it home with me, I'm fine.

Interviewer: So you think that that kind of ability to find some positives impacts your more long-term reactions to this kind of work and (overspeaking) challenging behaviour?

Participant 5: Yeah, because you don't get overly stressed then about the short-term stuff because you know it will all change. Which is important, isn't it, because if you don't see that it will change then you're going to get stuck on what you're seeing in that moment and for that week or whatever. So sometimes it can be hard work but it always changes, everything changes, nothing stays the same so it'll be fine.

Interviewer: Yeah. It sounds like that's a really useful philosophy for you.

Participant 5: It's extremely useful, yeah, otherwise I'd be working in Asda, I think. (Laughs)

Interviewer: Right, we're almost there. Again, I think we've probably covered this. This is just kind of what did you do. 'I followed our Team Teach protocol and remained very calm and consistent with how I spoke to the young person throughout and after the physical intervention, always being honest with my thoughts and feelings. To be honest, I just wanted to give him a big cuddle. I didn't, however, I guess due to fear of crossing or being seen to cross boundaries and becoming kind of too involved.' So your Team Teach, that's the kind of training you have on de-escalation, isn't it, I think, but there's training on verbal and then the kind of safe... how to kind of hold people in a really safe way and kind of when you need to do it and when you don't need to do it, that's (overspeaking), isn't it?

Participant 5: Yeah, and it has its own guidelines, yeah.

Interviewer: Yeah. So you're kind of... it sounds like... was that in your mind kind of...?

[00:55:36]

Participant 5: I think that's just something... you know, when you've done a job long enough you do that without thinking anyway, don't you, it's just part of what you do, so you don't tend to over-analyse it but...

Interviewer: Because you get quite regular training, don't you, kind of updates?

Participant 5: Yeah.

Interviewer: '... and remained very calm and consistent.' And is that something from Team Teach particularly or is that kind of something that you do that you think is...?

Participant 5: Well it's from Team Teach but I think, you know, when you learn it you... It's like passing your driving test, isn't it, I always think of it like that, you can spend a month or so having lessons but you learn after you pass your test, don't you? It's that sort of thing, you can only learn by doing it, you can't learn in any other way. It's not like if you're... you know, if you spend years trying to be an accountant you're putting numbers into a calculator and working out calculations, and you can do that on your own in a dark room with a pen like, you know, it's –

Interviewer: Okay, so it's not like you're kind of saying to yourself, "Right, I need to be calm, I need to be consistent actually," but through experience that's –

Participant 5: Yeah, because there's times that I absolutely wasn't calm and consistent and I was anxious or... Yeah, I used to be very anxious to begin with; I was like 21 when I started doing it, I was, "Bloody hell, what have I let myself in for?" So you faced all these weird behaviours in this weird little environment that you're in all the time and it was, "Jesus!" Yeah, so you have to learn and you... I think you have to learn it. It's more natural for some people, I think, or some people take it more in their stride than others but I certainly didn't to begin with, it was horrible. Yeah, so because of my experience I think, yeah, I think it has to be learnt, I don't think you can just have it.

Interviewer: Yeah. 'Spoke to the young person throughout.' And, again, is that something, kind of that talking throughout... and I know you mentioned kind of honesty about what you're thinking and what you're feeling, again, is that something that through experience you've learnt it's helpful, or...?

Participant 5: Well I think that side of things is quite simple. If you're trying to encourage an environment or a relationship that's open and honest, if I'm not honest about when I'm feeling how is he ever going to learn to talk honestly? It's really simple, isn't it?

Interviewer: Okay, so kind of modelling in a sense?

Participant 5: Yeah. So, yeah, that's just how it is. Why would I expect him to be honest when I'm not honest with him? And I say that, "I'm being honest with you because...," you know, and that's.. So you've got to name everything because you can say stuff but they don't often always understand why you're saying it, so you've got to explain what you're explaining all the time.

Interviewer: It sounds like your choice of behaviour then, that talking and that honesty, is linked to, I don't know, your kind of ethos about the work and your general beliefs about actually what's helpful and –

Participant 5: Yeah, I've got very clear beliefs in what I feel is the right way to work or approach situations, the right way of being. I don't know. Sorry, my tummy keeps rumbling.

Interviewer: That's okay, it's about that time, isn't it?

Participant 5: So, yeah, I am very clear about that and I would never compromise that for anything. So I wouldn't say I was very behavioural at all really but...

[00:59:01]

Interviewer: And do you think – this is quite a general question, I suppose – do you think that those beliefs that you have about kind of the work, do you think that they play a role in how you respond to challenging behaviours in terms of what you do in the moments but also your kind of emotional kind of responses (overspeaking)?

Participant 5: Yeah, it does, yeah, because, as we said, because of what my beliefs are and... yeah, I can... (Hesitates) Yeah, like in the sense that it... How to word it. You know, so I have high hopes or expectations, I believe the children I work with are capable of achieving, they're capable of changing, they're capable of believing they can change to begin with, and so when you keep seeing the repetition of the same negative behaviours for a long period of time and there's very little change it can be frustrating and it can get a bit emotional but then you... So, yeah, it does affect it. But I wouldn't change my approach even though... it's like a battleship turning round in the sea, I still wouldn't change the approach because I believe it's the right way of doing it. It's just time, isn't it, it's just time, so all it is is time, nothing else really. (Inaudible 01:00:19) push a button and no one will ever, you know, own a residential care company, would they, because they wouldn't make any money, because you could press a button and people would change. So it's just how it is, yeah, it does affect it, yeah.

Interviewer: And you just wanted to give him a big cuddle but you didn't because you were worried about kind of crossing any boundaries and becoming too 'involved'.

Participant 5: It's because by the end of it I felt quite emotionally drained and a little bit numb and I was bordering on being a little bit emotionally kind of overloaded and confused with things so I didn't want to make a decision to do that because it might have been because I needed it rather than him. (Laughing) I thought that. And if I'm doing it because I need then that's wrong and then it would confuse him, so I didn't do that. But there's times that I have done and I would do because it just feels okay, but because we'd had the whole night of that, all that shouting and screaming, all that emotional stuff, you feel... you know, I thought, "I'm not going to hug him because I think it's because I want a hug," you know, so that's what it was.

Interviewer: So kind of you're able to kind of get in touch with how you're feeling and then reflect. Like that behaviour urge to give him a cuddle but then think, "Actually is that my stuff, is that his stuff?" and...

Participant 5: Yeah, I didn't know whether it was my stuff or his stuff at that point so I decided not to. (Laughs) Because (inaudible 01:01:32), "I think I just want a cuddle". But yeah, no, that's why, I think, yeah.

Interviewer: And you were feeling quite emotionally overloaded, you were saying?

Participant 5: Oh yeah, I was knackered, yeah, I was really drained, had a splitting headache. Yeah, it was tiring.

Interviewer: Yeah. What do you think had – it's probably a silly question, thinking about all that we've talked about – that had led you to go quite so emotionally overloaded or quite so drained?

Participant 5: Just the... I don't know if 'transference' is the right word, is it? I suppose it is, yeah. Yeah, there's just that I think when you're very empathic, and I am very empathic, you know, very much so, and it's a bit of a double-edged sword there; it enables you to be quite sensitive in situations with people in general but when it's negative stuff it's quite painful so it can numb you…so it's not pleasant. I would always do that, I would always... I'd never change but I recognise that sometimes it's too much and... yeah, that's all it is.

Interviewer: Okay. I'm just mindful of the time, we're on our last question.

Participant 5: It's alright.

Interviewer: Just any other comments? So you've put 'I always felt like I had a positive connection with this young person. In layman's terms I really like him as I feel he's a very good heart and there is an innocence and a warmth about him that makes me want to take care of him.' I know you kind of mentioned this earlier as well and you spoke about kind of why you feel like that. My question here was, I've written down 'Do these thoughts and feelings about the young person impact your response to him?' so in terms of your actions, behaviour, your thoughts and feelings about challenging behaviour. And I suppose really key is do your thoughts and feelings about this young person impact how you make sense of his challenging behaviour?

[01:03:34]

Participant 5: No. No, because if they did then I probably would have cuddled him, wouldn't I, if you see what I mean. I wouldn't have... I can be aware that I have a soft spot for him and some people call that unprofessional – I think that's really silly to say that. I do have a soft spot for him but I wouldn't let that affect me, affect my judgement in the moment, no matter how emotionally knackered I was. So, no, I don't think so. I don't think the way my feelings about him and the way I make sense of it affects how I deal with it, it's just... You know, it's stupid, isn't it, the way we think about stuff, you know, we're allowed to like people, for God's sake, and we're allowed to not like people; equally, there's children I work with that I really don't like but I would still do the same thing, I just wouldn't do it with as much of a sense of... (inaudible 01:04:33) the words. Well I suppose I would. No, I probably would actually, I just probably wouldn't be so keen to do it again. (Laughing) I don't know. Yeah, I don't know, it's a difficult one, that, I don't know, I'm not sure. I'm trying to think of a kid that I don't like. There's plenty that I haven't liked. But, no, I'd still be able to get to that process with them, I'd still be able to... I can't think of one that I've never been able to connect with in any way, even though I didn't like them, and you find you have to find a way, don't you? Yeah, so I don't think it affects at all. Am I answering the question or am I going off on a tangent?

Interviewer: Yeah, no, you are. And, again, it just made me mindful of your kind of beliefs about your role and the work and that even if... it sounds like even if you like or don't like, those beliefs kind of carry you through and kind of govern your behaviour, whether or not you like a young person, is that right, or...?

Participant 5: Yeah, because that always changes, I mean, you can say that it can change for them but I'm always going to say the same, it's just that I always change as well, so even if I don't like... You know, because we'd all get that, wouldn't we, people saying, "Well I don't really like you, I don't feel very comfortable with you," or whatever, and that's fine, it's absolutely normal, we don't voice it, you're not going to get a 10-year-old boy saying, "I like you". But sometimes we feel it, don't we, but you have to be professional and that's how it is. But it always changes, I haven't had a kid that I've worked with that I didn't like that I've never had ultimately some minor breakthrough with myself, you know, so I think if you don't feel comfortable with somebody and you don't like someone it's normally about you anyway, isn't it, so it's always an opportunity to learn something about yourself and that's how I view it. So if I don't like them I don't worry about it, I just know that it'll change. I mean, I worked with a boy years ago that I would border on saying I couldn't stand him because he just gave me the creeps, he just made me cold. He just made me go cold, I just didn't like him at all and he was horrible, and yet my very last day with him, I mean, I thought he hated me, literally I got so much grief off him. I had a really expensive motorbike at the time and he damaged it one day and I was so upset with him, and he couldn't do enough to try and upset me and get a reaction really, I couldn't stand him. And even with that kid on my very last day he said, "I'll say this once, I think you're a fucking prick but I do respect you," and that to me was the miracle, that was it, that was the breakthrough. And so that taught me that you can... You know, you can't come into that sort of work and allow how you feel your stuff affects whether that person can change or not because it's got to relevance to it, has it, it's got no relevance to it whatsoever; who am I to judge whether they're a good person or not, it's just...

Interviewer: So your sense is that... It sounds like you do have this positive connection with this young person and kind of a fondness, you know, you like this young person, and your sense is that actually that the interpersonal relationship you have with him doesn't affect your reactions to his challenging behaviour.

[01:07:57]

Participant 5: It doesn't affect my reactions to his behaviour, no, I don't think it does, I would like to think that it doesn't, but it –

Interviewer: And 'reactions' can mean kind of behaviour or emotions or thoughts or...

Participant 5: Oh emotions in a sense, yeah, it does because in all total honesty I might feel more inclined to be warm towards him than another child or another person, so it affects it in that way, but in terms of doing what he needs me to do it's not any different or more intense or less intense than with any other kid, I just might feel more warmth. That sounds really weird, doesn't it, because you think, "Well how can I help someone if I'm not genuinely wanting to help?" but I do genuinely want to help, it's just about the connection with him, that's all, it's just a little bit different, that's all it is. I can't explain that, it's another rabbit hole, that one, isn't it? But I don't know, it's just a connection I have.

Interviewer: Yeah, okay. Thank you.

Participant 5: That's alright.

[End of transcript]

Appendix I Clustered themes from analysis of Paul's interview

Young person is choosing to behave like this

- YP making a conscious choice
- YP is capable of better
- YP ignoring advice from staff
- Expectations of YP

Young person's behaviour is a reflection and communication of their difficult emotions

- Family issues
- YP can't communicate this in any other way
- Knowledge and experience of YP
- Trusts Paul to help regulate their emotions (Relationship with YP)
- Behaviour a reflection of how the YP feels about self (low self-esteem, rejection, identity)

Challenging behaviour to get needs met

- Need for safety and reassurance
- How YP makes themselves feel better
- Have a vent/blow out
- Behaviour as routine / habit

Interpersonal perceptions affect staff feelings / responses

- Empathy / feels sorry for YP
- Positive judgements of YP
- YP doesn't trust me → Paul feels disappointed
- YP emotionally distressed → Paul feels empathy
- CB as communication → Paul feels hopeful
- CB as a choice → Paul believes change is possible
- Internal causes (e.g. distress/need) → Paul doesn't take it personally

Staff member holding multiple hypotheses / interpersonal perceptions

- List of all IPs given by Paul

Appendix J Superordinate themes from all interviews

Interview 1: Simon

- Staff member holding multiple perspectives
- CB as emotional expression
- Environmental and systemic factors
- CB as a choice / YP using CB as a tool to meet needs
- Staff cognitive and emotional reactions
- Normalising

Interview 2: Paul

- YP is choosing to behave like this
- YP's behaviour is a reflection and communication of their difficult emotions
- YP using CB to get needs met
- IPs linked to staff feelings / responses
- Staff member holding multiple hypotheses / IPs

Interview 3: Katie

- Interaction with staff (staff errors)
- YP's upbringing
- YP as active or passive?
- Multiple IPs held

Interview 4: Steve

- Multiple IPs / hypotheses
- YP is making a choice to behave this way
- Staff member experiencing negative emotions
- YP's motivation(s)
- YP's upbringing

Interview 5: Mike

- YP making an active choice to behave this way
- Normalising of YP's experiences / behaviour
- Systemic and environmental influences

Appendix K Table to show recurrence of themes across participants

Superordinate theme	**Subordinate theme**	Simon	Katie	Paul	Mike	Steve
Challenging behaviour as a vehicle	Communication of emotions	✓	✓	✓		✓
	Young person getting their needs met	✓		✓	✓	✓
Systemic influences	Young person's early experiences		✓	✓	✓	✓
	Environmental factors	✓	✓	✓	✓	
	Normalising	✓		✓	✓	✓
Staff cognitive and emotional responses	Emotional reactions & meta-perceptions	✓	✓	✓	✓	✓
	Inconsistent interpersonal perceptions	✓	✓	✓	✓	✓

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