Title page

**How frontline staff manage paperwork in group homes for people with intellectual disability:
Implications for practice**

Running title: Managing paperwork

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Abstract

Background Paperwork is a key tool that transforms organisational intentions into actions in group homes, although prescriptive procedures may limit how frontline staff use it in practice. The aim of this study was to explore how frontline staff use paperwork in group homes for people with intellectual disability and identify practice implications.

Method Constructivist grounded theory methodology guided the research. Data collection included semi-structured interviews and participant observations. Coding, comparison and sorting methods were adopted to analyse how staff used paperwork.

Results Staff followed organisational paperwork rules when they aligned with their resident-focused approach to work. When they perceived rules to misalign with this approach, they managed paperwork by adjusting the time and place of completion, managing content, creating alternative tools and refusing completion.

Conclusions Staff purposefully managed paperwork rather than simply following procedures. Disability service organisations could develop flexible paperwork procedures and include frontline perspectives in paperwork development.

Background

Group home staff use a range of tools to support people with intellectual disability. They rely on verbal opportunities such as informal discussion between staff, to share or gain information (anonymous) and spend significant amounts of time doing paperwork using an increasing number of paper tools in their workplace (Mansell & Beadle-Brown, 2012; Quilliam, Bigby, & Douglas, 2015). The term paper tool refers to paper-based or electronic pieces of paperwork in group homes, and paperwork refers to the process of using these tools (Anonymous).

Paper tools are considered important technologies for transforming organisational aims into daily practice (Levinson, 2010). The value that frontline staff place on paperwork as a means of facilitating staff communication and teamwork is similar to the way the early group home researchers perceived the benefits of paperwork (see Mansell, Felce, Jenkins, de Kock, & Toogood, 1987; Quilliam et al., 2015). Over time, however, the use of paperwork has become increasingly prescriptive, possibly due to its contemporary role in managing service risks (Nankervis & Stancliffe, 2006; Quilliam et al., 2015). This is illustrated by the Victorian Government's (2015) Residential service practice manual (RSPM) where they emphasised frontline staff "have a responsibility to the people they are supporting to take reasonable action to minimise the risk of harm", and "appropriate support is generally assured if staff follow the RSPM in conjunction with a resident's support plans" (p. 1.2-1). The RSPM

provides strict instructions for staff that paperwork should be completed within expected timeframes, include specific content, be kept in particular locations, and that substantial reasons should be provided for deviations from instructions.

Given the increase in paper tools and their prescriptive nature, it is unsurprising as some authors have posited, that staffs' paperwork practices sometimes differ from procedural expectations (Dahm, Georgiou, Balandin, Hill, & Hemsley, 2017). For example, staff leave paperwork incomplete (Victorian Ombudsman, 2015), out of date, and duplicate the information about one resident in other residents' paper tools (Victorian Office of the Public Advocate, 2011). They sometimes capture expected rather than actual events (Quilliam, 2009), fail to document the daily experiences of residents (Poppes, Van der Putten, & Vlaskamp, 2014), or simply refuse to complete paperwork (Dixon-Ibarra, Driver, & VanVolkenburg, 2017; Totsika, Toogood, Hastings, & Nash, 2009). Some examples demonstrate staff using paperwork to threaten residents into behaving in particular ways (Hamilton, 2014) and create unfavorable images of residents by saturating written accounts with negative stories (Nunkoosing & Haydon-Laurel, 2011).

Much of the literature surrounding paperwork in group homes problematises frontline staffs' paperwork practices, by highlighting their unconventional paperwork practices (e.g., Poppes et al., 2014), attributing program implementation failure to those and recommending strategies to realign practices with organisational procedure. For example, in their evaluation of a physical activity program in group homes for people with intellectual disability, Dixon-Ibarra and colleagues (2017) considered frontline staffs' lack of paperwork completion as a significant barrier to the program's success. They suggested that future health promotion programs in group homes focus on creating top-down policy changes that "gain staff buy in" (p. 88) by enforcing their compliance with procedure. A shortcoming of this approach is that staffs' experiences with paperwork are not taken into account.

Frontline staff experiences are important to understand because they are responsible for transforming organisational procedure into practice. The few studies that explore staffs' paperwork experiences ask questions about the suitability of particular paper tools to support residents in daily practice and the implications of following prescribed procedures (Davis et al., 2015), or the characteristics of paper tools that hinder or help staff to support residents well (Anonymous). Asking these types of questions allows researchers to adopt different epistemological positions and explore staffs' paperwork

practices more broadly, rather than simply viewing them as correct or incorrect. For example, in an investigation into issues with incident reporting in group homes and other government funded accommodation services for people with intellectual disability, the Ombudsman (2015) in the state of Victoria, Australia, identified a number of reasons behind staffs' decision not to complete incident reports. These included a lack of knowledge of the incident report procedure and fear of being reprimanded by the managing organisation for not completing paperwork within expected timeframes.

Recent research using a constructivist epistemological position exploring staffs' perspective of paperwork found they drew on their practice wisdom about specific workplace and group home practices generally and critically evaluated the value of paper tools, limitations, and overall goodness of fit for their work of supporting residents (Anonymous). In this study, staff considered paperwork particularly limiting when it required them to capture information that was irrelevant to practice, when it made them feel uncomfortable, or when it took too long to complete. These findings are in line with Garfinkel's (1967) suggestion that frontline staff are likely to use paperwork in ways that meet their needs in everyday practice.

The aim of this study was to explore how frontline staff use paperwork in group homes for people with intellectual disability, and identify implications for practice. Understanding how staff use paperwork in their practice may provide insights that allow disability service organisations to tailor paperwork to staffs' everyday experiences, by, for example, identifying and removing unhelpful paperwork and ensuring they have access to paperwork that enables them to support residents well.

Method

Methodology and design

This study was guided by a constructivist epistemological lens and a constructivist grounded theory (CGT) methodology, which together provide a systematic, inductive and iterative approach for collecting and analysing data in exploratory research (Charmaz, 2014). This approach allowed researchers and participants to influence the direction of enquiry throughout the research process, and for the quality of the research to be evaluated using four criteria: credibility, originality, resonance and usefulness (Charmaz).

Participants

[removed for blind review] university human ethics committee provided permission to commence the study. We used a convenience sampling method to invite three non-government disability service organisations that supported people with intellectual disability in Australia to participate in the study. Two organisations provided consent to recruit participants working and living in group homes. Group homes in Australia provide 24-hour staffed community-based accommodation and daily living support for four to six people with intellectual disability (Bigby, Knox, Beadle-Brown, & Bould, 2014). Five potentially suitable group homes were identified through discussions with the respective supervisors. One group home was excluded because it mainly supported people with physical disability, and another because the supervisor was unsure if staff would participate. Participants were drawn from the remaining three group homes, two metropolitan and one rural.

The first author invited the residents and staff members from each group home to participate. In total, 29 people agreed -14 group home residents, three casual support workers, 10 part-time support workers, and two part-time supervisors. Staff participants had between 2-months and 20 years group home work experience. The majority also had related paid and unpaid experience in broader disability and human services, including experience caring for family members with disability. Although we did not specifically collect data about staff qualifications, seven participants mentioned studying—one noted a certificate in disability studies and three others described undergraduate degrees related to education and allied health.

We obtained next-of-kin permission for nine resident participants who could not provide informed consent. We only considered staff as active participants. Interviews were not conducted with residents, and although observations were conducted in the residents' homes, the focus was on staff actions. To ensure participants remained anonymous we replaced participant, service and organisation names with pseudonyms, removed other identifiable data, and refrained from associating participants with involved services.

Data collection and analysis

The first author collected 50 hours of participant observations over 18 sessions with 15 participants, conducted 15 semi-structured individual interviews including one follow up interview, and two group interviews with nine participants. The unstructured observation sessions lasted from 1 to 3.5 hours, and took place across all 7 days of the

week between 7:00am and 9:00pm. They were conducted in the group homes except on three occasions where the focus participant left the home as part of their support duties. A minimally participating observer stance was used which entailed passively observing staff and only becoming actively involved when appropriate (see Bryman, 2012; Johnson, Douglas, Bigby, & Iacono, 2011). Field notes were written during the observations and expanded following each session.

The individual interviews were conducted at a suitable time, at the group home or another service building and lasted between 50 minutes and 1.5 hours. Interview questions evolved throughout the iterative data collection and analysis processes. Questions were typically open-ended and aimed to elicit information around staffs' paperwork practices and reasons for these, for example: "How are these paper tools used?", and "What impacts on you completing paperwork?" We also asked participants to reflect on observed events: "When I saw you the other day, the computer was not working and you could not do the case notes. How are staff responding to this?" With participants' permission, we audio recorded and transcribed the interviews. Eleven participants reviewed their respective transcript and agreed that it captured their perspective. Some participants described the interview process as a rare opportunity to stop and reflect on their work and appreciate the knowledge and skills underpinning their practice.

The follow up and group interviews were conducted with staff from the existing participant group and provided an opportunity to share preliminary analysis, establish resonance and gain clarification on emerging ideas (Charmaz, 2014). The follow up interview was conducted with a participant who had revealed important insights into staffs' paperwork use and was willing to participate further. Three staff participated in the first group interview and six in the second. The interviews provided an opportunity to share preliminary analysis with participants, establish resonance and gain clarification on emerging ideas (Charmaz, 2014). Participants noted a general satisfaction with the content of the group discussion and decided against reviewing the respective transcript. Finally, the first author maintained a journal detailing her reflections throughout the data collection and analysis process by using three prompts: "General reflections", "What does the data say?", "What does this mean for future data collection?"

We used initial, focused and subcategory hand coding to analyse data. The first author used initial coding to become familiar with the data line-by-line, and pursued

points of significance through focused coding. The three authors worked collaboratively to compare and sort codes, identify and refine subcategories, and develop a conceptual understanding of the data that reflected how staff used paperwork (Charmaz, 2014). We compared the codes and categories to journal notes, interview transcripts and field notes, to ensure they were credible. We presented the findings to stakeholders at industry and academic forums to ensure the study contributed original knowledge. Table 1 illustrates the focused codes, subcategories, overarching conceptual category and experiential consequences resulting from the grounded theory analysis (Charmaz).

Please insert Table 1 about here

Findings

Managing paperwork

Frontline staff saw organisational paperwork procedures as a broad set of rules intended to guide their paperwork practices. These rules instructed staff on the particular paper tools to use, the nature of the content, the timing of completion and how to store the tools. At times staff felt overwhelmed with the prescriptive nature of the paperwork rules. However, for the most part, they approached these rules from their own pragmatic standpoint, as Tess, a support worker illustrated: “We’re not puppets! ... We’re actually people with our own minds, our own insights to things. ... We can decide what [rules] we want to follow and what we don’t want to follow”. They used paperwork primarily as flexible tools for supporting residents, and saw other stakeholders’ paperwork purposes, such as the organisational managers’ requirement for completed paperwork, as secondary to their own.

Paper tools were paper-based and electronic (see Table 2) and varied from service-to-service, as Beth, a support worker suggested:

“The shift reports are the same. Well, [they are] not paper anymore; [they are] obviously on the computer. ... Everything else, like signing on and all of that daily stuff [paper tools], is completely different and I've never seen the ones we use here”.

The paper tools varied, and their use of these tools varied from service-to-service:

“Certainly there are things that I never did in my last job. A lot of the paperwork was kept from the team ... I have been told that I will take over one of the client's keyworker reports ... In the other houses we were [only] allowed to access the

keyworker reports if we did something with them that was relevant and [to] add [the information]” (Beth).

Despite this variability, their paperwork reflected two overarching approaches: trying to follow the rules, and managing the rules. These approaches resulted in a number of difficulties for staff and had implications on day-to-day practice.

Table 2 about here

■ Trying to follow the rules.

Sometimes, staff tried their best to use paperwork in line with their understanding of organisation’s rules, as Olivia, a supervisor, illustrated:

Olivia walks out of the office and into the kitchen. She looks stressed. She nods at the wad of paperwork in her hand... and says to a staff member standing near her:

“I’ve done it [the paperwork] the best I can.” (field notes)

They learnt the paperwork rules so they could complete paperwork accordingly. They gained much of this knowledge through conversations with others rather than reading documents. Supervisors relied on conversations with their managers or their counterparts in other group homes, and support workers relied on conversations with supervisors and colleagues. June, a support worker, reflected on her early experiences learning the paperwork rules:

They [staff] were like, “This is how you do it [the paperwork]. Do it yourself, but we’re there if you need us”. ...I suppose the policies [documents] are here if you ever need to check on something—[But] like, I usually just ask staff.

Sometimes staff followed the rules out of habit, based on their knowledge: “You can get into a habit of doing it [paperwork], I suppose” (Di, Support worker). They also tried to follow the rules for resident-focused and personal reasons. They followed the rules closely with tasks they believed held more risk for the residents, as Greer, a support worker illustrated: “The medication sheets—they have to be signed... You get the book out when you give the medication, [and] you sign the sheet.” They also followed the rules to avoid personal reprimand: “You [staff] have to write everything in there [the sign in book]. You get into shit if you don’t do it” (Di, Support worker). Carol, a supervisor, explained how completing paperwork as expected could prevent staff from being fired:

Carol: To cover your arse. Yeah if you go “No” [I didn’t follow the paperwork rule], they’ll [the managers] go, “Bing, bong [wrong answer].”

Researcher: Covering your arse... for what exactly?

Carol: Your job.

However, staff usually tried to use paperwork as expected because they understood the organisation's reasons for the rules and wanted to comply with these. Renae, a support worker, demonstrated how her practice aligned with rules and also with her evaluation of a paper tool: "You do that [file note] each day for each resident. And I think that's good as well". Many participants believed in the organisational view that they could provide better support to residents when they structured their work with the appropriate paper tools, completed them at the expected time and stored them in the expected location. Magentha, a support worker illustrated this belief when she completed fire safety paperwork according to the rules:

Magentha is sitting at the office desk, writing on a small note pad. The new casual support worker enters the office and asks Magentha what she is doing. She explains that each night, the staff member on the sleepover shift completes the emergency fire paperwork to record each resident's whereabouts, so fire fighters can find them in an emergency. She writes the name of each resident next to a series of numbers listed on the paper and explains that the numbers refer to the bedrooms in the house. Magentha seems focused on completing the paperwork precisely as the organisation requires. She rips the piece of paper out of the note pad and adds it to a collection of old emergency fire paper tools that are clipped to the front of the yellow emergency bag near the office door. (field notes)

Difficulties in following the rules.

It was sometimes difficult to follow the rules because organisational paperwork systems were poorly designed, as Josh, a support worker recalled: "The forms listed on the [computer] file... they're not even titled with the same title on the computer... That's ridiculous! ... It's a time waster. You spend ages trying to find the stupid form". They often completed paperwork with uncertainty, as Georgia, a support worker noted: "We are all confused about what we can and can't write where... Like a lot of the paperwork—it's hard to understand just what is required". As a result they completed paperwork that was neither required nor helpful for staff, as Josh recalled:

There were two forms [for] ... person centred plans, and I'd done both of them thinking I had to do them, and I only had to do one. And you know—it was 100 pages of stuff... It took hours. ...And then we were told [by managers], "No, no, just do the other one [paper tool]."

Trying to follow the rules sometimes led to staff spending time checking their colleagues' practices against their own understanding of the rules. This scrutiny played out differently across the services. In two services where there was strong teamwork, checking each other's work was part of a broader set of practices that staff used to support each other, to provide good support to residents. However, in one service, where the sense of purpose to their work was less unified, staff checked each other's work to highlight their colleagues' inadequacies. Greer, a support worker, demonstrated the latter:

Greer returns to the office, sits at the desk and gazes at a paper tool... She explains that she is checking if the other staff member on shift has signed the medication paperwork, because "she has a habit of not doing these things." (field notes)

Managing the rules.

When the rules prevented staff from working in a resident-focused way they often managed these rules by adjusting the timing or place that paperwork was completed, the content of paperwork, or by creating new tools. They often concealed these practices to appear as though they complied with the organisational rules and to avoid reprimand. In rare circumstances, they refused to complete paperwork and spent little effort covering this up.

Managing the timing of paperwork.

Staff had endless tasks competing for their time. They prioritised supporting residents and completed tasks like paperwork, when it best suited them. As a result, they sometimes struggled to complete paperwork during an event or busy periods. Alisha, a support worker, explained: "Sometimes it will be: 'Oh I have to do that!'... 'I have to count the money!' Sometimes [we're] really busy: '...Oh God!'" During busy times, they completed paperwork that supported their resident focus before paperwork judged to have a purely organisational focus. Olivia, a supervisor illustrated:

Olivia tells me that other supervisors ask how she manages the paperwork on "admin" days. She tells me that she places all paperwork into a yellow file during the week, and on admin day she attempts to complete the paperwork in the file. Any paperwork not complete by the end of the shift is returned to the file and left for the next admin day. She prioritises the paperwork that ensures residents continue to receive support, for instance, by printing the current roster and placing it on the wall, completing the following month's roster and approving staff pay. (field notes)

Staff prefilled paper tools by drawing on their knowledge of each resident's daily routines and predicting how future events might play out. Josh, a support worker, explained:

It can take you an hour and a half to get five afternoon shift [reports done]... I always start ahead... I'll create [a report] for the next day the night before, and I'll just write, "[a resident] went to [placement]", or something, or "they went to such and such". And then the next morning I'll fill [the report] in.

They also backfilled paper tools, completing a specific tool some time after a service event and dating it to suggest they had completed it in the expected timeframe. Alisha and Magenta explained:

Normally at the end of the shift we have to do the money counts—that's important [to do], but I don't feel like I have to finish [the task] that night, so I just keep it for tomorrow because I'm here tomorrow morning also... I have found the [other] staff doing [the file notes] next time, next day... We have to manage the time. (Alisha, Support worker)

[Paperwork] can get overlooked. Weeks fly [by]... And if someone gets thrown off stream with other issues, something [paperwork] can be two weeks late. ... We didn't have time to do a resi[dent] meeting this Thursday night... we had [medical] appointments. And it was in the diary that it was to be done. So I actually did it on the Friday but backdated [it] to the day it was supposed to be done. (Magenta, Support worker)

Tess and Carol illustrated how they backfilled and prefilled paperwork simultaneously:

Carol walks into the kitchen where Tess is leaning on the bench with a pen in her hand, gazing at the food diary. Tess explains to Carol that she has not filled out one resident's food diary for a while, and continues looking at the paperwork, recalling the resident's more recent meals and writing into the diary when she remembers the information. Carol asks Tess to fill out what the resident is expected to eat tomorrow and Tess notes that she has already entered that information. (Tess, Support worker, and Carol, Supervisor, field notes)

Managing the place of paperwork.

Staff needed paper tools in useful places so they could find information and complete paperwork when it suited them. Wendy, a support worker, demonstrated how they adapted paperwork by placing paper-based tools in different places around the group home:

Wendy walks around the office and points to different paper tools pinned to the walls. She opens a cupboard door and shows me how they complied with organisational instructions by pinning up each resident's day program information on the inside of the cupboard. Wendy promptly shuts the cupboard door and shows me how they placed similar information on the outside of the cupboard door, so it is quicker to read. (field notes)

Staff made modifications to the complicated electronic systems so they could find tools and relevant information with ease. Wendy illustrated:

Wendy enters another resident's file on the computer. She shows me how she made it easier to find each resident's file by creating shortcut tabs and placing them across the top of the browser. (field notes)

When the organisation's rules required staff to duplicate information across a number of tools, they sometimes captured the information in the tool located in the most meaningful place. For instance, in one service, staff were required to record vehicle mileage information in the sign in book and the vehicle book. Olivia, a supervisor, justified her decision to only record the information in the vehicle book: "I don't [write the vehicle information in the sign in book]. Well, why? ... It's in the vehicle book. Unless [the manager] can explain to me why I have to rewrite this out again, I'm sorry."

Managing paperwork content.

When staff felt uncomfortable documenting an event, they sometimes completed paperwork in ways that sanitised events and reaffirmed that their practices reflected the rules—despite their actions differing from this, as Georgia, a support worker revealed: "You want to write exactly what's gone on, but you can't because you've got to put it nicely. It's got to be 'professionally' sort of written up, I suppose". At times they told small "lies" in the paperwork to reflect the organisation's expectations. Sue, a support worker explained:

I know that [the supervisor] wants us to let them [residents] do all of this stuff for themselves. This is the move now, with this kind of supported living. The truth is... if I just say to [one resident]: "Get your own breakfast", we are going to have chaos. Whereas, I can get it [breakfast] for her—I don't mean without her helping; she can get the bowl. ...And she's happy, I'm happy. Nobody has shouted. Nobody has had to run around with a mop. We have a peaceful house. ... So then what comes of that is telling lies in the paperwork because, you know, saying "he got his own breakfast". Well, he kind of did.... Yeah, so we're telling lies on the shift. Not big lies, we're not telling bad things. We are just slightly misleading whoever is going to be reading them [the notes]... [On] my very first shift... one of the other workers told me, "Just say [in the paperwork] they did it themselves."

Creating paper tools.

When staff could not adapt existing paperwork to meet their needs, they created new paper tools. They usually created paper-based rather than electronic tools because these tended to complement every day practice. They created paper tools for long-term use, for instance shift-filling books, health records summary sheets and individual resident shopping templates. They also created paper tools for short-term use, for instance sticky notes, wall memos and note pads.

The shift filling book was an example of a long term paper tool created by staff. Carol, a supervisor, created the book to ensure vacant shifts were filled in a way that reinforced their team's collaborative, respectful and transparent practices:

That's for my vacant shifts. So I put any shifts I know that are coming up [in the book]. They [staff] write in when they're going on holidays [to note], "Okay these are shifts available", then [other] staff have a chance to look at those shifts and go "Yeah I can work that", and write their name down... Then I go to [the book] ... I virtually divvy [divide] out what staff is going to work [each shift], especially if more than two people put their name to the same shift. And always try to be fair; try to calculate [that] everyone is having the same amount [of extra work].

Sticky notes were an example of short term paper tools created by staff. Magentha, a support worker, illustrated how they used and quickly disposed of sticky notes:

Magentha turns her attention to other paperwork on the desk. She reads the small handwriting on a yellow sticky note, then scrunches the note up and throws it in the bin, saying: "We don't need that information because it was one of Josh's old notes." (field notes)

Refusing to complete paperwork.

Staff rarely refused to complete paperwork, although sometimes they only completed certain aspects of it. For instance, at the end of the day they usually wrote about each resident's activities in their respective file notes, but did not always read the notes previously written by their colleagues. Renae, a support worker explained: "I don't go back and look at [the notes] and then think 'Oh that's how it was yesterday compared to today', because not too much changes". Staff only refused to complete paperwork entirely when they felt a paperwork rule completely misaligned with their core task of supporting residents. Supervisors were more likely than support workers to do this, particularly when they felt disillusioned by the broader organisation or unconcerned

about managerial reprimand. During an observation and later in interview, Olivia, a supervisor, described how, on finding out the organisation had made her position redundant, she would only complete paperwork she considered essential for supporting residents. She planned to delete some of her previously completed organisational paperwork and suspend completing all organisationally focused paperwork:

Olivia... explains that she is overrun with paperwork but isn't going to do any of it because she's so overwhelmed about losing her job. She is devastated that the organisation is treating her this way after working so hard for many years. ...She also notes that she will delete the work she has completed on the rosters beyond her final work date. (field notes)

I just didn't care. Like, they're [the managers were] saying, "Go on and continue your job as normal". ...When you've just kicked us in the guts and told us that we didn't have a job? I just went, "Why should I do anything for you when you've done... the dirty on us" and said that "You're no good anymore, see you later!?" That's the way we [supervisors]... felt. Even now I still only do what [paperwork] I want to do. ...As long as the guys' [residents'] needs are met, the paperwork side of it—I do the bare minimum. ...They're [managers are] asking us to do so much [paperwork] still and I've just refused to do it. (Olivia, Supervisor)

Implications of managing the rules.

Staff choosing to manage rather than follow the rules had implications. For instance, when staff captured information they considered necessary and avoided documenting information they considered meaningless and repetitive, the paperwork sometimes failed to reflect actual service events. Josh, a support worker noted:

[The details are] not always in the notes ... Like, because [you would not write], "[A resident] got upset or stressed and then I just let them go watch TV."

They were aware of the consequences of prefilling and backfilling paperwork.

Magentha, a support worker, explained how prefilling paperwork could result in incorrect documentation that could impact on the residents' wellbeing:

Magentha walks into the office and flicks through the medication sheets in the white folder sitting open on the computer desk. She stops flicking through pages and looks closely at a few sheets and points out that a staff member has prefilled the weekend checkboxes with an "o" for a resident who is away with family. Magentha isn't happy about this, noting "it [the paperwork] should be done at the time when

the medication is given, not before”. She highlights that if the resident comes home earlier than expected, staff will not be able to complete the paperwork to reflect that they have actually given the medication to the resident. (field notes)

When staff created paper tools, they went to some lengths to keep these a secret because they feared managers would prohibit the tools. Beth, a support worker, described how they hid sticky notes prior to any scheduled manager visits:

We try not to use sticky notes. We’re not really allowed to use a writing pad. ... Well, communications should be by email... Well that’s what they’re [managers are] saying. [They] said, “No, no sticky notes”. ...If they come in and see notes on the desk it’s... yeah.

When managers found tools created by staff, they told staff to use the tools provided by the organisation. Wendy, a support worker recalled how managers banned a shopping tool that she created:

Here it is [the tool I created]. It’s a shopping list and I’m not allowed to use it. ... We [staff] all talked about it... The staff here thought, “Yeah, that’s [paper tool is] going to be good”. ... [The shopping tool] was on the desk and they [managers] came and they said, “No, get rid of it.”

When staff refused to complete paperwork or only completed aspects of it, for instance writing in paperwork but not reading notes left by others, they sometimes supported residents without having critical information. Greer, a support worker illustrated this when trying to piece together information about an unwell resident:

Greer goes outside and relaxes on the patio for a few minutes. She tells me that she is having a quick break before leaving for the shopping trip. A resident joins Greer outside and talks about another resident who had just been unwell in the van, noting that he had been sick earlier in the week. Greer seems surprised to hear this. She tells me that she will check the resident’s paperwork to find out more.

Discussion

This study explored how frontline staff use paperwork in group homes for people with intellectual disability. We found that while staffs’ paperwork practices varied from service-to-service, they had two overarching approaches: trying to follow the rules, and managing the rules, which enabled them to focus on their core responsibility of supporting residents. Their practices have both positive and negative implications for residents, staff and organisational practices in group homes.

Contrary to conventional wisdom, when staff try to follow the rules there can be negative consequences for themselves and for the residents. Staff may experience an ongoing sense of

uncertainty, possibly because the level of instruction they require to complete the paperwork has been underestimated by external stakeholders, who set the rules. This possibility is consistent with the findings of Davis and colleagues (2015) that group home staff were given insufficient instructions to use asthma management tools, which resulted in them being confused and guessing how to provide medication to residents with adverse consequences. Alternatively, if staff are completing paperwork with uncertainty, or simply because they feel compelled to do so, their attention may be diverted from the primary focus of their work of supporting residents and result in precious time being wasted on redundant paperwork, as described by Clement and Bigby (2010). To overcome paperwork uncertainty and thus time-wasting practices, organisations could work with frontline staff to identify areas where further procedural instruction would be helpful in day-to-day practice.

Similar to other literature on group home paperwork (see Poppes et al., 2014), our findings demonstrate that staff sometimes use paperwork in ways that diverge from organisational procedures. It is difficult, however, to gauge the extent of their non-compliance because it is often hidden to avoid reprimand. From one perspective staffs' management of the rules can be problematic because, for example, by refusing to complete paperwork or only partially complying with expectations, they may provide support to residents without knowing necessary information about changes in health conditions or earlier activities. Practices such as prefilling, backfilling paperwork and managing content create inaccuracies in paperwork. When staff prefilled paper tools they recorded routine information rather than details of actual events. However, they limited this practice and did not include paper tools that they perceived critical to residents' wellbeing, for example, medication records. When backfilling paperwork they may forget to include specific information, and when managing content they may capture brief or alternate versions of an event. These practices reduce the reliability of paperwork as a tool for recording service events or quality.

From another perspective, staff management of paperwork practices can be positive, and understood as acts based on practice wisdom and critical reflection (Anonymous), rather than acts of defiance (Fleming & Spicer, 2007; Garfinkel, 1967). Their practices allow them to use paperwork in the contextual moment, remaining focused on each resident's support needs and using paper tools suited to requirements of day-to-day support (Anonymous). Staffs' managing practices illustrate their ability to transform ill-fitting, organisationally-focused paper tools into ones that better support their resident-focused work. Staff having to adapt paperwork in this way suggests that organisations develop paper tools without considering how they fit with the resident focus of staff. This is concerning, considering the provision of individually focused support is a central aim for Australian disability services (Commonwealth of Australia, 2011).

Garfinkel's (1967) advice that frontline staff are likely to use paperwork in a way that suits them, suggests that it may be futile to create more prescriptive procedures to address the disconnection between procedure and practice. Less prescriptive procedures are more likely to encourage staff to draw on their practice wisdom to identify and use tools that suit their specific tasks (Mansell et al., 1987). However, this requires organisations to reconsider some of the functions expected of group home paperwork. The findings from this study and (Anonymous) suggest that organisations should consider paperwork primarily as a tool for staff to communicate about day-to-day practice and formally interact

with other stakeholders. Our findings give weight to McEwan, Bigby and Douglas' (2014) suggestion that organisations, auditors, researchers and policy developers should be cautious in using group home paperwork to draw conclusions about service quality. We extend this further by proposing that organisations should use mechanisms other than paperwork for tasks such as recording service events and documenting risk. Service quality can be assessed through observations of staff practice (Bigby et al., 2014) or via practice leadership (Deveau & McGill, 2016). For example, Finlay, Walton and Antaki (2008) suggested organisations use an observer in services over a number of days to explore service quality and discuss practices with staff. Further research is required to explore how organisations could develop flexible procedures in light of the contemporary focus on managing risk through paperwork (see Gardner, 2006) and to identify alternative mechanisms to capture service data.

The findings reflect some of Bigby and Beadle-Brown's (2016) analysis of culture in underperforming and better group homes. Staffs' resident focused paperwork practices mapped onto the positive ends of the cultural dimensions "regard for residents" and "perceived purpose" (p. 327), as they considered residents to be like them and their role in the home to maximise residents quality of life and make the life each chose (Bigby & Beadle-Brown, 2016). However, on the dimension "orientation to change and new ideas" where resistance is associated with culture in underperforming homes, the situation was not so clear. Our current and previous findings suggest that staff were resistant to externally imposed changes to paper work, when they considered these to be ill fitted to their purpose. Their resistance however was indicative of their sense that management often failed to consult or tap into their practice wisdom before making such changes.

The findings also contribute to the discussion about forms of knowledge in disability services and tension between stakeholders (Carr, 2007; Pollock, 2016). Anonymous found frontline staff perceive themselves as valuable contributors to service who draw on practice wisdom to critically reflect on paperwork. The present study demonstrates how frontline staff act on their knowledge to purposefully manage ill-fitting paperwork procedures by using tools in ways that enable them to remain focused on supporting residents. Taken together, these findings suggest frontline staff could be considered frontline experts and that organisations could learn from staffs' resident-focused practices, rather than sidelining their knowledge or disciplining them for using judgement. Our findings challenge beliefs about staffs' incapacity to contribute to service development, and suggest that knowledge of frontline staff should be considered alongside that held by other stakeholders, such as service users, families, managers and researchers (Carr, 2007).

A possible first step forward would be to incorporate staffs' knowledge into ongoing organisational conversations about tools in service delivery (see Granö, 2016). Although further research is required to guide this work, it is clear that for dialogue to be constructive, organisations need to build rapport and gain the confidence of frontline staff who have described feeling powerless (Anonymous). Future research could draw from the human resource concept of 'employee voice' to explore potential models for involving frontline staff in decision-making dialogue (see Wilkinson, Dundon, Donaghey, & Freeman, 2014).

This study has strengths and limitations. The findings are particular to the participating group home services and organisations that provide service in one

Australian state. Further research is required to examine whether these findings resonate with frontline staff in other disability services, such as individual or day services, and if they are relevant to disability services in other states or countries. However, this study provides significant insight into frontline staffs' paperwork use, despite the challenges of working with participants who feel vulnerable with external stakeholders such as researchers (Anonymous; Liamputtong, 2007). Underpinned with a constructivist epistemological approach, the observation data collection method helped to build rapport with participants, adding value to the data set by capturing illustrations of the way they approached and incorporated paperwork into other tasks such as direct support, in their particular setting. When participants felt comfortable the observations also provided an opportunity for participants to explain how and why their practices differed from expectations.

Conclusion

Far from simply following procedure, frontline staff purposefully manage paperwork to support people with intellectual disability in group homes. Disability service organisations could develop flexible paperwork procedures and engage staff in organisational conversations to ensure future paperwork is fit for use. Future research could explore mechanisms to raise employee voice and understand staffs' tool requirements, which could result in the uncovering of novel strategies to equip them with suitable tools for effective practice.

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Tables

Table 1. Frontline staffs' use of paperwork in group homes for people with intellectual disability (Charmaz, 2014).

Conceptual category	Subcategories	Focused codes	Experiential consequences
Managing paperwork	Trying to follow the rules	Gaining knowledge	Difficulties in following the rules
		Meeting resident-focused and personal reasons	
	Managing the rules	Managing the timing and place of paperwork	Implications of managing the rules
		Managing content and creating paper tools	
		Refusing to complete paperwork	

Table 2. Examples of paper-based and electronic tools described by staff in group homes for people with intellectual disability.

Paper-based tools	Electronic tools
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Managing paperwork

Staff communication book	Resident finance records	Shift filling book	Resident daily schedule profiles	Resident information system	Incident reports
Medication sheets	Chemical safety sheet	Food diaries	House diary	Daily file notes	Emails
Grocery shopping lists	Meeting minutes	Vehicle book	Wall memos	Monthly service reports	Policy documents
Health record summary sheets	Meal menu	Resident communication book	General practitioner reports	Staff roster	Keyworker reports
Sticky notes/writing pad	Emergency fire records	Sign in book	Resident folders	Person centred plans	Occupancy record

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