

Gomes Martin (Orcid ID: 0000-0003-2193-3160)

RUNNING HEAD: Characteristics of Effective Staff Teams

The Characteristics of Effective Staff Teams in Disability Services

Authors

Mr Martin F. Gomes B.Psych Science. (Hons).

Deakin University, School of Psychology

mfgomes84@hotmail.com

Professor Keith R. McVilly PhD

University of Melbourne, School of Social & Political Sciences

keith.mcvilly@unimelb.edu.au

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Correspondence:

Professor Keith McVilly, University of Melbourne, Victoria, 3010, Australia;

keith.mcvilly@unimelb.edu.au

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Abstract

Background: People with Autism and other Developmental Disabilities are often supported by staff teams in accommodation, day support and employment services. While the literature outlines a number of individual staff characteristics that can influence the 'quality of support', there is a paucity of research investigating the characteristics of teams as a whole. Given the emphasis placed on 'team work' in human services, this study investigated what constitutes the characteristics of an effective team in disability services.

Method: An on-line Delphi study was employed, whereby disability support staff and their managers answered a series of surveys to build a consensus as to 'what constitutes an effective team'. The emerging consensus was analysed using inductive thematic analysis, descriptive statistics, and the Intra-class Correlation Co-efficient (ICC).

Findings: A consensus emerged concerning three core elements which combined constituted an effective staff team. In order of importance, these were *a shared focus on client outcomes, effective leadership, and good communication among the team*. However, a range of additional factors were also identified. These represented additional considerations that were, in the opinion of the participants, also important to building and maintaining an effective team.

Conclusions: Focusing on client outcomes, fostering effective leadership, and ensuring good communication are necessary, but insufficient to establish an effective staff team. The implications are discussed in the context of policy development concerning staff recruitment, team development, supervision, and service evaluation.

The quality of life of people with Autism and Developmental Disabilities often depends on the attributes of individual staff providing support; their knowledge, skills, experience and values, as well as their attitudes, confidence and emotional intelligence (Larson & Hewitt, 2012; Maes & Puyenbroe, 2008; Wilkinson, Kerr & Cunningham, 2005). Consistent with such assertions, staff's individual attributes have been found to affect the standard of personal assistance services (i.e., the provision of support with bathing, dressing, eating, toileting, shopping, finances and medication management), to influence client sexual expression (Hingsburger & Tough 2002), client access to technological resources (Verdonschot, Witte, Reichrath, Buntix & Curfs 2009), and client outcomes in the workplace (Neri, Wong & Harrington 2012). Notably, in these studies certain individual staff attributes (deemed negative) have been associated with clients experiencing poor personal assistance, limited opportunity for sexual expression, limited access to technological supports, and low levels of engagement in meaningful work. For people with Autism and Developmental Disabilities exhibiting challenging behaviours (CB) (i.e., behaviours of harm to themselves or others), individual staff characteristics have also been found to influence the use of restrictive practices, such as physical and mechanical restraint, and seclusion (Hingsburger et al 2002; Neri et al, 2012; Verdonschot et al, 2009).

Wanless and Jahoda (2002) found that staff's cognitive attributes, in the form of their beliefs as to why people with Autism and Developmental Disabilities exhibit CB, drive their emotional responses. These staff perceptions of CB have been identified to fall into three distinct categories. The first is the origin of the CB, as being caused by internal vs external factors. The second attribution is whether the behaviour is stable and consistent, or unstable and inconsistent. The third attribution is whether the behaviour is under the control of the client, or if it is beyond the control of the client. Some research has found that staff generally perceive the drivers of CB as being internal to the client, stable (unchangeable), and under the control of the

client (Lambrechts, Petry & Maes, 2008; Noone, Jones & Hastings (2006). These attributions were associated with strong negative emotions of the staff, which in turn were associated with lower levels of optimism and lower levels of willingness to 'help' clients (Dagnan Trower & Smith, 1998, Lambrechts et al., 2008).

These findings are consistent with Weiner's *Attributional Theory of Helping Behaviour* (ATHB) (1980), which predicts that helping behaviour is prompted by helpers' emotional reactions. For example, Ling, Mak & Cheng, (2010) observed if caregivers believe the CB is outside the person's control they are sympathetic and more likely to 'help'. Conversely, if the causes of the CB are deemed within the person's control, it is considered manipulative, eliciting feelings of anger and reduced helping behaviours (Bailey, Hare, Hatton, & Limb, 2006). Similarly, Weiner's (1974) earlier theory of *Achievement Motivation* states that the likelihood of helping behaviour depends on the perceived ability by the helper to achieve a positive outcome. Bailey et al. (2006), and Stanley and Standen (2000), report that if CB is attributed to un-changeable or un-modifiable causes, such as a low IQ or personality traits, caregivers will be less likely to help, than if they believe that they can change the circumstances to reduce or eliminate the CB.

Staff qualification and education have also been associated with the quality of the provision of disability support. A study by Wheatley and Austin-Payne (2009) found that views of self-harm behaviours are linked to staff willingness to help; with unqualified staff reporting more worry and negativity than qualified staff, and lower propensity to help. Hence, individual experience, training, and/or qualification have been interpreted to influence attribution and subsequently staff response to CB. Willems, Embregts, Stams and Moonen (2010) further supports the link between staff qualifications and responses to CB. They found that higher education levels were associated with lower hostile behaviour towards clients. Furthermore, education level was significantly correlated with critical expressed emotion, which have in turn been

found to influence attributions and staff responses to CB (Weigel, Langdon, Collins, & O'Brien, 2006).

Willems, Embregts, Bosman and Hendriks (2014) investigated emotional intelligence (EI) and found that aspects of staff's EI were related to how people handled challenging situations, such as a client's CB. They found that individual higher interpersonal abilities were a predictor of lower assertive control. In other words, individuals with higher EI and interpersonal skills seemingly did not feel that they had to be 'in control of the situation', and consequently they did not assert themselves inappropriately, such as unnecessarily using restrictive interventions that include treats, discipline, restraint or seclusion. Similarly, staff confidence in working with clients who exhibit CB is another staff characteristic that can influence the provision of disability support. A study by Gibb, Beautrais and Surgenor (2010), found that even when staff had positive attitudes toward people who displayed self-harm, if they did not feel confident they themselves identified a strong desire for more training so as to improve the quality of their support.

Staff's individual attributes have not only been found to influence client outcomes, but also the health and wellbeing of staff themselves. For example, Gibb, Beautrais, and Surgenor (2010) found that 'negative attitudes' were significantly associated with higher levels of emotional exhaustion, a sense of low personal accomplishment, high levels of burnout, and consequently high levels of staff turnover. Anecdotally, such issues are often understood in the context of the unsuitability or failure of individual staff, with minimal attention given to the failure of the workplace to provide a suitable work environment and systems of work (as is typically required in contemporary occupational health and safety regulations).

While the literature has identified a number of staff characteristics that can influence the quality of support for people with Autism and Developmental Disabilities, these characteristics have generally only been investigated in the context

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of individual attributes. Such findings have influenced recruiting practices, the provision of staff development and staff supervision, as well as service evaluation; with a predominant focus on hiring staff based on a consideration of their individual attributes, sending individual staff to training programmes, and performance evaluation and line management being conducted on an individual basis. The issue that is all too often missed is that these individuals generally work in team environments.

Team level interventions have been shown to achieve positive outcomes for both staff and their clients. Noone and Hastings (2009 & 2010) report significant decreases in caregiver psychological distress after organisational or team-wide training using the principles of Acceptance and Commitment Therapy (ACT). Similarly, team training in Mindfulness has been demonstrated to positively affect outcomes for staff and their clients (Singh et. al, 2016 & 2018). Furthermore, other factors, such as team management and team leadership could also influence client outcomes. Here, work investigating 'practice leadership' (Mansell, Beadle-Brown, Ashman, & Ockenden, 2004), has demonstrated important outcomes for both staff and their clients (Beadle-Brown, Bigby, & Bould, 2015; Beadle-Brown, Hutchinson, & Whelton, 2012; Beadle-Brown, Mansell, Ashman, Ockenden, Iles, & Whelton, 2014; Deveau & McGill, 2016)

A study by Dilworth, Phillips and Rose, (2010) found that staff made less attributions of control of CB to the client when they worked within 'a better quality organisational service'. In this instance, team functioning was observed to impact staff perceptions, affect staff willingness to help, and the subsequent quality of service provision, independently of individual staff attributes. Furthermore, Knotter, Wissink, Moonen, Stams and Jansen (2013), investigated staff attitudes and reactions towards aggressive behaviour and found that negative attitudes towards aggression 'of the team as a whole' proved to be a substantially more powerful predictor of the use of coercive intervention than the attitudes of individual staff members alone.

While individual staff characteristics have been found to affect the quality of support of people with Autism and Developmental Disabilities, it remains largely unknown how these characteristics combine to create an effective team. Subsequently, his study was designed to develop a consensus model of the characteristics of an effective staff team; addressing the question ‘what constitutes an effective staff team for the delivery of community-based disability services?’. Such findings are important when developing service policy, considering how best to design recruitment practices, how to build and support teams, implement staff training, and conduct staff supervision or service evaluation.

Method

Ethics Approval

The protocol for this study was reviewed and approved by the Deakin University Human Research Ethics Committee (HREC).

Participants

Purposive sampling was undertaken to identify those with lived experience of working in disability support teams. Subsequently, the participants were staff in the disability sector, including both government and community sector organisations, across a number of levels including direct-support staff and front-line managers. The recruitment of participants involved the circulation of an approved plain language statement via three employing agencies, potentially giving access to one hundred staff. Individual staff who met the inclusion criteria as indicated in the plain language statement (i.e., disability support staff and front line managers working in teams to support people with disability who showed challenging behaviours) then had an opportunity to make an informed choice to participate, and their anonymous participation in the on-line survey implied consent.

Materials & Procedures

The study incorporated three rounds of on-line surveys, conducted as a Delphi methodology (cf Adler & Ziglio, 1996; Lindstone & Turoff, 2002). The Delphi approach was selected as it is designed as a means of building consensus among groups of participants deemed to be experts in a given topic of inquiry, and it has been established as an effective tool when seeking to develop social/community and public health policy (Brill, Bishop, & Walker, 2006; Hsu & Sandford, 2007). To maintain participant anonymity, details of each of the three rounds of the Delphi Survey were circulated to all potential participants in the same way; with participants in rounds 2 and 3 asked if they had participated in previous rounds.

The first round of the study involved participants answering a short 10 to 15-minute survey. This included demographic information of the participants and their organisations, together with five open-ended questions about their views regarding teams in disability services: how would you describe an effective disability support team; what do you consider to be the essential characteristics of an individual member of a disability support team; what do you believe to be the obstacles to building and sustaining an effective team; how do you measure team effectiveness. The initial responses (totalling several hundred comments) were reviewed and duplications or similar responses consolidated.

For Round 2, to assist participants in their further deliberations, the responses to Round 1 were subjected to *inductive thematic analysis*. Items were subsequently grouped according to the results of the thematic analysis, and then taken back to the participants in the form of a second round survey. Given the quantity of the data, it would not have been feasible for respondents in Round 2 to have managed the raw data (i.e., un-themed data) without such initial analysis and minimal synthesis by the researchers. The second round survey included a 6-point Likert scale (Strongly Disagree, Disagree, Somewhat Disagree, Somewhat Agree, Agree and Strongly Agree) to rate the responses found in the first survey. The ratings of items from the second round survey were then subjected to descriptive statistical analysis, to assess

the level of endorsement amongst participants. Considering the distribution of responses (generally skewed towards high ratings of agreement) only items with the highest level of endorsement (Strongly Agree) were used in Round 3.

The third round required participants to rank the themes (that were deduced from the second round, and which had received the strongest level of endorsement) in order of importance. The third round was subjected to statistical analysis, to investigate the degree and significance of consensus, using the Intra-class Correlation Co-efficient (ICC); applying a Two-way Random mode, set to detect consistency.

Results

A total of 29 participants completed the first round survey, 17 participants completed the second round, and 13 participants completed the third round. These numbers, though relatively small, are considered sufficient for a study of this type, so long as the expertise of the Delphi Panel is robust. Participant demographics, which can be interpreted to have established the expertise of the Delphi Panel, are reported in Table 1. Furthermore, the analysis suggested both data saturation and theoretical saturation had been reached, establishing the sufficiency of the participant sample and the *trustworthiness* of these data.

[INSERT TABLE 1 ABOUT HERE]

Participant demographics were compared to data from the Australian National Disability Services Workforce Data Set for Victoria (Rimfire Resources, 2010). Given the variations in participant numbers across the three rounds of the Delphi study (not uncommon in such studies), the data presented in Table 2 represent proportions comprising the sample, calculated across all three rounds of the Delphi. While acknowledging some participants were represented on multiple occasions in the process, each contribution in each of the three rounds were considered independent

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for the purposes of evaluating the demographics (i.e., $N = 55$). From these data, it can be concluded that the current sample had a more even gender distribution, were more qualified, and were more experienced than might have been expected of the disability workforce in Victoria in general.

[INSERT TABLE 2 ABOUT HERE]

There was a higher than expected number of males and a lower than expected number of females: $\chi^2(1, n=100) = 31.89, p < .001$. There was a significant difference concerning the qualifications between the current sample and the Victorian Workforce sample. The current sample had fewer participants with high school as their highest level of qualification and there was a higher than expected number of diploma and post-graduate qualified participants: $\chi^2(3, n = 100) = 14.063, p = .003$. There was a statistically significant difference concerning the years of work in the disability sector. The current sample was much more experienced with a higher number of participants working greater than 14 years than expected, and a lower than expected number of staff who worked 1-4 years in the disability sector: $\chi^2(3, n = 100) = 169.36, p < .001$. There was no statistically significant difference in the age of the current sample compared to the Victorian Workforce Data.

Survey Round One

The Round 1 survey included five open-ended questions. To consolidate these data for return to the participants in Round 2, the responses were subjected to an *inductive thematic analysis*. This process included two levels of distillation of the themes found within the responses, independently for each of the five questions.

In reference to the first question, which related to what constitutes an effective disability support team, a total of ten distinct items were identified. Of these, two items were related to client outcomes and eight were related to operational items.

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The second question, which investigated the essential characteristics of an individual member of a disability support team, generated 32 items, distinct from those identified in response to Question One concerning teams as a whole. These included one item that related to client outcome, two items related to organisational and operational outcomes, five items related to motivation, eleven items that related to skills and abilities, and thirteen items that related to individual staff personalities.

The third question, on obstacles to building and sustaining an effective team, generated 31 distinct items. These included two items relating to problem-solving ability, five items relating to leadership, nine items relating to organisational factors, and fifteen items relating to staff characteristics more generally.

The fourth question, which focused on building and sustaining an effective team, generated 30 distinct items. Three items related to organisational-based obstacles, four items related to staff practices, seven items related to training, seven items related to collaboration, nine items related to leadership.

The fifth question, concerning how best to measure team effectiveness generated 31 distinct items. Two items referred to research activities, two items referred to feedback, seven items referred to organisational practices, ten items referred to client outcomes, and ten items referred to staff outcomes.

Survey Round Two

Based on the analyses of Round 1 data, the Round 2 survey consisted of 134 items. Participants rated the importance of each item on a six-point Likert scale. The level of agreement amongst participants on ratings of importance was relatively high (ICC = 0.958, 95% CI = 0.946 - 0.967, $p < .001$). Therefore, when identifying items for Round Three, only items that had at least 50% of participants endorse them as 'strongly agree' were included ($N = 84$; see table 3).

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Subsequently, in regard to the first question concerning the characteristics of an effective disability team, consensus emerged concerning three items – *having a focus on client outcome, leadership that was enabling and communication that was effective*. Consequently, these three items were identified as the core characteristics of an effective disability support team. Items for the remaining four research questions were categorised according to these three core areas. Items that did not fit these categories were grouped into an ‘other’ category.

The second question, which investigated the essential characteristics of an effective individual member of a disability support team, included a total of 27 items which reached criteria for inclusion. Four items were related to client outcome, five items related to leadership, seven related to communication, and eleven items were grouped into the ‘other’ category.

The third question, which was concerned with the obstacles to building and sustaining an effective team, included a total of eight items for participants to rank. Two items related to leadership, one to communication, and five items were allocated ‘other’. None were allocated to client outcomes.

The fourth question, which concentrated on building and sustaining an effective team, included a total of 22 items. Nine items related to leadership, six items related to communication and seven items were grouped into the ‘other’ category.

The fifth question, which was based on how best to measure team effectiveness, included a total of 24 items. Nine items related to client outcome, three items related to communication and twelve items were placed into the ‘other’ category.

[INSERT TABLE 3 ABOUT HERE]

Survey Round Three

Based on the analysis and categorisation of the second round survey as outlined above and shown in Table 3, $N = 84$ items were taken back to participants in the form of a third survey. The third survey requested participants to rank the categorised items in order of importance. The ICC was used to assess the strength of inter-rater agreement in rankings using standardised criteria (cf Cicchetti, 1994). The results are provided in table 4.

[INSERT TABLE 4 ABOUT HERE]

The first question had participants rate the three core areas of client outcome, leadership and communication that relate to an effective disability support team. There was insufficient variance (an extremely high degree of consensus) to compute ICC in SPSS. Consistent with this, review of the data suggested a very high level of consensus to be emerging. It was found that 54% of participants responded that a resident achieving their goals and having a high quality of life (client outcome) as the most important factor, followed by having an effective leader who can coordinate operational tasks and decision-making (leadership). Having open, effective, and transparent lines of communication was mostly ranked third.

The second question examined the essential characteristics of an individual member of a disability support team. The highest ranked items included being focused on the client's achievements (client outcome), being motivated and motivating others, and showing initiative (leadership), ability to collaborate with colleagues and stakeholders (communication) and being honest (other). The ICCs ranged from *good* to *excellent* in strength, indicating a high level of agreement among participants, and all were statistically significant (i.e., occurring at a level above what might be expected by chance alone).

For the third research question, statistical analysis revealed only a trend in the anticipated direction with respect to agreement amongst participants, with evidence of participants varying in their views (the ICC was of a *fair* strength, but not statistically significant). However, further analysis of these data revealed that a majority (62%) of participants felt 'poor leadership' was the most important obstacle to building and sustaining an effective disability support team.

The most important items for the fourth research question, which related to building and sustaining an effective team, included having strong leadership and a leader who is present and approachable (leadership). The ICC was of a *good* strength, and statistically significant. Although these data indicated being recognised and rewarded for good work (communication) and having consistency of staff and practices (other) were rated as the most important items, the ICCs suggested that agreement was only *poor to fair* (and statistically non-significant), reflecting the overall lack of consensus in the opinions expressed by participants.

Measuring team effectiveness, which was the fifth research question, included achieving client outcomes (client outcomes) and staff happiness (other) as the most important items. The ICC for Client Outcomes was *excellent* and statistically significant. However, while the ICCs for Communication and Other were *fair to good*, and neither were statistically significant.

Discussion

Research has found that individual staff characteristics can affect the quality of care of individuals with a disability. However, staff typically work in teams and if, and if so how, these characteristics might be important at a team level to create an effective disability support team has been unclear. Hence, a three-round on-line Delphi study was used to develop an expert consensus concerning the characteristics

of an effective support team in disability services, to inform the development of service policy with respect to designing recruitment practices, building and supporting teams, implementing staff training, and conducting staff supervision and service evaluation.

Subsequently, this study found that an effective disability support team, comprised three core elements. In order of importance, these relate to *client outcomes*, *communication* and *leadership*. The current results indicate achieving client outcomes and observing positive respectful interaction amongst staff and clients (in the current study referred to as ‘communication’) have been found to be the most important measures of an effective disability support team. Recognising staff and rewarding them for good work (referred to here as ‘leadership’) is also important in building and sustaining an effective disability support team.

Notably, poor leadership was identified as the leading obstacle to building and sustaining an effective disability support team, and an obstacle to providing high quality services. Such findings are similar to those found in research related to other fields of human service; such as health care, social work, and psychiatric care. For example, a study by Fichtner, Stout, Dove and Lardon (2000) investigated leadership in psychiatric care and clinical team functioning. They concluded that leadership was critical to an effective team and that a core component of this was fostering learning among team members. Based on data generated by the current Delphi panel, it is important to recruit and retain the right people for leadership positions (in this study effective leaders are described as being: those who are approachable, who will use initiative, include people in decision making, and are themselves motivating) and invest in their professional development.

Communication has also been found to be a salient factor in the effectiveness of a team, and can influence client outcomes. For example, a study by Macdonald,

Herrman, Hinds, Crowe and McDonald (2002) found that communication, and in particular the commitment to listen and respond to service users and other staff, was essential for having effective relationships between consumer, carer and the service system. Similarly, a study by Choi (2011) examined the influence of organisational characteristics on secondary traumatic stress (STS) of social workers that provide support in family violence and sexual assault settings. The study found that social workers experienced less STS when they had more organisational support, which included being able to discuss their vulnerability and work-related stress with their supervisors, co-workers and team members (Choi, 2011). Furthermore, being more involved with the strategic goals of the organisation led to lower levels of STS. Hence effective, open communication with leaders and co-workers, as well as being involved in strategic goals of the organisation (leadership) led to lower levels of STS.

A study by Mallow (2010) also outlines the importance of communication, leadership and client outcomes within a team / organisation. Mallow's study investigated the nature of teams in substance abuse treatment programs and the importance of diversity management. This research found that leadership was an important factor in organisational success and workers require additional skill sets in leadership such as meta-cultural competence. Importantly, leadership needs to support staff in such a way that the organisation produces an environment that promotes effectiveness, satisfaction and inclusion (Mallow, 2010). All of these characteristics have also been found to be associated with achieving client outcomes and measuring team effectiveness. Mallow (2010) further emphasises that an important goal for human services is to improve the relationship between staff and the organisation through reciprocal connectedness (communication), caring, and attachment to improve worker satisfaction (leadership) and service delivery to clients (client outcome).

While all these items relate to the core elements (client outcome, leadership and communication), and consequently comprise what could be construed as the

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critical characteristics of an effective team in disability services, the current study also identified items that appeared important but did not “fit” within this construction. These included *honesty*, having *consistency of staff*, and *consistency of staff practices*, all of which were found to be important for building and sustaining an effective team. *Staff happiness* was also found to be important for a team to be effective.

Having consistency of practices were generally rated as being important, but the overall level of agreement on this was only *poor* to *fair* (and statistically non-significant). It could be that consistency in staff practices are an aspiration, based on a belief that if staffing and staff practices were stable, clients would be more at ease and this would give rise to better outcomes. However, any such assertions remain only speculation, and further research is warranted. Interestingly, responses relating to staff retention / turnover (identified as a focus for measuring the effectiveness of a team) rated only *fair* with respect to the strength of agreement among participants (though statistically significant). Here it might be that given the relatively high levels of turnover experienced by some services a focus on consistency of staff is viewed as desirable, but unrealistic. Again, any such assertions remain only speculation, and further research is warranted.

Limitations

The current study employed an on-line Delphi methodology to answer the research questions. Thus, participants were restricted to those with access to, and the skills necessary to use a computer. Bearing in mind the demographic profiles of the disability support workforce, this could have disenfranchised potential respondents and especially direct support staff who typically don't work in front of a computer, as might have been the case for the managers who comprised the majority of respondents to the current survey. Future data collection methods need to consider different media to maximise participation of direct support staff, such as paper-based surveys. Conversely, the demographic profiles of the current participants affirmed them in their expertise; as in disability services middle managers are those usually

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responsible for the day-to-day operation of staff teams, and they typically come to these positions after several years of working in direct support teams.

There was a dropout of participants from round to round. There were no data available to explain why this was so, and issues of limited time and survey fatigue would only be speculative. However, review of the data in preparation for the Round 2 survey suggested data saturation had been reached with respect to identifying the relevant issues for inclusion in subsequent rounds. Technology options need to be explored that enable participants to maintain anonymity (a major advantage of on-line surveys), and at the same time maximise the opportunities to re-connect with participants in subsequent rounds of Delphi-style studies.

Applications and future directions for research and practice

This research can inform high-level strategic policy and planning, recruitment practices, together with staff supervision and team development, service evaluation and quality assurance frameworks. Importantly, the findings reveal those characteristics of practice that must be evident if staff teams are to be effective; those that need to be clearly articulated in staff recruitment and induction processes, and fostered by managers: having a focus on client outcomes, clarity of communication, and strong frontline practice leadership. In addition, the current data suggest some other characteristics that need to be nurtured if teams are to be affective. These include: caring for resident and colleague welfare; being committed to achieving client goals; being innovative and showing initiative; and having a commitment to collaborative activity.

In conclusion, this study set out to identify the essential characteristics of an effective team to support people with Autism and Developmental Disabilities. By utilising the Delphi Methodology, this study found that there are three core elements to an effective disability support team. These are having a focus on achieving *client outcomes*, having *effective leadership* and displaying *excellent communication*. These

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core elements, that are asserted to comprise ‘the whole’ of an effective team, need to be taken into account in staff recruitment, professional development, and service evaluation. However, it is also evident that attention needs to be paid to a variety of other matters which contribute to the effectiveness of the team. Future research is needed to test the current findings in larger populations, and across different countries and cultural perspectives.

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Table 1

Participant Demographics

	Delphi Survey Rounds		
	Round 1	Round 2	Round 3
Gender			
Males	16	5	6
Females	13	11	7
Total	29	16	13
Age in Years			
25– 34	3	3	1
35 – 44	7	5	5
45 – 54	9	6	6
55 - 64	9	2	1
Total	29	16	13
Mean Age & SD	$M=48.25, SD=9.56$	$M=45.13, SD=9.56$	$M=45.77, SD=7.58$
Qualification Level			
Higher School	1	0	0
Diploma, Certificate	16	10	8
Undergraduate Degree (Bachelor)	6	3	3
Graduate Degree (Grad Dip, Masters, PhD)	5	4	2
Total	28	17	13
Type of Position			
Direct Care	9	4	4
Middle Management	17	12	8
Executive Management	2	1	1
Total	28	17	13
Years in current role			
0 – 9	19	7	7
10 – 19	5	8	5
20 – 29	4	2	1
30 +	1	0	0
Total	29	17	13
Mean Years & SD	$M=9.55, SD=8.06$	$M=10.76, SD=6.26$	$M=9.54, SD=5.98$
Sector			
Government	18	17	13
Non-Government	10	0	0
Total	28	17	13
Region			
Hume / Moreland	1	0	0
North East Metro Area	24	16	13
Brimbank	1	0	0
Outer Eastern	2	1	0

	Total	28	17	13
No. in immediate team				
0 – 5		8	0	1
6 – 9		13	13	11
10 +		8	4	1
Total		29	17	13
Mean & SD	<i>M</i> =10.28, <i>SD</i> =10.81	<i>M</i> =13.29, <i>SD</i> =14.43	<i>M</i> =7.15, <i>SD</i> =1.57	

Table 2

Comparisons between the demographics of the current Delphi Panel and those of the disability workforce in Victoria, Australia

Demographic Characteristics	The Delphi Study	Victorian Sample (NDS Data Set, 2005)
<i>Gender</i>		
Male	44%	21%
Female	56%	79%
<i>Age in Years</i>		
0 – 34	12%	24.5%
35 – 44	29%	26%
45 – 54	36%	31%
55 – 64	21%	17%
> 65	2%	1.5%
<i>Qualifications</i>		
High School	2%	15%
Diploma / Certificate	58%	51%
Bachelor Degree	21%	20%
Post-Graduate Degree	19%	14%
<i>Years in disability sector</i>		
1 – 4	3%	41%
5 – 9	8%	22%
10 – 14	19%	17%
> 14	70%	20%

Note – proportions calculated across all three rounds of the Delphi

Table 3

Items for ranking in Round Three, based on those that had at least 50% of participants in Round Two provide maximum endorsement ('strongly agree') with respect to ratings of importance.

Q1: Please rank the following statements in order of importance that relate to an effective disability support team

Resident's achieve goals and have a high quality of life
Have open, effective, transparent lines of communication.
Includes an effective leader who can coordinate operational tasks and decision making.

Q2 Please rank the following items in order of importance what you believe are the essential characteristics of an individual member of a disability support team include

Group 1 – Client Outcome

Focused on the client
Work to achieve goals
Committed to achieving goals
Care for resident welfare

Group 2 - Leadership

Are Innovative
Are Objective
Are motivated and show initiative
Can problem solve
Care for colleague welfare

Group 3 - Communication

Able to receive feedback
Are respectful
Collaborate with colleagues and stakeholders
Communicate effectively (written & verbal)
Can express their thoughts and ideas
Have good listening skills
Are not afraid to ask questions

Group 4 – Other

Honesty
Can follow direction
Are consistent
Resilient and do not take things personally
Are flexible
Patient
Have common-sense
Have empathy
Are reliable, accountable & contributes to the team.
Are observant
Are mindful

Q3: Please rank in order of importance the following items regarding what you believe are the obstacles to building and sustaining an effective team

Group 1 – Client Outcome

NIL TO ALLOCATE

Group 2 – Leadership

Poor leadership
Lack of support from management

Group 3 - Communication

Staff conflict

Group 4 – Other

Negative (staff) attitude
Negative team culture
Resistance to change

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Staff vacancies and inconsistent staffing
Poor recruitment practices

Q4: Please rank in order of importance the following items as they relate to building and sustaining an effective team?

Group 1 – Client Outcome

NIL TO ALLOCATE

Group 2 – Leadership

Up-skill leaders
Having strong leadership
Having a leader who is present and approachable
Having a leader who encourages feedback and room for innovation and improvement
Receiving positive feedback from leaders (managers)
Receiving support from leaders (managers)
Being respected by superiors
Leaders / managers to be being more involved with service delivery
Team building

Group 3 - Communication

Interacting with other workplaces and sharing ideas
Discuss and resolve issues at team meetings
Having regular team meetings
Staff agreement of goals
Being recognised and rewarded for good work.
Build up competent teams & model to other team.

Group 4 – Other

Staff training
Having consistency of staff and practices
Efficient rosters
Increase motivation & dedication of team members
Respect between colleagues
Having a stable staff group
Staff matched to appropriate workplaces

Q5: Please rank the following items in order of importance regarding the measurement of team effectiveness?

Group 1 – Client Outcome

Client feedback
Client outcomes
Reduction in Behaviours of Concern
Happiness of the clients
Increased client activities
Increased community access
Seeing if goals are being achieved
Recording progress towards achieving goals
Number of Incident reports.

Group 2 - Leadership

NIL TO ALLOCATE

Group 3 - Communication

Team meetings provide feedback
Having documented team meetings that include agreed outcomes
Observing positive and respectful interaction amongst staff and clients.

Group 4 - Other

Staff happiness
Job satisfaction
Compliance with the Disability ACT and organisational policies
Staff share workload
Resilience during stressful times

Staff retention / turnover
Levels of conflict
Problem-solving effectiveness
Decrease in occupational violence
Decrease Workers' Compensation claims
Staff morale
Level of anxiety and stress.

Table 4

ICC for 13 respondents for each of the Round 3 sub-categories

Category	Sub-Category	ICC	95% Confidence Interval	<i>p</i>
1. Team effectiveness	(No Sub-categories)	Approaching 1*		
2. Staff characteristics	2.1 CO	.722	.026 - .980	.023
	2.2 L	.688	.043 - .963	.021
	2.3 Com	.793	.463 - .958	<.001
	2.4 O	.756	.454 - .928	<.001
3. Obstacles		.517	-.180 - .886	.056
4. Building teams	4.1 L	.726	.364 - .927	.001
	4.2 Com	.134	-1.414 - .858	.342
	4.3 O	.529	-.218 - .905	.061
5. Measuring teams	5.1 CO	.792	.515 - .944	<.001
	5.2 Com	.629	-.602 - .991	.088
	5.3 O	.535	.027 - .842	.021

Sub-categories: CO = Client Outcome, L = Leadership, Com = Communication, O = Other; * Unable to calculate in SPSS due to lack of variance (high degree of agreement) among raters.