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**Trainer and support staff experiences of engaging with the Who's Challenging Who?
challenging behaviour training course**

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Abstract

Background: The Who's Challenging Who? (WCW) training is co-produced and delivered by people with intellectual disabilities (ID); the training aims to improve staff empathy for people with challenging behaviour (CB). This study qualitatively describes trainees' and trainers' experiences of WCW.

Method: Semi-structured interviews were undertaken with managers (n=7), support staff (n=6), and the WCW trainers (n=4; three had ID). Interviews were transcribed verbatim and analysed using Thematic Analysis.

Results: Two cross-cutting themes were drawn from the data: (1) Valued roles of the trainers, whereby trainers and trainees benefited from the training being co-produced and delivered by people with ID; and, (2) Beyond the training, within which trainees reported that they were engaging in increased reflection about their past and current practice.

Conclusions: Being trained by people with ID and CB appears to be a useful method, which can lead to perspective taking and reflection about supporting people with ID and CB.

Keywords

Challenging behaviour, co-production, empowerment, intellectual disabilities, staff training

Introduction

A sizable minority of people with intellectual disabilities (ID) display challenging behaviours (CB); approximately one third (36%) of people with an intellectual disability have been found to engage in CB (Sheehan et al., 2015). Behaviours labelled as challenging typically include aggressive actions, damage to property or others, self-injurious behaviours, and inappropriate or risky social behaviours. The concept of CB is a social construct, with behaviours defined in terms of their negative impact on the individual, other people and/or the environment (Emerson, 2001). A recent conceptual framework of CB noted that, as well as being influenced by biological factors, these behaviours (consistent with the socially constructed definition) were likely to occur as a response to (or may be made worse by) the behaviour of those around them (e.g., support workers) (Hastings et al., 2013), whereby the behaviours serve as communication about the individual's current environment and life experience.

Hatton (2017) reported that, in 2014/2015, 33,010 adults with ID lived in residential settings in England (e.g., Supported Living, Residential Care Homes). A report by Emerson and Hatton (2008) stated that the majority of people with ID were not involved in decisions about where they live (53%) or who they lived with (67%), and this was particularly pertinent to people with more severe ID. Related to this, a recent thematic synthesis of 17 qualitative studies (Griffith, Hutchinson, & Hastings, 2013) reported that people with ID and CB often felt that they had no control about where they lived, or over their lives. Such frustrations may lead to or exacerbate CB, according to Hastings et al.'s (2013) conceptual framework. The Griffith et al. synthesis also highlighted that many people with ID reported that they lived in a placement that, they thought, was a cause of their CB as they will often react to their frustration at their living environment or situation (e.g., little control over their lives, negative experiences with staff) with a behaviour that is challenging for services (e.g., aggression,

self-harm), and this can lead to restrictive interventions, which can then feed back into the cycle by adding to their frustrations about where they live.

Following the Winterbourne View scandal, whereby people with ID and CB in a care home in England (Winterbourne View Hospital) were subjected to sustained physical and psychological abuse by staff (British Broadcasting Corporation, 2012; Care Quality Commission, 2011), the Transforming Care policy programme (NHS England, 2015) outlined plans to improve services for people with ID and/or autism and CB. The intention was to support more people with ID to live in community settings, and importantly to improve the quality of life of this population. In relation to this, within the Winterbourne View Review (Department of Health, 2012) it was recommended that the provision of care for people with ID and CB should be high-quality, personalised, and local. Additionally, people with ID and CB should be involved in the development of a model of health and care services for them, alongside carers, and family members (Department of Health, 2012).

The Griffith et al. (2013) review also synthesised data on positive aspects of residential services as reported by people with ID and CB; namely, having a positive relationship with staff, staff being respectful of people with ID, and fewer restrictive interventions being used as a reaction to incidents of CB. These research data thus suggest that it is important to attempt to change the perceptions of care staff about the people they support who have CB. However, there is a lack of existing research attempting to change staff perceptions about people with ID and CB. Contact Theory (Allport, 1954) proposed that to engender positive attitude change about a population, the individual must have some interaction with people from that population.

Study Context

Who's Challenging Who? Training. In an attempt to improve staff empathy towards people with ID with CB, the Who's Challenging Who? (WCW) training course was designed with the principles of Contact Theory (Allport, 1954) in mind. Specifically, people with ID had a valued role (that of the trainer, an expert by experience), and trainees were encouraged to take the perspective of the people they support (Hutchinson et al., 2014). The training incorporated the findings from the literature regarding the relationship between social environment or context and CB, and other experiences of individuals with CB (Griffith et al., 2013).

WCW is a four-hour, externally delivered, staff training course which was co-developed and co-delivered by people with ID who had previously been labelled as having CB (and this label held negative connotations for them) with the support of another trainer who did not have ID (Hutchinson et al., 2014). Co-production, and co-delivery of training with people with ID is used in social and health care practice (Black & Roberts, 2009; Frawley & Bigby, 2014; Weeks et al., 2005), but there is a lack of high quality research evaluating the impact of these practices. Co-production has been found to improve self-efficacy, sense of empowerment and equality with "professional" colleagues, and self-esteem, and to enable the development of a new, positive, professional identity in young people, without ID, who are experts by experience (Mayer & McKenzie, 2017). The authors of this study highlight these as potential benefits of engaging marginalised groups in a co-production model. Shakespeare and Kleine (2013) highlight the benefits for trainees of having people with disabilities as experts in training/education interventions.

The WCW training explores the lived experiences of people with ID in six key areas: communication, problems at home, medication, restraint, inclusion, and qualities of support staff (Hutchinson et al., 2014). The training also provides suggested improvements from

people with ID, and much emphasis is placed on the trainers' (with ID) personal experiences; as such, professional perspectives about CB are not included within the training. At the end of the WCW training, the staff from each individual setting developed a WCW Action Plan to implement a change in their setting based on one of the six key areas. A more detailed description of the WCW training package has been published elsewhere (Randell et al., 2017; Hutchinson et al., 2014).

The pilot evaluation of WCW was encouraging (Hutchinson et al., 2014), but did not include a detailed qualitative evaluation of trainers and trainees opinions of the WCW training. Such evaluation could provide additional context to the quantitative findings and to inform future training activities. Following the encouraging results of the pilot evaluation of WCW, a large scale cluster randomised controlled trial (RCT) of 118 ID residential settings was designed and delivered to test the effectiveness of the training course (Hastings et al., 2017). The qualitative study presented within the current paper was nested within the RCT project (Randell et al., 2017; Hastings et al., 2018) and provides additional depth to the quantitative findings of the RCT.

The three people with ID who were employed as trainers within the RCT were living in residential settings for people with ID (either Supported Living or Residential Care Homes) and were recruited to the project by the trainer without ID (a specialist intellectual disability nurse). Recruitment criteria for the trainers with ID included:

- The individual has an ID and has been labelled by services as having CB (either currently or previously);
- They have had personal experience of receiving support that had an impact on their behaviour;

- After receiving appropriate training (a three-day train-the-trainer event), they are willing and able to commit to being a trainer, including recording their personal stories; and,
- They are emotionally in a place whereby they are able to talk about their experiences without this adversely impacting on their wellbeing.

The trainers with ID were actively involved in making the training (which was previously piloted in Hutchinson et al., 2010) relevant to their own experiences, and in amending the training to ensure that they were able to actively deliver it with support from the trainer without ID (e.g., reduced number of slides, more accessible language used within slides).

Twelve WCW training courses were delivered in the intervention arm of the RCT. A maximum of 12 trainees attended each four-hour course, they were managers/senior staff members and support staff from residential settings in England and Wales who identified themselves as having current experiences of CB. Ninety-one people were trained in the intervention arm overall, and 43 people from the control arm received WCW training. Findings from the RCT (Hastings et al., 2018) indicate that there was a small positive effect on staff empathy at 20-weeks post-randomisation, but this effect was not statistically significant. Statistically significant positive outcomes were also reported on several secondary outcomes: more positive empowerment attitudes towards people with ID and CB at both 6-weeks and 20-weeks post-randomisation, increased staff personal accomplishment at work at 20 weeks, and increased positive work motivation at 6 weeks.

Evaluating the Who's Challenging Who? Training. The aim of the current study was to establish trainer and trainee experiences of the WCW training course, carried out in the context of a large scale RCT, to inform future uptake of the training into social care practice. Our research questions were:

1. What were the experiences of the trainers with ID of delivering the WCW training?
2. What were the experiences of support managers and staff who attended the WCW training?
3. Did staff perceive any lasting changes within residential settings following the WCW training?

Method

Participants

Multiple participant groups were interviewed, and throughout this paper we will refer to the following groups: managers, support staff, the trainers with ID, and the trainer without ID – all of whom took part in the WCW training. We intended to interview between 12 and 15 participants (managers or support staff) who had attended any one of the 12 WCW training course as part of the RCT intervention arm, as specified in the study protocol (Randell et al., 2017). Twenty managers and 19 support staff were contacted about participating in the qualitative study, but the majority of managers (n=13) and support staff (n=11) did not reply to the initial invitation, and two support staff were not interested in participating. Recruitment of managers and support staff ceased when data saturation had been achieved, and no new concepts were emerging from these interviews. Participants were seven managers, six support staff, three trainers with ID, and one trainer without ID. All of the trainers involved in delivering the WCW course for the RCT were interviewed. Demographic information was not collected for any participants. All names used are pseudonyms to maintain participant confidentiality.

Procedure

The aim of this study was to collect detailed insights about trainers' and trainees' experiences of the WCW training, and whether staff perceived any lasting changes within residential settings post-training. Individual interviews were used to meet this aim.

The interviewer contacted participants (managers and support staff) from the WCW RCT study (Hastings et al., 2018) who had indicated on their consent form that they were willing to be contacted for an interview. If agreeable, they were sent further information about the interview and a separate consent form. This process continued until target recruitment was met. Managers and support staff were contacted between one and eight months after attending the WCW training course, and participants who consented were interviewed shortly afterwards (between October 2016 and February 2017).

All managers and support staff interviews were conducted over the telephone. Recordings of manager interviews were on average 38 minutes long, and 21 minutes for support staff. The interview schedules were semi-structured, informed by the study aims and research questions, and explored participants' experiences of the WCW training, whether any changes were evident within their own practice or the residential setting since attending the WCW training, and the extent of Action Plan implementation.

The trainers with ID and the trainer without ID were also invited to participate in individual interviews about their experiences of the training. To ensure that the trainers with ID were appropriately supported during the interviews, they met with the interviewer several times beforehand to build familiarity and to enable the interviewer to better understand their individual communication needs. All were interviewed separately in February 2017, three months after completing the latest iteration of the training. The trainer without ID was interviewed over the telephone using a semi-structured topic guide, and the three trainers with ID were interviewed face-to-face, in a convenient location for them, also using a semi-

structured topic guide. The interview for the trainer without ID was 107 minutes long, and 65 minutes on average for the trainers with ID. Trainer interview topics were guided by the study aims and research questions, and included: their experiences of being trained to be a trainer, experiences of training staff, and any changes they had noticed in themselves since becoming a trainer.

Ethical considerations

The study was approved by the NHS Social Care Research Ethics Committee (15/IED08/0030). Easy Read information sheets and consent forms were provided; these were read to the trainers with ID, and the interviewer asked them questions to ascertain their comprehension of the information and of their rights as participants (Flynn et al., 2016) before consenting them to the study. The interviewer prepared the trainers with ID for the interview before the interview took place by discussing what questions would be asked. She used less complex language, and ensured that there were regular breaks throughout the interview.

Analysis

The interview data were transcribed verbatim and analysed using a realist, data-driven, inductive thematic analysis, rather than a theoretically driven thematic analysis (Braun & Clarke, 2006), to develop themes within the data of each participant group, and enable comparisons of themes between participant groups to be made. Data analysis was undertaken by the first author, with transcripts being read and re-read, and interesting points being noted. Subsequently, the first author developed codes for these interesting features, and drew them together to form initial themes. Initial themes were then reviewed by the first and second authors, and the first author refined them until a clear thematic map was constructed;

this was then shared with the wider team who independently reviewed and confirmed the themes.

Thematic analysis was the most appropriate data analysis method to meet the aims of this study, as we were interested in participant's actual experiences of the training, and of any changes post-training. The theoretical flexibility of thematic analysis was desirable, as it was possible to retain a data-driven, rather than theory-driven, focus to data analysis to answer the specific research questions within this study (Braun & Clarke, 2006).

Results

Two main themes were derived from the interview data: (1) Valued roles of the trainers, and (2) Beyond the training. A map of these two themes, and the subthemes within each is presented in Figure 1. There is some crossover between the two themes – both of which will be explored in turn below – and this overlap is indicative of the lasting impact that the trainers with ID had on the trainees (managers and support staff) after the training.

[FIGURE 1 ABOUT HERE]

Theme 1: Valued roles of the trainers

Both the trainers and the trainees valued the role of the trainers with ID on the WCW training course. The trainers with ID reported becoming increasingly confident as they gained more experience, and they valued being equal partners in the training and being respected for the work they did. The trainees felt that the experiences of the trainers with ID were the most impactful and important part of the training, and thought that it had improved their empathy and perspective taking regarding the people they support in their service.

Benefits to trainers. At the beginning of the training, the trainers with ID were unsure about whether they could do the job and felt apprehensive about sharing their experiences, for example, Luke (a trainer with ID) said: “The first time I ever done it I thought should I really be telling people about myself...” But as they gained experience, the trainers became more confident in themselves and their abilities, and Michael (a trainer with ID), in particular, had a strong sense of achievement: “I didn’t think I was going to do that but I did it and I was quite proud, talking to different people.”

Both Jonathan and Michael (trainers with ID) felt that sharing their experiences during the training was cathartic for them, and even though it was difficult to talk about, they felt a sense of relief when they were telling their stories. For example, Jonathan (a trainer with ID) said: “Psychologically it got a lot off my chest because ... I’ve had to boil a lot of the stuff up.”

The trainers enjoyed being in control of the training course, and were pleased that “the tables were turned” (Jonathan, trainer with ID) so that the staff were listening to the people they support. The trainers were proud of their role, and were motivated to share their experiences to advocate for other people with ID living in residential settings.

Additionally, the trainers were pleased that they were being paid to be a trainer and were surprised at the wage they were being offered; all three trainers with ID shared Michael’s thoughts when he said: “I didn’t think on the money side it was going to be that much. I thought it was going to be little but it was a shock.” Being paid a fair wage for the work the trainers did as experts can be conceptualised as one of the ways in which the trainers were valued by the wider team. Trainers also indicated that they felt that they were equal partners in the training, and that they felt respected by the wider training team. This was particularly important for Michael (a trainer with ID) who has difficulties with written communication: “I told them straight and [the team members who initially trained the trainers

with ID] drew pictures I could understand. ... It was good. They respected me. Some people say when you can't read or write they take the mick." Being a valued member of the team appeared to be one of the main benefits of being a WCW trainer for the trainers with ID.

Two trainers with ID (Luke and Michael) thought that their job on the WCW training course would improve their future employment prospects, and they would like to carry on working as trainers. However, Jonathan (a trainer with ID) did not agree that this would be the case and was pessimistic about his future involvement in the training, as he perceived that a lack of funding would prohibit continuation of the training.

Trainee experiences of being trained by someone with ID. Being trained by a person with ID was a surprise for some trainees who were expecting it to be led by people who worked in residential services. Trainees were generally quick to see the benefits of being trained by people with ID, including: "if you hear it in their words and they explain how they see things then it does make you sit back and think." (Rachel, Manager). This is supportive of the intention of the WCW training, and of Contact Theory (Allport, 1954). However, not all trainees considered the trainer with ID to be leading the training, and this can be seen in the subtle ways in which trainees undermined the authority of the trainers with ID within their interviews, for example: "Obviously *the main trainer* gave a few little prompts here and there or he got a bit carried away when he was talking." (Lauren, Staff, emphasis added). This was particularly evident when the trainers were becoming more confident in their abilities and were taking more control of the training. Holly (the trainer without ID) felt that some trainees did not react very well to this as they did not like "receiving corrective feedback from somebody with a learning disability, and I think that was received differently than if it had been me."

Holly also noted that, despite one of the trainers standing at the front of the room to deliver the training, trainees would not ask him questions, and instead directed them at her.

Both Michael and Luke were aware that trainees would ask Holly questions, rather than asking them. This is another indication that some trainees did not always perceive the trainers with ID to be leading the course. Another way in which Holly perceived the trainees to disempower the trainers was that they would give them a disproportionate amount of praise at the end of the course, and she felt that this “was almost still that sense of we need to care and protect people as opposed to seeing people as equal.” This was supported by a manager, who indicated that the trainees responded differently to the trainer because he had ID, and that they “might have been a little bit more impatient and maybe we would have switched off” (Maria, Manager) if he had not had ID. Positive discrimination, such as this, can still be disempowering, especially when it results in exchanges that could be seen as patronising which differentiate the two trainers (one with and one without ID). Contrary to this, a staff member indicated that “it was no different from being trained with somebody without the learning difficulties. He was very well spoken. He was excellent at communicating I thought.” (James, Staff).

The consensus from trainees was that hearing the experiences of the trainers was the unique point of the training; this was overwhelmingly reported as being the most impactful and valuable element of the WCW training, and led the trainees to engage in perspective taking regarding the people they support. This was still the case for trainees who felt that the ideas within the training were not new to them, as “having it given from a person with a learning disability, from their point of view, that was interesting, that was an eye-opener.” (Jeremy, Staff). Trainees reported feeling greater empathy for the people they support, and thinking about “how the person feels” (Olivia, Manager) after attending the WCW training. This finding indicates that, in line with Contact Theory (Allport, 1954), having contact with people with ID and CB in this way can lead to increased staff empathy and perspective taking.

Theme 2: Beyond the training

Trainees thought that the WCW training would be most beneficial for new staff, and managers found some of the information to be less relevant to their role than it was for support staff in direct support roles. Trainees shared their experiences of the training with other staff either informally, or in some cases during new staff inductions. Trainees reported increased reflection on their practice and the principles of WCW training; they did not, however, identify this as a tangible way in which they had changed since the training.

Future trainees. Managers and staff thought that the training would be well-placed during a staff induction, and that it would be most useful for staff who were new to the role rather “than someone like myself who’s been supporting people for quite a few years.” (Jenna, Staff). Indeed, some managers had already begun to use the WCW training principles for new members of staff during induction: “Something we talk about in induction now, about values and attitudes and say to them that obviously your behaviour will impact on other people.” (Maria, Manager).

Managers and staff had shared their experiences of the training with other staff in their services, either informally or through formal knowledge exchanges in team meetings. However, lone working was identified as a barrier to information-sharing by one staff member who did not have a lot of opportunities to meet other team members and discuss the training with them.

The trainers felt that not all of the trainees saw the relevance of the training, and that sometimes, when this was the case, trainees would disengage from the training, although this was a minority of trainees. This could be attributed to a misunderstanding about the purpose of the WCW training, with some trainees wanting to know how to “manage someone with a learning disability when they’re challenging?” (Holly, Trainer without LD), rather the aim of the training being about understanding the perspectives of people with ID and CB.

The trainers were aware when some trainees were uninterested in the training, and found it difficult when trainees disengaged, as expressed by Michael (a trainer with ID): “It’s like sometimes your confidence goes down a little bit when people are not listening.” This links back to the previous theme, in that Michael’s confidence and perception of his value within the training was based, in part, on being listened to. By disengaging from the training, it could be perceived that some trainees were not being respectful of the perspectives and valued roles of people with ID as trainers, thus Michael lost some confidence in his role.

Key outcomes. Trainees often reported increased reflection about their own practice following the training. However, it was clear from their interviews that they did not see this as a tangible outcome of the training: “It’s refreshed and it makes you sit up and think again about how you’ve done things, whether you could have done it better. *That’s about it really.*” (Rachel, Manager, emphasis added). When taken with the data from the previous subtheme, which indicated that some trainees wanted a more instructional approach from WCW, it is possible that this method of training is unfamiliar to support staff, who are accustomed to more practical, rather than theoretical, training. Following the training, support staff also reported being more aware of how they might impact the people they support, and were more likely to be mindful about this: “Yes definitely – I think it definitely helped them understand a little bit more about how they were impacting on the service users.” (Alice, Manager).

Even though some changes were only intended to benefit certain residents, managers could see that the impact of changes since the WCW training have extended beyond these residents. Trainees identified some improvements to their service since completing the training; these included changes in the way they support people, including increased reflection, and reductions in CB:

“And I know that throughout the actual training it was looking at negative things that have happened, but I think that that was necessary to actually look at something and think have I done that? Have I been guilty of being like that?” (Angie, Manager)

“Incidents with him have dropped probably by about 80 or 90 per cent [since attending the training]. We record any times that we have to move him out of areas of the house [...] and that's been at zero for the last 2 months at least. And generally the staff team and him are all a lot happier as a result.” (Rose, Manager)

All three trainers with ID were hopeful that WCW had led to trainees making changes in their setting, and identified that the WCW Action Plan was important to implementing these changes:

“Hopefully they've changed something in their care home. At the end of the training you ask people to do the action plan so what they're going to change in the care home and that.” (Luke, Trainer with ID)

Some managers highlighted that changes in their service were as a direct result of implementing the WCW Action Plan, and implementation support was considered to be integral to transferring the knowledge from the training into practice: “Because it's always very easy to sit in a classroom environment and talk about things but unless you go back and put it into practice it's all been a bit of a waste of time.” (Alice, Manager). However, few managers took up the offer of coaching calls from the trainer without ID (Hastings et al., 2018) as they reported that they were preoccupied with other time-pressured tasks.

Discussion

Trainers with ID valued being in a position of authority, and found being paid and treated as equals to be beneficial for them, although some barriers to being empowered were identified (e.g., not being seen as the main trainer, paternalistic/protectionist attitudes of

trainees). Trainees overwhelmingly regarded the trainers' experiences as the most impactful and important part of training, this was despite some trainees feeling that some of the information was not new to them. Although most managers and staff identified that they had been engaging in increased reflection on their practice, and perspective taking, these were not seen as tangible outcomes of the training. Implementation support, despite being seen as important by managers, was seldom taken up when offered.

The trainers with ID valued having paid work, and this echoes findings from the wider literature whereby having a valued role has been demonstrated to improve quality of life, well-being, and autonomy in people with ID (Eggleton, Robertson, Ryan & Kober, 1999; Jahoda, Kemp, Riddell & Banks, 2008). Two trainers expressed a sense of catharsis when they shared their difficult experiences during the training; this has also been found in non-ID samples (Gysels, Shipman & Higginson, 2008) and is contrary to a protectionist view that people with ID may find discussing difficult experiences to be unduly distressing (Flynn et al., 2016). One of the greatest perceived, non-monetary, benefits was that the trainers were in charge of the training and able to train the staff who support people with ID. The trainers' perceptions of being in charge were not always shared by the trainees, who sometimes saw the trainer without ID as being the main trainer. Our data indicate that the trainers' confidence in their role was intrinsically linked to being respected by their colleagues, and being listened to by the trainees. When this was not present, the trainers' self-esteem was negatively affected. This discrepancy between the trainers' and trainees' perceptions also highlights that there may be some subconscious bias towards not viewing people with ID as being an expert, and this may hinder policy and practice recommendations to suitably value the expertise of people with ID about their lives and care provision (Department of Health, 2012).

Trainees were unanimous in their view that the trainers' experiences were the most valuable aspect of the training, and that this led to increased self-reported empathy and perspective taking about the people they support; thus supporting the principles of Contact Theory (Allport, 1954). This has been found in the wider disability literature, in that the opportunity to meet older people, or people with disabilities in training/education interventions is often associated with positive change in attitudes, although this is rarely undertaken; even more seldom are the people with disabilities or older people acting as experts in the intervention (Shakespeare & Kleine, 2013). The results of the RCT indicate that small positive, but non-significant, changes in empathy were observed 20-weeks post-randomisation. Attitudes towards empowering people with ID and CB were also more positive post-training (Hastings et al., 2018). These results are reflective of those found in the present study.

People with ID greatly value interactions with staff who are empathetic and understanding (Flynn et al., 2016; Griffith et al., 2013; Dinsmore & Higgins, 2011; Roeden et al., 2011). However, it can sometimes be difficult for staff to maintain an empathic perspective when working with people with ID who display CB, this is in part due to difficulty in understanding their behaviours (Bromley & Emerson, 1995). Perspective taking interventions have been examined in the wider literature, and can lead to staff understanding the emotional experience of the people they support (Schell & Kayser-Jones, 2007). The aim of WCW training (i.e., improving staff attitudes and empathy towards adults with ID and CB; Hastings et al., 2018) is, therefore, of great importance and these qualitative responses of staff and managers demonstrate that this method of training can lead to perceived changes in their reflection and understanding of the people they support.

More experienced staff members felt that they did not need the training as much as less experienced staff members and, whilst it could be the case that more established staff

were more skilled in supporting people with ID and CB, it could also be due to these staff members being unaware of their need to develop these skills (e.g., unconscious incompetence; Chapman, 2001). Trainees in this study were aware that they were more mindful and reflective about their practice, however did not view this as a tangible outcome. Some trainees were less familiar with this method of training, and preferred to be instructed towards actions rather than being encouraged to reflect on their perceptions and behaviours. This is an interesting finding, and perhaps reflects a reactive, rather than a reflective service-level practice norm in some settings. Reflection and mindful practice are important aspects of ID care; indeed, Singh et al. (2006) report that when staff working with people with ID are more mindful of their own behaviours, they are better able to manage the aggressive behaviours of the people they are supporting. Reflection on one's own attitudes and beliefs can facilitate positive attitude change about people with disabilities (Brownlee & Carrington, 2000). It is possible that by placing a greater value on reflection and mindful practice at a service-level, staff perceptions about the importance of reflection may change, and that improvements due to increased staff reflection will be attributed as such. It would be interesting to explore this concept further, establishing why this might be the case, and ways to increase the importance placed on reflection and perspective taking.

Based on the findings from this qualitative study, it is clear that implementation support is seen as an essential aspect of the WCW training but that there are barriers to the uptake of this support. It is, therefore, important to understand barriers to uptake, and ways in which it might be possible to counteract these, including finding out about the most useful method to support implementation.

Regarding the practical implications of this research, it is evident that this method of training (co-production and co-delivery with people with ID) is acceptable to trainers and trainees alike. Indeed, trainees were positive that being trained by people with ID is an

appropriate way to give additional impact to information that they may already be aware of, and that the impact of this training is transferred into reflection on their practice, specifically how they support people with ID and CB. It is important to fully explain the extent of the person with ID's role as a trainer to combat paternalistic and protectionist views about the abilities of the trainers. As there were some misunderstandings about the scope of the WCW training (reflective, rather than instructive), it is imperative that the intended outcomes of the training are reiterated throughout the process to ensure that trainees are making the most of the training opportunity. In terms of the benefits for people with ID, it was clear that being a valued member of a training team had a positive effect on them, and they found sharing their experiences to be a cathartic way of advocating for themselves and other people with ID and CB. Thus, it is important to continue to provide opportunities to people with ID to engage in employment to ensure beneficial outcomes for this population.

Study evaluation

Participants from all three groups (managers, support staff, and trainers) identified similar concepts, albeit from different positions, that contributed to the wider understanding of the process of the WCW training, and the impact of involvement in the training for trainees and trainers alike. The sub-sample of managers and support staff who attended the WCW training in the control arm of the RCT was recruited from 13 services that were managed by ten different providers throughout England and Wales, thus providing a reasonably broad representation of managers and support staff. However, it is possible that the recruited sample was positively biased towards the WCW training, with only trainees who held positive views about the training agreeing to be interviewed. It is also possible that participants were aware that the interviewer was part of the research team for the RCT, and thus only expressed positive views during the interview.

Thirteen managers did not respond to the interview invitation; two staff were not interested in being interviewed, and 11 staff did not respond to the interview invitation. Responses to the interview invitation were also affected by staff turnover between attending the training and being invited to interview, staff illness or leave, and staff being too busy within their service to be interviewed. It was only possible to collect data from three people with ID (as only three people with ID were employed on the project), making it difficult to generalise their data to the wider population. However, their experiences still highlight the potential benefits of employment for people with ID. Whilst the questions posed to trainers and trainees were specifically related to the WCW training, it was possible to extend their experiences to more general themes about the impact of being trained by someone with ID.

Conclusion

Being trained by people with ID and CB appears to encourage support staff to reflect on their own practice, and the impact that they have on the behaviours of the people they support. The trainers with ID saw both material and personal benefits from working as expert trainers, both of which were of great value to them. There were some discrepancies between how the trainers and trainees perceived the role of the trainers as experts, and this incongruence may undermine the impact of having valued contact with people with ID to engender attitude change, a core principle of Contact Theory (Allport, 1954) and an important aspect of the WCW training. Efforts must be made to counteract this perception, and to place greater value on the expertise of people with ID about their care and support provision, in line with current policy recommendations (Department of Health, 2012).

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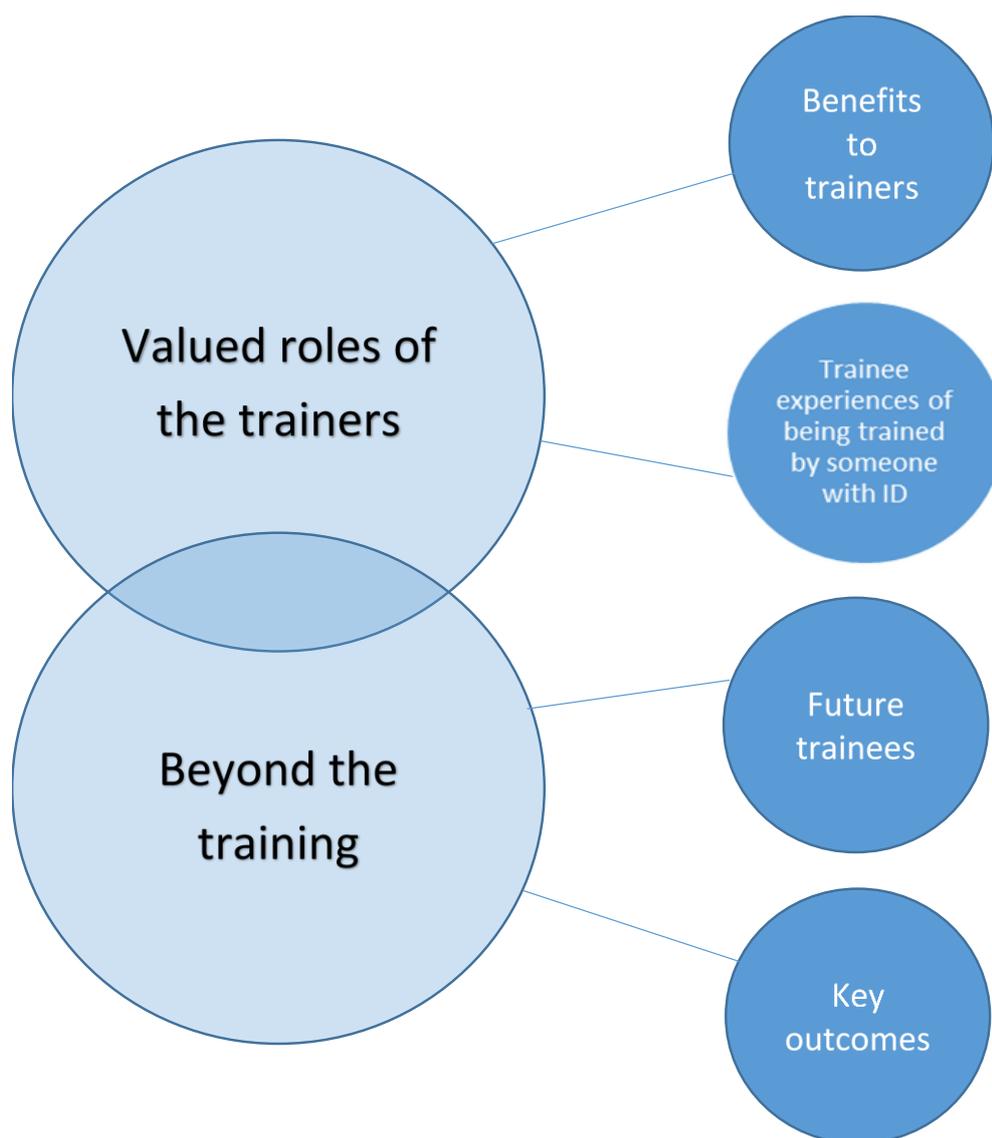


Fig 1. Thematic map showing the two main themes

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