RGC Ref. No.:
UGC/FDS11/M08/18
(please insert ref. above)

RESEARCH GRANTS COUNCIL
COMPETITIVE RESEARCH FUNDING SCHEMES FOR
THE LOCAL SELF-FINANCING DEGREE SECTOR

FACULTY DEVELOPMENT SCHEME (FDS)

Completion Report
(for completed projects only)

Submission Deadlines:	1. *Auditor's report with unspent balance, if any: within six months of the approved project completion date.*
	2. *Completion report: within 12 months of the approved project completion date.*

Part A: The Project and Investigator(s)

1. **Project Title**

   Care provider experiences of managing challenging behaviours in persons with intellectual

   disability in residential care: A qualitative vignette study

2. **Investigator(s) and Academic Department(s) / Unit(s) Involved**

Research Team	Name / Post	Unit / Department / Institution
Principal Investigator	Prof. LOW Lisa Pau-le / Professor	School of Health Science / Caritas Institute of Higher Education
Co-Investigator(s)	Prof. JORMFELDT Henrika / Professor	Department of Health & Welfare / Halmstad University, Sweden
	Ms. LEE Carmen Shuk-ha/ Head	Caritas Rehabilitation Centre / Caritas-Hong Kong
Others	Ms. WONG Ka-yin, Kayla/ Project Coordinator (Full-time) (2/1-25/10/2019)	School of Health Sciences / Caritas Institute of Higher Education
	Ms. YEUNG Long-ting/ Transcriber (Part-time) 20/1-21/2/2020)	School of Health Sciences / Caritas Institute of Higher Education
	Ms. CHENG Hiu-yeung/ Research Assistant (Full-time) (3/2/2020-31/12/2020)	School of Health Sciences / Caritas Institute of Higher Education
	Mr. TSANG Kai Tik Research Project Coordinator (1/3/2021-30/6/2022)	School of Health Sciences / Caritas Institute of Higher Education
	Ms. WONG Yeuk-ying, Phoebe Research Assistant (Part-time) (18-30/6/2022)	School of Health Sciences / Caritas Institute of Higher Education

3. Project Duration

	Original	**Revised**	**Date of RGC / Institution Approval** *(must be quoted)*
Project Start Date	1/1/2019	N/A	N/A
Project Completion Date	31/12/2020	30/06/2021	27/08/2020
Duration *(in month)*	24	30	27/08/2020
Deadline for Submission of Completion Report	31/12/2021	30/06/2022	27/08/2020

Part B: The Final Report

5.   Project Objectives

5.1   Objectives as per original application

1.   To observe the practices, routines and activities of care providers of all grades and residents with ID in residential care services.
2.   To observe the different opportunities in which care providers and residents with ID can communicate and interact with each other, and the consequences and responses of these encounters.
3.   To observe the types and frequency of incidents, events and interactions that can trigger off challenging behaviours among residents with ID.
4.   To observe care providers responses and their management of different types of challenging incidents and events.
5.   To identify a range of challenging behaviours presented by residents with ID.
6.   To explore care providers' attitude, perceptions, beliefs and norms about caring for ID residents presented with challenging behaviours.
7.   To examine the degree of knowledge, support and resources that care providers have to manage challenging residents with ID.
8.   To explore care providers views about current strategies and recommendation to equip them to manage ID residents with challenging behavioural issues in residential care.

5.2   Revised objectives

Date of approval from the RGC: N/A

Reasons for the change: N/A

1.

2.

3. ..

5.3 Realisation of the objectives
(Maximum 1 page; please state how and to what extent the project objectives have been achieved; give reasons for under-achievements and outline attempts to overcome problems, if any)

Recruitment of RA and Final Progress of Project
- Difficulty recruiting a replacement RA when the RA resigned on 25/10/2019. Thereafter, inappropriate applicants applied for the position. A PT Transcription was employed for 2 months (20/1-21/2/2020) to work on the data until a FT RA was secured (3/2/2020-31/12/2020). The project extension period allowed the PI to review the data and prepare the data for upcoming conference presentations should they arise.
- Final sample size was 59 participants from 7 RCS. No success in obtaining access to a private aged home (site 8) during the study period, which was affected by the extreme challenges posed by the COVID-19 pandemic towards the latter half of the project. However, data saturation was still able to be reached to examine the objectives surrounding care providers' experiences of challenging behaviours (CB) of residents with ID.

5.4 Summary of objectives addressed to date

Objectives *(as per 5.1/5.2 above)*	Addressed *(please tick)*	Percentage Achieved *(please estimate)*
1. To observe the practices, routines and activities of care providers of all grades and residents with ID in residential care services.	✓	100%
2. To observe the different opportunities in which care providers and residents with ID can communicate and interact with each other, and the consequences and responses of these encounters.	✓	100%
3. To observe the types and frequency of incidents, events and interactions that can trigger off challenging behaviours among residents with ID.	✓	100%
4. To observe care providers responses and their management of different types of challenging incidents and events.	✓	100%
5. To identify a range of challenging behaviours presented by residents with ID.	✓	100%
6. To explore care providers' attitude, perceptions, beliefs and norms about caring for ID residents presented with challenging behaviours.	✓	100%

7. To examine the degree of knowledge, support and resources that care providers have to manage challenging residents with ID.	✓	100%
8. To explore care providers views about current strategies and recommendation to equip them to manage ID residents with challenging behavioural issues in residential care.	✓	100%

9. **Research Outcome**

    6.1   Major findings and research outcome
       (Maximum 1 page; please make reference to Part C where necessary)

Overall findings and background literature

Staff working in residential care settings for intellectual disability (ID) has chosen a career to serve the population of people who may be less able to manage for themselves both cognitively and/or physically. Work in these settings can be characterized as both fulfilling and satisfying, and yet can be sheer demanding and challenging especially as the residents' health condition in whom they take care of can take a toil and change over time. A full methodological paper on the use of a qualitative vignette study is being drafted. The findings of this study have provided greater understanding of the work experiences of staff who confronted CB of persons with ID and living in long-term care.

Demographic profile

The study recruited 59 participants from three supported hostels (16), one moderate hostel (14), two hostels for severely mentally handicapped persons (17), and a care-and-attention home (12). The age of participants ranged from 22 to 63, with an average of 39 years. 75% of participants were females. 54% were social care and allied health support staff (case managers, social workers and rehabilitation workers), while 37% were health and personal care workers staff (registered nurses, enrolled nurses, health workers and personal care workers), and 8% were managerial staff (service leader and in-charge). 47% of participants received tertiary education and 49% were qualified for less than 10 years. 44% of participants had worked with people with ID for less than five years and 73% have been working at the current site for less than 5 years.

Range of challenging behaviours presented by residents with ID

Attachment 1 is a conference presentation that categorized the management of different types, events and interactions that triggered different types of CBs for persons with ID. These challenging behaviours could be categorized using the framework of antecedent, behaviour and consequences. Responses of the staff towards such behaviours as well as the preliminary agenda to improve the working environment for them were found. Focused attention needs to be given to staff members who confront and handle CBs of residents in the workplace. There should be a channel to help them express and make known their experiences of such behaviours so they can be adequately supported.

Attitude, knowledge and support needed by care providers

As staff can experience stress and burnout while handling CB, the requisite knowledge and support needed was investigated. A full paper is being drafted to cover the data in the mild, moderate and severe hostels. *Attachment 2* is the conference presentation that summarized the data of attitudes of staff, knowledge and support that they might need to help them handle CB of persons with severe ID. The findings for mild and moderate hostels shared similarly findings, with notable difference in frequency, types and severity of CB expressed, and some difference in resident: staff ratio. The knowledge of staff in handling CB was predominantly learnt from prior experience and on-the-job training. Aspects of knowledge acquired to smoothly handle the residents included knowing the residents' personality traits, and familiarity with the daily operational procedures. Valuable support for staff were the ability to learn to support themselves, and obtained help and guidance from senior co-workers. Upholding positive spirit and working against burnout, learning to observe senior colleagues' behavioural management styles, joint efforts of staff in devising care procedures, and sharing learning with co-workers were exemplars identified. Issues of manpower shortage, constrained facilities and minimal family involvement should be addressed. Maintaining social

support among co-workers and supervisors was essential in handling CB. Further training geared at promoting consistency of staff to practice behavioural management and communication skills at the workplace were needed.

Current strategies and recommendation to manage challenging behaviours

Understanding strategies and recommendations from staff when they had confronted and handled CB were revealed. A full paper is being drafted to cover the data from mild, moderate and severe hostels. *Attachment 3* is the conference presentation of 33 strategies identified and categorized as: (1) Adhering and reviewing guidelines, documentation and procedures, (2) Building close companionship, (3) Shaping behaviour through programme and activity training, and (4) Forcing attention on family members. There was a tendency for social workers to handle the CB, and more training to develop other frontline staff to timely handle such behaviours were needed. In adopting this approach, staffs' recommendations for additional help and resources needed to support their daily work, and what senior management can do to minimize workplace stress and ensure supportive, safe and stable workforce were found. Staff reactions to CB provided an indication of how equipped and confident they were in handling them. Being equipped with updated knowledge to handle challenging behaviours when they arose, and being able to recall the resources and support when they need them were all part of regular training for staff.

6.2 Potential for further development of the research and the proposed course of action
(Maximum half a page)

In the short-term, the findings have been accepted for three conference presentations, and around 60% of three papers have been drafted for publication. In the longer term, the findings can provide a foundation for customizing training programmes for care providers serving in the residential care service. Particularly, the methodological approach used (a series of vignettes in interviews) can be used as an orientation programme for new staff joining the field, and act as a catalyst for in-service training to refresh/update staff and stimulate shared communication and improvements within service teams. The training programme can also serve as a research probe to investigate the change in staff's confidence, knowledge and attitude after joining the training programme, and impact of the care delivered to the ID residents. Since the completion of this study in June 2021, the strategy on 'forcing attention on family members' is being explored from a community-dwelling perspective and what can be done while living at home. A follow-up study of the PI on the family inputs to CB of ID person is in progress (1/1/2022-31/12/2023) to explore Chinese siblings and parents' experiences of managing CB of adult persons with ID in Hong Kong and Mainland China.

10. **Layman's Summary**
(Describe in layman's language the nature, significance and value of the research project, in no more than 200 words)

This descriptive qualitative research project using vignettes had explored the CB demonstrated by the residents with ID and how care providers had managed those residents. The study acknowledges that care providers are an asset to any organizations and focused attention should be given to address their needs and concerns when they have to confront and handle a range of CB of ID persons. These incidents may negatively impact on the residents and care providers physically, emotionally, and psychosocially and hinder the operation of the residential care services. Currently, there is sparse literature and training programmes on managing people with ID and CB in Hong Kong. The publications of this project will add to the understanding of the care providers on the management of CB and provide insight into reviewing resources, support and training essentials in enabling them to handle residents with confidence and competence. The vignette interview approach is an useful approach to shed insights of staff into the perceptions and beliefs they had, and how equipped they felt in terms of knowledge, support and resources provided by the organization/senior management, and whether arranging on-the-job training and paid training would be able to reduce staff turnover and retain workforce stability.

Part C: Research Output

11. Peer-Reviewed Journal Publication(s) Arising <u>Directly</u> From This Research Project

(Please attach a copy of the publication and/or the letter of acceptance if not yet submitted in the previous progress report(s). All listed publications must acknowledge RGC's funding support by quoting the specific grant reference.)

The Latest Status of Publications				Author(s) *(denote the correspond-ing author with an asterisk*)*	Title and Journal / Book *(with the volume, pages and other necessary publishing details specified)*	Submitted to RGC *(indicate the year ending of the relevant progress report)*	Attached to this Report *(Yes or No)*	Acknowledged the Support of RGC *(Yes or No)*	Accessible from the Institutional Repository *(Yes or No)*
Year of Publication	Year of Acceptance *(For paper accepted but not yet published)*	Under Review	Under Preparation *(optional)*						
			✓ (75% ready)	*Low, L.P.L., Cheng, A.H.Y., Jormfeldt, H.	Handling challenging behaviours of residential care adults with intellectual disability: Staff strategies and recommendations? Journal of Applied Research in Intellectual Disabilities	-	No	Yes	No
			✓ (75% ready)	* Low, L.P.L, Cheng, A.H.Y., Jormfeldt, H.	Knowledge and support needed by care providers to handle challenging behaviours of residential care adults with intellectual disability. Journal of Applied Research in Intellectual Disabilities	-	No	Yes	No
			✓ (60% ready)	* Low, L.P.L, Cheng, A.H.Y.	Potentials and drawbacks of constructing and implementing qualitative vignettes depicting challenging behaviours: An exemplar of care providers and	-	No	Yes	No

				persons with intellectual disability. Qualitative Health Research				

12. **Recognized International Conference(s) In Which Paper(s) Related To This Research Project Was / Were Delivered**
    (Please attach a copy of each conference abstract)

Month / Year / Place	Title	Conference Name	Submitted to RGC *(indicate the year ending of the relevant progress report)*	Attached to this Report *(Yes or No)*	Acknowledged the Support of RGC *(Yes or No)*	Accessible from the Institutional Repository *(Yes or No)*
Nov/2021/ Philippines	Categorizing and managing challenging behaviours of adult persons with intellectual disability in residential care	25th Virtual Conference of Asian Federation on Intellectual Disabilities (16-18/11/2021)	No (30/6/2021)	Yes Attachment 1	Yes	No
Jul/2022/ London	Knowledge and support needed by care providers to handle challenging behaviours of residential care adults with severe intellectual disability	2nd European Conference on Aging & Gerontology	No (30/6/2021)	Yes Attachment 2	Yes	No
Jul/2022/ London	Handling challenging behaviours of residential care adults with severe intellectual disability: Staff strategies and recommendations	2nd European Conference on Aging & Gerontology	No (30/6/2021)	Yes Attachment 3	Yes	No

13. **Whether Research Experience And New Knowledge Has Been Transferred / Has Contributed To Teaching And Learning**
    (Please elaborate)

This project has generated fruitful research experiences and insights into how care providers managed CB of persons with ID. Relevant materials and findings will be made available to the academic staff responsible for the courses that address clients with special needs, and in mental health/psychiatry and long-term care issues. These experiences can be shared with students and colleagues in teaching, seminars and workshops. Among collaborators and networks in the field, there are opportunities to deliver consultancy and advice on resident practices, and to discuss issues with supervisory and front-line staff to disseminate the research findings.

14. **Student(s) Trained**
(Please attach a copy of the title page of the thesis)

Name	Degree Registered for	Date of Registration	Date of Thesis Submission / Graduation
N/A	N/A	N/A	N/A

15. **Other Impact**
(e.g. award of patents or prizes, collaboration with other research institutions, technology transfer, teaching enhancement, etc.)

N/A

16. **Statistics on Research Outputs**

	Peer-reviewed Journal Publications	Conference Papers	Scholarly Books, Monographs and Chapters	Patents Awarded	Other Research Outputs (please specify)	
No. of outputs arising directly from this research project	0	1 presented 2 submitted	0	0	Type	No.
					N/A	

17. **Public Access Of Completion Report**
(Please specify the information, if any, that cannot be provided for public access and give the reasons.)

Information that Cannot Be Provided for Public Access	Reasons
N/A	N/A