




Setting up a new team of support staff for people with mild intellectual disability or borderline intellectual functioning and severe challenging behaviour: A concept mapping study

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Funding information

This study was funded by the Dutch Ministry of Health, Welfare, and Sport, Grant/Award Number: 329156

Abstract

Background: Studies about teams of staff supporting people with intellectual disability have focused on team performance of existing teams. This study aimed to examine important factors in the process of setting up a *new* team of support staff. Specifically, we considered the process for a team that supports service users with mild intellectual disability or borderline intellectual functioning who display severe challenging behaviour from the orthopedagogical perspective (i.e., with a focus on contextual factors).

Method: Three participant groups (service users, support staff, and professionals supporting a team) participated in a concept mapping procedure, including generating statements in interviews and focus groups, sorting, and rating. An expert group interpreted the results.

Results: Important factors to one or more groups were: service users and support staff getting acquainted early, team safety, social support, a shared vision, and a positive reputation of the new home.

Conclusions: Four core outcomes were addressed that may help service organisations to provide an environment matching the needs of service users who show severe challenging behaviour from the start.

KEYWORDS

challenging behaviour, concept mapping, support staff, teams

1 | INTRODUCTION

About 10%–25% of the people with intellectual disability display challenging behaviour (e.g., aggression), some (4%–10%) in severe forms (Bowring et al., 2017; Lowe et al., 2007; Sheehan et al., 2015). The development and maintenance of challenging behaviour can be ascribed to a complex interplay of factors. These factors relate to

characteristics of the individual with intellectual disability, such as co-occurring psychopathology, interactions with others, such as support staff and family, and the environment, such as organisational vision and values (Embregts et al., 2019; Olivier-Pijpers et al., 2018; Schalock et al., 2010). Challenging behaviour can seriously affect the lives of individuals due to physical injury, increased use of restrictive practices, and frequent transfers to or between residential and/or

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forensic services (Emerson & Einfeld, 2011; Griffith et al., 2013). Individuals who show severe challenging behaviour and experience repeated transfers continually need to adapt to new, sometimes even more restrictive settings with unfamiliar support staff. This can create feelings of helplessness and fear about the future (Griffith & Hastings, 2014). Moreover, these transfers make it hard to build trusting therapeutic relationships that are necessary to provide feelings of safety and support in dealing with stress (Hamadi & Fletcher, 2021; Janssen et al., 2002). To break this pattern and improve the quality of support, some healthcare organisations decide to set up a new (residential) home with a new team of support staff for people with intellectual disability who display severe challenging behaviour.

Several factors have been reported that may affect the quality of support and/or the occurrence of challenging behaviour displayed by people with intellectual disability. At the level of support staff, many studies have found that positive meaningful interactions and high-quality interpersonal relationships between support staff and people with intellectual disability can reduce challenging behaviour and improve support (e.g., Nijs et al., 2021; Olivier-Pijpers et al., 2020a). These interpersonal relationships appear to be affected by various factors. Examples of such factors are interactive principles (e.g., trust), staff's attributions towards the causes of challenging behaviour, and emotional reactions (Simons et al., 2021; van den Bogaard et al., 2019; Willems et al., 2016). At the team and organisational level, factors such as power imbalances, high staff turnover, and effective leadership have been related to challenging behaviour (Olivier-Pijpers et al., 2020a). Effective leadership, as well as a positive organisational culture with shared values, also appear to contribute to high-quality support (e.g., Bigby et al., 2015; Gomes & McVilly, 2019). Furthermore, coaching, support, and appreciation of support staff have been shown to enhance the support of people with intellectual disability who show challenging behaviour (Nijs et al., 2021; Olivier-Pijpers et al., 2018).

The most relevant studies usually focused on factors that influence the support provided by *existing* long-standing teams (e.g., Buljac-Samardžić et al., 2012; Gomes & McVilly, 2019; Knotter et al., 2013). To our knowledge, no studies in the field of intellectual disability have focused on the process of setting up a new team of support staff for new service users with intellectual disability who display challenging behaviour. However, knowledge regarding the process of setting up a new team of support staff seems relevant as well. This might help service organisations to provide a solid start, optimising their support in the short and longer run. A good start may for example limit negative (failure) experiences and negative emotions. On the contrary, a difficult start with negative interactions between the new service users and support staff can increase challenging behaviour (van den Bogaard et al., 2019) and hinder the development of trusting relationships. In the present study, we therefore explored the experiences of service users and professionals involved in the Dutch collaborative Pro (see Setting). The organisations in Pro established residential homes in 2018–2019 for new residents with mild intellectual

disability (IQ 50–69) or borderline intellectual functioning (IQ 70–85) who show severe challenging behaviour. We aimed to identify what needs to be taken into consideration in the process of setting up a new team of support staff for new service users from the perspectives of three groups (i.e., service users, support staff, and other professionals). To this end, we explored their insights and experiences by a mixed-method concept mapping procedure (Trochim, 1989).

2 | METHODS

2.1 | Setting: Pro

We conducted the study among people who were involved in de project Pro. Pro has been established in 2017 by three large Dutch residential service organisations for people with intellectual disability, two care administration offices, and the Dutch Centre for Consultation and Expertise (CCE). The aim of Pro is to increase the quality of life of people with mild intellectual disability or borderline intellectual functioning who display severe challenging behaviour, have co-occurring psychopathology, and long histories with frequent transfers from one (forensic) location to the other. To that end, the Pro-organisations put an end to their relocations to improve their perspective of life. At Pro, a core principle is to be unconditional in the support offered to service users with respect to their residence and their relationships with support staff. The Pro-organisations take the orthopedagogical perspective (Van Genep, 1997), which means that they focus on contextual factors. They consider challenging behaviour to be often a product of the interaction between an individual and his/her environment. To this end, Pro concentrates on fulfilling service users' needs by trying to influence the environment rather than striving to control challenging behaviour (Tournier et al., 2020; Valenkamp, 2020).

2.2 | Participants

A total of 23 adult participants took part in the study. During the time of data collection all participants lived or worked at a Pro residential home or had just recently left (i.e., their involvement ended within 3 months before the data collection). The participants were divided into three groups: (1) service users with mild intellectual disability or borderline intellectual functioning and diagnosed and undiagnosed psychopathology (e.g., substance use disorders or personality disorders), who display severe challenging behaviour, (2) support staff, and (3) professionals supporting a team of support staff (i.e., 5 psychologists, 1 team leader), referred to as *supporting professionals*. The invited professionals were involved in Pro since the start, except one. However, this professional had been working at a Pro home for more than a year. The invited service users were (1) living at a Pro home for at least 6 months, (2) had the mental capacity to decide for themselves whether they wanted to participate, and (3) capable to conduct

TABLE 1 Characteristics of participants

	Service users (n = 11)	Support staff (n = 6)	Supporting professionals (n = 6)
Gender			
Male	10	4	3
Female	1	2	3
Age in years	34 (Range: 24–57)	27 (Range: 24–30)	51 (Range 36–66)
Years of experience in field of intellectual disability	-	4 (Range: 2–7)	22 (Range 10–36)
IQ ^a	65.8 (Range: 46–86)	-	-
Diagnosis			
Autism spectrum disorder	4		
Trauma- and stressor-related disorders	3		
Attention-deficit hyperactivity disorder	2		
Depressive disorders	2		
Personality disorders	2		
Schizophrenia spectrum	2		
Substance-related disorders	2		

^aThe IQ of one service user was missing. The health psychologist confirmed a DSM-5 diagnosis of mild intellectual disability for this service user.

the concept mapping tasks according to their psychologist. To decide on the service users' capability, the psychologist took their cognitive skills, adaptive skills, and psychopathology into consideration. Socio-demographic details about the participants are provided in Table 1.

2.3 | Design

The procedure of concept mapping was used to collect the data. Concept mapping is a structured, stepwise, participatory method that combines qualitative and quantitative research components (Trochim, 1989). It is a suitable approach to integrate the perspectives of individual group members into shared visual maps (Burke et al., 2005; Kane & Trochim, 2007), also in the field of intellectual disability (e.g., Nijs et al., 2021). The method consists of five steps: (1) preparation, (2) brainstorming, (3) clustering and prioritising of statements, (4) statistical analyses, and (5) interpreting the maps.

2.4 | Ethics

Participants were recruited after ethical approval was given by the Ethics Review Board of Tilburg University (RP81). The first author visited the service users to explain the study using an information letter. This letter was composed based on feedback that experts by experience with mild intellectual disability provided to our academic collaborative centre. A key support staff member joined the conversation if preferred by the service user. Service users were asked to participate in the study and to sign an informed consent form. Support staff and supporting professionals received an invitation by email, including an information letter and informed consent form. All participants, as well as service users' legal representatives (if applicable), provided written

informed consent. After consent was obtained, the five concept mapping steps were followed. Data collection was conducted from September 2020 to January 2021.

2.5 | Stepwise procedure of concept mapping

2.5.1 | Step 1: Preparation

During the phase of preparation, we carefully formulated the focal question that was central during the concept mapping procedure. The wording was drafted in a way that the question was sufficiently specific (e.g., including the focus on a new team of professionals and the definition of the target group), without being suggestive (e.g., avoiding words like safety.). Finally, we formulated the focal question for professionals as: 'When setting up a new team of support staff to work in a new residential home for service users with mild intellectual disability or borderline intellectual functioning and psychopathology who display severe challenging behaviour, using the orthopedagogical perspective, it is important that ...?'. Since this sentence was relatively long, we made a critical assessment of whether the service users would have trouble understanding it. We also looked for ways to personalise the question to make identification easier. Therefore, we adapted the focal question for service users into: 'Imagine that here at <name organization> a new home like this one will be set up, for people like you. That means a new team of support staff will work in the home. What do you think matters most?' (as participating service users were all service users with mild intellectual disability or borderline intellectual functioning and psychopathology who display severe challenging behaviour, and who received support from the orthopedagogical perspective). In addition, we formulated five questions for service users to use as prompts (see Appendix S1). For professionals, no

prompts were used, because professionals' responses to the focal question during the brainstorming (step 2) indicated that they understood the question well.

2.5.2 | Step 2: Brainstorming statements

In order to gather statements to the focal question, participants took part in brainstorming. Statements of professionals were generated in two focus groups, one for support staff and one for supporting professionals. Because of COVID-19 restrictions, the focus groups were held online. The focus groups were facilitated by the platform Jitsi (<https://jitsi.org>), which provided the opportunity to exchange ideas and experiences in a secured environment. Two researchers joined the online focus groups to guide the process. They started the session with an introduction about the method and objective of the study and elaborated on the meaning of the term 'orthopedagogical perspective' (i.e., focusing on tailoring the service users' environment to their needs). When presenting the focal question, the researcher who moderated the focus group referred to the context of Pro for further clarification (e.g., 'like the service users in Pro'). She only used probes if the answers of respondents were too unspecific or to confirm whether the answers of respondents were interpreted correctly. Furthermore, the probes served to structure the conversation to receive input from all participants. To keep the focus on the focal question, the moderator repeated the focal question a few times. The other researcher entered the statements directly into a spreadsheet of Microsoft Excel. In this way, the participants could see and check the statements as they evolved. After the focus group, the researchers removed duplicates and added the statements into the Concept Systems groupwisdom software (Concept Systems Incorporated, 2021). Both focus groups were audio-recorded and lasted about 1½ hour when data-saturation was reached.

Service users gave answers to the focal question during individual face-to-face interviews at their residential home. The first author conducted all interviews. She had met the service users before in light of other research to Pro. Attendance of a support staff member was allowed to provide support if preferred, but staff members were requested to keep from interfering during the interview. The interviews lasted 13–31 min and were audio-recorded. One interview was not audio-recorded because the service user gave no consent. The first two authors initially screened 20% of the interviews independently to extract relevant statements by listening to the audio-recordings. Statements were included if they applied to (1) characteristics, behaviour, or attitudes of support staff or supporting professionals; or (2) things that the organisation should arrange for support staff (e.g., giving support staff time to become familiar with the residential home). Statements were excluded if they (1) referred to material subjects that were beyond the responsibility or control of support staff (e.g., good internet facilities in the group home), (2) were unspecific (e.g., the home is nice) or (3) were not applicable to all participating service users. Comparison of the number of extracted statements with a similar content resulted in a high degree of consensus

(i.e., 90%). For example, both researchers considered the following two statements of the first and second author as similar, and thus reached consensus: 'The team of support staff is there for you if you have any question' versus 'There are support staff who can help me if I have any questions'. Consequently, the first author extracted the statements given in the remaining 80% of the interviews. In order to avoid possible bias, if the first author had any doubts about whether to include or exclude a statement from these remaining interviews, it was discussed with the second author. In total, 124 statements of service users were identified. To have a workable number for the sorting and prioritising task, the first two authors reduced this number. They used a spreadsheet in Microsoft Excel to list all statements in a convenient way, to combine duplicate ones, and to remove statements that were of limited generalizability across service users.

2.5.3 | Step 3: Clustering and prioritising statements

After the brainstorming, participants individually performed two tasks using the generated statements of their group. The first task involved a sorting (clustering) task where participants were asked to sort the statements into piles with a similar theme or meaning. Professionals also named the piles. There were no restrictions regarding the number of piles, but it was not allowed to put all the statements into one pile, to make new piles for every new statement, or to put the same statement in different piles. The second task consisted of a rating task. Participants rated the statements on priority to the focal question on a 5-point Likert scale from not important at all (1) to very important (5). All professionals completed the sorting and prioritising tasks within 2 weeks after the focus group, using the Concept Systems groupwisdom software. For service users, the time between the interview and the tasks varied between five to 8 weeks. To explain and help service users perform the tasks, a researcher visited all service users at their residential homes. In a few cases, support staff gave additional assistance. Service users were supported by giving instructions on how to use the software, by reading the statements aloud, and by recapturing during the sorting task what kind of statements had been grouped together in piles so far. Service users could choose between conducting the tasks on the computer or by statements on paper. One of the researchers added the outcomes of tasks completed on paper into the Concept Systems groupwisdom software afterwards. Of the 11 service users, nine completed both sorting and prioritising tasks. One service user refrained from participating in the tasks, and one decided to quit during the tasks because of the experienced difficulty. Additionally, after careful consideration, we decided not to include the data of three of the remaining nine participants in the further analyses. These three service users finished the tasks, but also appeared to struggle with the tasks. The decision was based on their remarks (e.g., 'I find it difficult; I have trouble concentrating'); observations of the researcher during the tasks (e.g., immediately sorting cards to a pile without looking at the meaning of the pile, and sorting every

new card to the same pile); or the apparent randomness of sorted statements into a pile.

2.5.4 | Step 4: Statistical analysis

The outcomes of the sorting and prioritising tasks of step 3 were used for statistical analysis. Facilitated by Concept Systems' groupwisdom software, quantitative analyses were performed to construct concept maps for each group. By means of multidimensional scaling analysis, each statement was located as a point on the map. Statements closer to each other on the map were sorted together more often. Next, by hierarchical cluster analysis, points close to each other were grouped together into clusters representing apparent similar concepts. Two researchers explored the optimal number of clusters by considering 4–12 clusters. Starting with 12 clusters, they step by step merged a cluster until the next merge did not result in a sensible cluster structure anymore. The average of the ratings given in the prioritising task defined the relative importance of the statements and clusters (Kane & Trochim, 2007; Trochim, 1989).

2.5.5 | Step 5: Interpreting the maps

An expert group interpreted the three concept maps that resulted from the statistical analysis. They looked in detail at the concept maps of the different groups in relation to the focal question during an online meeting. Six experts with scientific and clinical knowledge regarding intellectual disability and people who show severe challenging behaviour and/or support teams operating in long-term care took part in the expert group. Together they discussed the titles of the clusters and the signification of the axes. To determine the titles of the axes, the expert group looked at overarching themes of clusters that were close to each other on the concept map. For all titles consensus was reached.

2.6 | Analyses

In concept mapping, the analysis is integrated into the procedure (see step 4). Hence, no further statistical or qualitative analyses were performed.

3 | RESULTS

The three groups in total generated 165 statements: 36 by service users, 59 by support staff, and 70 by supporting professionals (see Appendix S1). The statements of service users were combined into six clusters, and those of both professional groups into eight clusters. Per group the meaning of the clusters is summarised below. Those outcomes are highlighted that are particularly relevant with respect to service users with mild intellectual disability or borderline intellectual

functioning who display severe challenging behaviour and receive support from the orthopedagogical perspective.

3.1 | Perceptions of service users

The six clusters of service users are shown in Table 2 in order of importance, including the number of statements and mean average rating of importance. Figure 1 visualises how the clusters in the concept map relate to each other. The two most important clusters for service users are shown to the right of the concept map and refer to the relationship between the service user and support staff. The cluster *Support staff are closely involved and reliable* (cluster 1) includes statements about support staff being honest, and support staff who are there for you when you need help (statements 3 and 5 in Appendix S1). Additionally, service users consider it important that *Staff know who I am and make arrangements that suit me* (cluster 2). As reflected by one of the statements in this largest cluster, service users think that it is of relevance to be introduced to your new support staff while still at your previous organisation so you can build a relationship (statement 29, Appendix S1). One of the service users explained: 'That really calms things down. And that means that there's a kind of familiar face from the moment that you arrive'. As indicated by the title of cluster 2, the cluster also includes statements about (new) arrangements, such as having staff who consult you in making agreements (statement 11, Appendix S1). At the top of the concept map, the third cluster reflects service users' wish for support staff to *Make me feel secure and take me seriously* (cluster 3). Statements in this cluster indicate that service users prefer support staff who feel confident in dealing with challenging behaviour. Support staff should not easily be fazed and remain calm in case of tensions (statements 6 and 9 in Appendix S1).

Next, service users want *To be and feel welcomed* (cluster 4). This not only applies to statements about a warm welcome, but also involves that you get at least the same freedoms as you had before (statements 12 and 22 in Appendix S1). More generic statements in this cluster are about providing structure and activities (statements 17 and 18 in Appendix S1). The cluster, called *Give me time to settle in, get to know me, and spend some time with me* (cluster 5), represents the importance to service users of having continuity in support staff. Also, service users prefer the presence of extra support staff when a new service user arrives. As expressed in one of the statements, the presence of an additional staff member can help the residents deal with any tensions and help them get to know one another (statement 23, Appendix S1). Finally, statements about additional criteria that support staff should comply with when they start working at the new home, make up the cluster *Support staff are well trained* (cluster 6). One of the statements that service users mentioned, referred to support staff being a good fit for the home (statement 32, Appendix S1).

3.2 | Perceptions of support staff

As shown in Table 3, support staff regarded issues relating to *Team safety* (cluster 1) as the most important factor in the process of setting

TABLE 2 Clusters in order of importance, including the number of statements and mean average rating—Service users

Cluster	Service users (n = 6)	Number of statements (n = 36)	Mean average rating
1	Support staff are closely involved and reliable	6	4.5
2	Support staff know who I am and make arrangements that suit me	9	4.2
3	Support staff make me feel secure and take me seriously	6	4.1
4	I am welcome and feel welcome	6	3.89
5	Give me time to settle in, get to know me and spend some time with me	5	3.83
6	Support staff are well trained	4	3.46

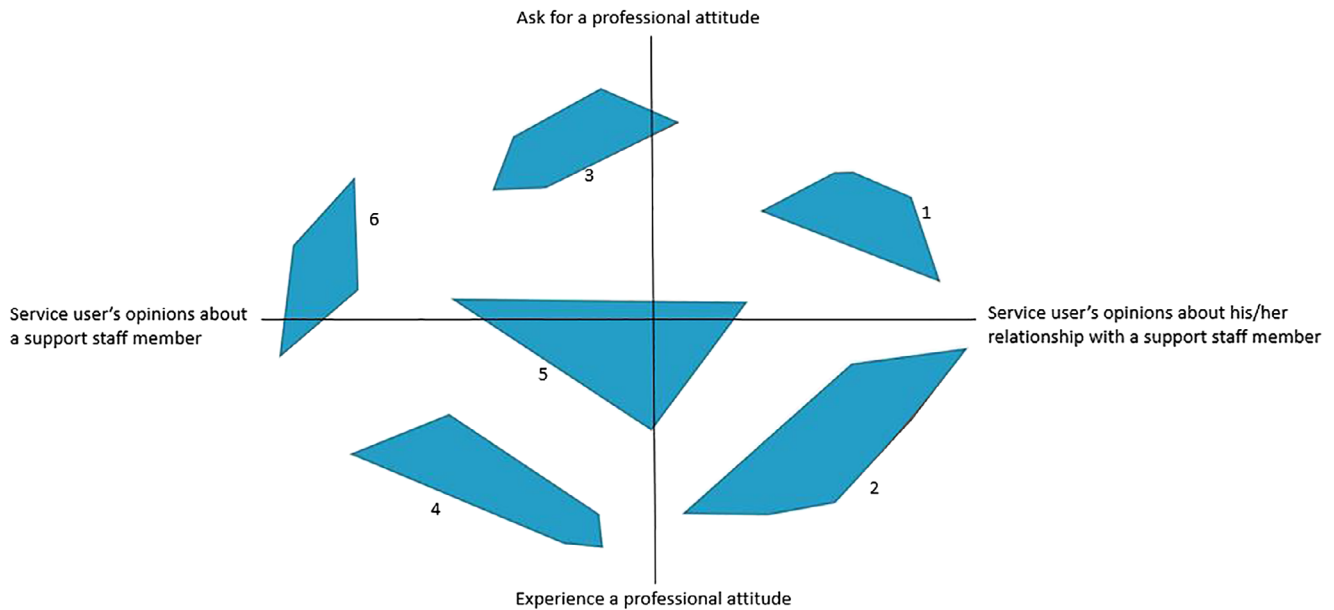


FIGURE 1 Concept map of service users. The cluster titles in the figure correspond to the cluster numbers listed in Table 2.

TABLE 3 Clusters in order of importance, including the number of statements and mean average rating—Support staff

Cluster	Support staff (n = 6)	Number of statements (n = 59)	Mean average rating
1	Team safety	11	4.56
2	Support staff receive support and feel supported	4	4.42
3	Support staff feel that supporting professionals are closely involved and there is good communication	7	4.17
4	All support staff have work and life experience	5	4.13
5	Active preparation before service users arrive	12	3.99
6	Support staff know in advance what is expected of them	8	3.94
7	Ensure that the new home has a positive reputation through the professional use of safety measures	6	3.94
8	Diversity in team composition	6	3.83

up a new team. This cluster consists of statements related to having a sense of openness in the team, about feeling safe to share vulnerabilities, and about support staff being able to trust one another (statements 46, 44, and 47 in Appendix S1). Trust is, for example, enhanced if you know that your colleagues will intervene in case of challenging

behaviour, as illustrated by one of the support staff members: 'I also think that because you go through intense situations with each other, you learn what makes the other person tick and you learn to trust each other in situations like that'. With regard to team safety, support staff also came up with statements regarding the importance of

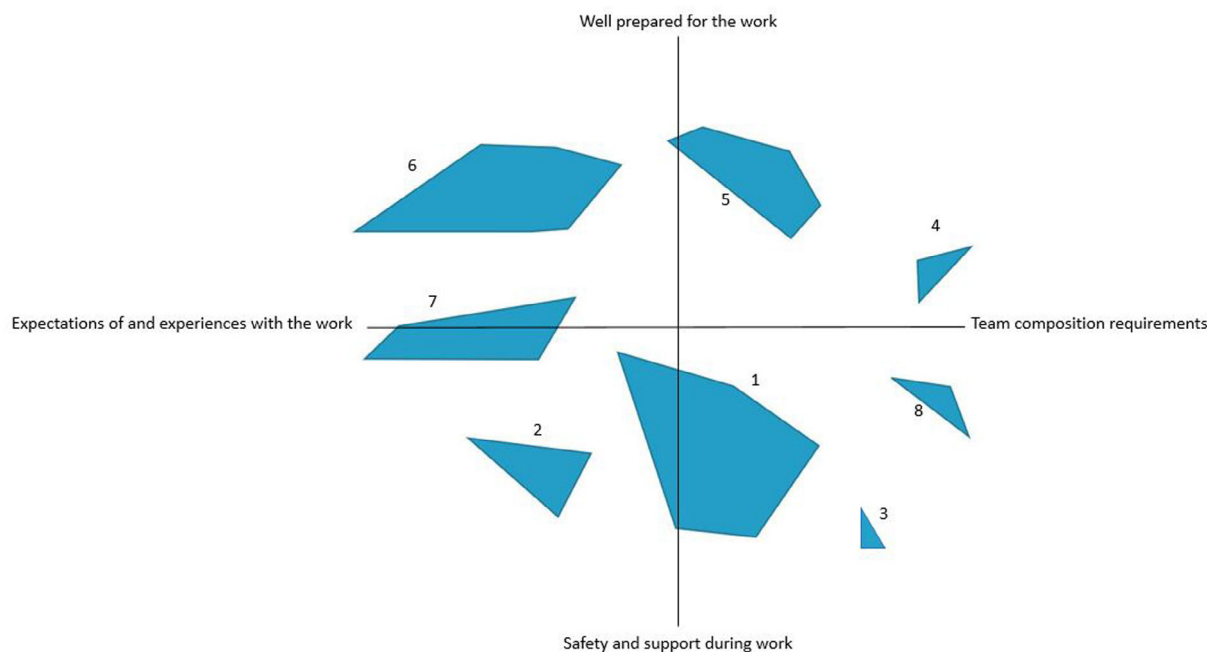


FIGURE 2 Concept map of support staff. The cluster titles in the figure correspond to the cluster numbers listed in Table 3.

having a manager and/or team leader who makes you feel safe, and of keeping to the agreements made together to present a united front (statements 26 and 48 in Appendix S1).

Subsequently, and visualised at the bottom of the concept map in Figure 2, the clusters *Social support* (cluster 2) and *Close involvement of supporting professionals and good communication* (cluster 3) address the importance of social support, and the involvement, and approachability of supporting professionals around the team of support staff (e.g., team leader, manager, and psychologist; e.g., statements 14, 17, and 24 in Appendix S1). Support staff in this study specifically linked the need for social support from supporting professionals to challenging behaviour. They included in their statements that it is important to know that you can turn to your manager if there has been an incident (statement 14, Appendix S1). Furthermore, support staff indicated that it is important to view mistakes as learning opportunities (statement 38, Appendix S1).

To the right of the concept map are the clusters *All support staff members have work and life experience* (cluster 4) and *Diversity in team composition* (cluster 8). These clusters represent statements about what characteristics support staff members should have and how the team as a whole should be composed when starting a new team. For example, support staff stated that life and work experience and not easily being fazed are important staff characteristics (statements 55–57, Appendix S1). This means that support staff are resilient and not deterred by severe challenging behaviour incidents. One support staff member explained ‘I think it’s definitely important that people with those competencies are recruited. That they can handle something and that an extreme incident doesn’t scare them off’. With respect to the team, statements of support staff were gathered about a good balance on the team and during each shift between experienced

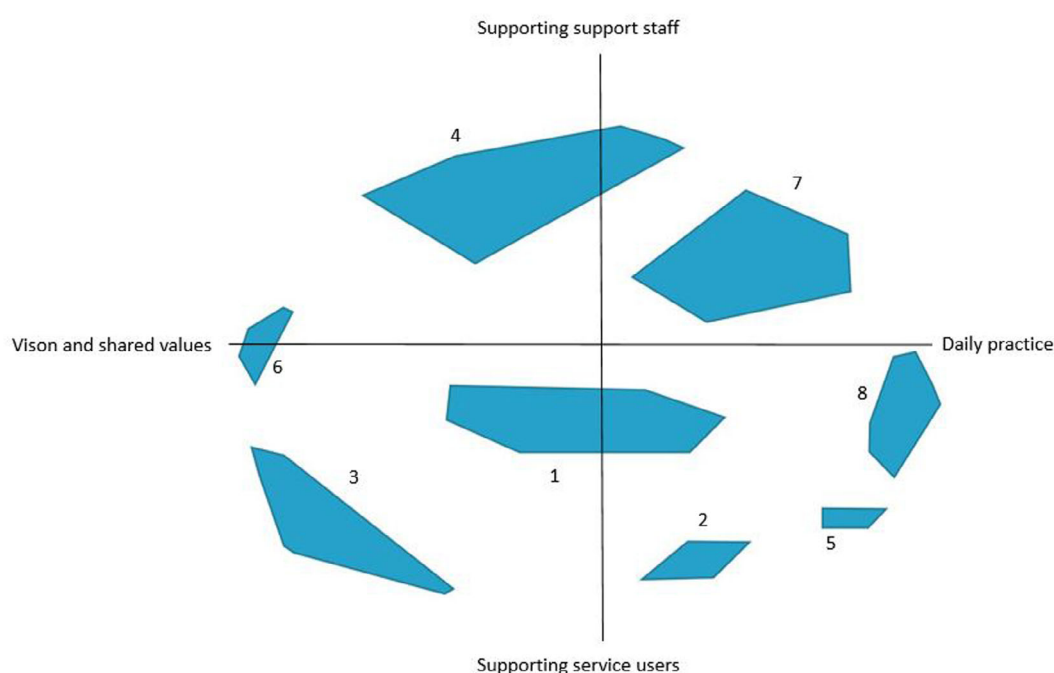
support staff and support staff in training (statements 53 and 54 in Appendix S1). Support staff believe this balance is necessary to create a safe work environment. One of the support staff members reasoned: ‘If you work with support staff who have never experienced an incident, they can freeze up’.

At the top, the concept map visualises clusters 5 and 6 with issues that should get attention during the phase of preparation according to support staff. One of the statements in *Active preparation before service users arrive* (cluster 5) refers to conflict resolution and aggression management training for support staff, which should be offered before the first service user arrives (statement 52, Appendix S1). In addition, statements in cluster 5 indicate that support staff believe that it is important that team members visit the referring organisation beforehand to meet the new service user, and to observe the kind of support the service user receives (statements 32 and 41 in Appendix S1). *Support staff know in advance what is expected of them* (cluster 6) addresses, for example, that supporting professionals have a clear vision of the orthopedagogical approach beforehand, and a clear plan for the longer term (statement 31, Appendix S1).

At last, *Ensuring that the new residential home has a positive reputation* (cluster 7) was important to support staff to successfully recruit future support staff, such as colleagues and students. One of the participating support staff members explained: ‘Nobody from the flex pool wanted to work for us. Especially in the beginning, there were lots of rumours flying around about there being one incident after another. Though they didn’t really know how and what’. As reflected by one of the statements, staff believe that you should invite potential future staff to come and take a look at the new residential home to dispel rumours (statement 6, Appendix S1).

TABLE 4 Clusters in order of importance, including the number of statements and mean average rating—Supporting professionals

Cluster	Supporting professionals (n = 6)	Number of statements (n = 70)	Mean average rating
1	Working based on shared values and principles	6	4.33
2	Putting yourself in the service user's shoes	6	4.28
3	An organisation-wide vision and strong commitment as a basis for a good start with the service user	8	4.10
4	Support for support staff with the orthopedagogical approach	12	4.10
5	Emotionally supportive in relation to the service user	11	4.08
6	Daily life is shaped directly by knowledge of service user and context	6	3.86
7	The organisation sees, appreciates, and rewards support staff	8	3.83
8	Experienced support staff as human beings	13	3.63

**FIGURE 3** Concept map of supporting professionals. The cluster titles in the figure correspond to the cluster numbers listed in Table 4.

3.3 | Perceptions of supporting professionals

The clusters at the bottom of the map, that is, *Working based on shared values and principles* (cluster 1), *Putting yourself in the service user's shoes* (cluster 2), and *An organisation-wide vision and strong commitment* (cluster 3), received the highest average ratings, see Table 4 and Figure 3. The overall topic of these clusters is about having a shared vision. Statements relate to agreement on shared values, knowledge about the shared values and to staff who rely on the vision and see themselves as part of it (statements 46, 47, and 64 in Appendix S1). Furthermore, statements about the vision include that service users are seen as human beings with human needs and positive characteristics instead of persons who display challenging behaviour (statements 11 and 13 in Appendix S1) (cluster 2). Moreover, all

levels of the organisation need to be intrinsically motivated to get started (statement 16 in cluster 3, Appendix S1).

The orthopedagogical approach is a theme that is intertwined in clusters 4 (in the *Support for support staff*) and 6 (*Daily life is shaped directly*). According to statements of supporting professionals it is important to think about what the context from the orthopedagogical perspective should look like (cluster 4, statement 45, Appendix S1). All professionals involved should explore who the service user is, and which patterns have evolved in other contexts in the past that triggered and maintained challenging behaviour (statements 18 and 20 in cluster 6, Appendix S1). Supporting professionals also responded that you should decide from the beginning how the service user's needs can be met within their home's orthopedagogical approach and vision (statement 19, Appendix S1). Part of the translation of the

orthopedagogical approach to daily practice is reflected in the statement about having a clear daily programme from the beginning (statement 21, Appendix S1). This offers stability to both service users and support staff. In relation to the orthopedagogical approach, supporting professionals also mentioned that support staff should be convinced that they can create an environment that will have an impact on the service user (statement 8 in cluster 4, Appendix S1). In addition, statements referred to the need for supporting professionals to be involved, visible, and available from the beginning (statements 37–39, Appendix S1).

The organisation sees, appreciates, and rewards support staff (cluster 7), addresses what the organisation should do to gain and keep support staff who are willing and qualified to work with service users with mild intellectual disability or borderline intellectual functioning who display severe challenging behaviour. For example, this cluster entails the statement that it is important that supporting professionals offer support staff emotional support (statement 22, Appendix S1) to help them talk about and cope with what they have experienced. One of the supporting professionals explained: ‘So there’s a place and a space for them to discuss the things they’re going through, to get some perspective on them, and be able to move on again’. The two clusters to the right of the map (cluster 5 and cluster 8) consist of a list of required characteristics of support staff members. One of characteristics in the statements concerns the importance of being a team player (statement 49, Appendix S1). According to supporting professionals, support staff must be able to rely on one another, provide support and give feedback.

4 | DISCUSSION

The aim of this study was to identify what service users, support staff, and supporting professionals consider important when setting up a new team of support staff for service users with mild intellectual disability or borderline intellectual functioning and co-occurring psychopathology, who display severe challenging behaviour, when an orthopedagogical approach is used. To this end, we generated and described a concept map for each group. The concept maps were based on the statements that every group gave, clustered and prioritised. All three participant groups mentioned factors that referred to the relation between the service user and support staff. More specifically, they all named characteristics that support staff should have to enhance feelings of safety and trust among service users. For example, they reported that support staff need to be experienced (life as well as work experience), confident, have a low level of expressed emotions (e.g., show no fear), and stay calm in case of tension. These characteristics are in line with research about support to service users with intellectual disability who display challenging behaviour (Nijs et al., 2021; Willems et al., 2016). Nearly all the statements of service users applied to activities and interpersonal relations with a direct impact on the service user, described by Bronfenbrenner as the microsystem (Bronfenbrenner, 1994). On the other hand, few statements from support staff related to their direct relationship with service

users. Next to staff and team characteristics, support staff hardly mentioned any other statements about the service users’ microsystem. Their statements mainly referred to the relation between support staff with each other and with supporting professionals, and to preparations that should be made. In other words, support staff especially highlighted factors in the mesosystem (Bronfenbrenner, 1994). Statements of supporting professionals concerned both the microsystem and mesosystem, but also the exosystem (i.e., social relations that involve people who do not regularly interact with service users, such as interactions between upper management and support staff; Bronfenbrenner, 1994). Taken together, the three groups came up with different kinds of statements, all from their own angle. This underlines the relevance of involving different participant groups in research. Overall, our results confirm outcomes of research that it is important to invest in building relationships between service users and support staff (e.g., Nijs et al., 2021; Olivier-Pijpers et al., 2020a). This includes respect, trust, and getting to know each other well. Our study adds to previous studies that organisations should invest in building relationships from the start. Next to this overall finding, we will highlight four core outcomes into more detail.

First, all participant groups reported that it is important that the service user and support staff are introduced to each other before the transfer of the service user to the new home. In that way, service users will have familiar people around on the day of arrival. The importance of getting acquainted with new support staff early may seem obvious and might be viewed as a general need for all service users with intellectual disability. Nevertheless, given our clinical experiences within Pro, this is not common practice when it concerns service users who show severe challenging behaviour, mainly to avoid tension and incidents. Service organisations are recommended to seek opportunities to enable early acquaintance between support staff and service users, starting to build relationships in an early phase. This can help service users to deal with stressful moments (e.g., a transfer to a new home), and decrease the likelihood of challenging behaviour (De Schipper et al., 2006; De Schipper & Schuengel, 2010).

Second, support staff considered team safety to be important. This finding is in line with previous research about a psychologically safe team climate in which opinions are openly expressed and mistakes discussed (Buljac-Samadžić et al., 2012; Olivier-Pijpers et al., 2019). Providing room for mistakes and learning from them can help support staff members to respond differently in future demanding situations with service users and is associated with less challenging behaviour (Olivier-Pijpers et al., 2019, 2020a). It is notable that support staff mainly named safety aspects in relation to colleagues (e.g., being able to count on each other). They stressed the importance of using the same working methods, which provide clarity to service users and prevent challenging behaviour (van den Bogaard et al., 2019; Wolkorte et al., 2019). This is in line with the view of the supporting professionals who indicated that all professionals in the organisation need to work based on shared values and principles from the start. Other studies about the support to service users with intellectual disability who display challenging behaviour have also highlighted the relevance of having the same vision and shared values

to meet the needs of service users and manage their challenging behaviour (Olivier-Pijpers et al., 2019; Tournier et al., 2020). To this end, support staff need training and coaching to reflect on how they put the vision and values into practice (Olivier-Pijpers et al., 2019; Tournier et al., 2020).

A third factor that both support staff and the supporting professionals found important is social support, particularly provided by the manager, team leader, and psychologist. Social support can be defined as 'actions of others that are either helpful or intended to be helpful' (Deelstra et al., 2003) and can have different functions. Various studies have made a distinction between instrumental support (e.g., giving practical assistance) and emotional support (e.g., providing empathy and care; e.g., Shakespeare-Finch & Obst, 2011). Both types appear relevant in relation to social support from the supporting professionals. Based on the statements of support staff, they prefer instrumental support like good communication as well as emotional support by supporting professionals who show interest in how you are doing, and who you can turn to. In line with this, supporting professionals indicated that they should provide emotional support to support staff if needed and be involved, committed, and approachable from the early beginning. Literature in the field of intellectual disability has addressed the relevance of social support at work extensively, especially in relation to support staff's wellbeing (e.g., Devereux et al., 2009; Vassos et al., 2017). However, only a few studies have reported the importance of support by the psychologist towards staff members in case of service users with intellectual disability who show severe challenging behaviour (Nijs et al., 2021; Olivier-Pijpers et al., 2019). Our study endorses the view that a psychologist is one of the professionals that should be included when considering social support needs for teams working with service users with mild intellectual disability or borderline intellectual functioning who show severe challenging behaviour.

A fourth factor that was highlighted in our study is the positive reputation of the new residential home. According to support staff, rumours induce fear with an adverse impact on the recruitment of new support staff in the future. Given the high staff turnover and difficulties that service organisations already have in finding enough competent staff members to fill up the teams (Olivier-Pijpers et al., 2020b; Stevens et al., 2021), it is important to give both a realistic and positive view. Next to fear, rumours that magnify the challenging behaviour may also lead to an increase of stigmatising attitudes among support staff towards service users with intellectual disability who display challenging behaviour. In their scoping review, Pelleboer-Gunnink et al. (2021) reported that care providers working in intellectual disability services appear to have a particularly stigmatising attitude regarding choice and inclusion of people with intellectual disability and high support needs, such as people who display challenging behaviour or have comorbid psychiatric diagnoses. Rumours might enhance this attitude.

4.1 | Strengths and limitations

A strength of our study is the inclusion of the views of three different groups, that is service users with mild intellectual disability or borderline

intellectual functioning who show severe challenging behaviour, support staff, and supporting professionals around the team. As stressed in previous studies, including the views of service users is desirable. These views can increase organisations' understanding of the needs of service users, which may help in the creation of a (social) environment that prevents and/or reduces CB (Griffith et al., 2013; van den Bogaard et al., 2019). The service users in our study gave many answers to the focal question. They thus seemed well capable of expressing what they believe to be important when a new residential home is set up.

A limitation of our study is that the sorting and prioritising tasks of the concept mapping appeared difficult for several service users despite the effort of the researchers to make the tasks as accessible as possible. They gave service users the option to do the tasks on paper, read the statements aloud, and recapitulated the statements per pile during the sorting task. Nevertheless, difficulties for some service users remained. Perhaps, the tasks in relation to our focal question were difficult to apply to their personal situation and/or the number of statements in the sorting and rating tasks required too much concentration. Future research using concept mapping with people with intellectual disability might consider reducing the number of statements. Another limitation is the small number of participants per group. Considering the research question, we wanted to include professionals who had experienced the start-up process of residential homes in the project Pro and were still involved in Pro or just left Pro. This applied to a limited number of professionals. Moreover, some had left Pro during the postponement of the research project due to COVID-19, and some had to withdraw last minute because of sickness or emergencies at work. A third limitation is that mainly psychologists represented the group of supporting professionals, instead of also (more) team leaders and managers.

5 | CONCLUSION

Regularly, organisations face difficulties in the support to service users who display severe challenging behaviour. This results most often in a transfer of the service user to another facility. With this study, we identified important factors that may help disability service organisations in the process of setting up a new team of support staff for a new residential home to provide an environment that matches service users' needs from the start. The results are in alignment with previous findings in the literature and provide insights into what is particularly important with regard to people with mild intellectual disability or borderline intellectual functioning who show severe challenging behaviour, and organisations that use an orthopedagogical approach.

AUTHOR CONTRIBUTIONS

All authors have made substantial contributions to, seen, and approved the manuscript, and agreed to the order of authors as listed on the title page.

ACKNOWLEDGEMENTS

The authors would like to thank the service users and professionals who participated in this study.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that supports the findings of this study are available in the supplementary material of this article.

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How to cite this article: Lokman, S., van Oorsouw, W. M. W. J., Didden, R., & Embregts, P. J. C. M. (2022). Setting up a new team of support staff for people with mild intellectual disability or borderline intellectual functioning and severe challenging behaviour: A concept mapping study. *Journal of Applied Research in Intellectual Disabilities*, 35(6), 1348–1359. <https://doi.org/10.1111/jar.13023>