# Closed Captions – Professor Peter Oakes, Keynote

*12 September 2017*

**PROFESSOR PETER OAKES:**  It has been an honour and privilege to listen to those stories this morning and I would like just to offer my respect to those people, the story we have heard.

Yes, this is an opportunity, the changes in the legislation, everything that is going on, the new organisations, the people gathering, it is an exciting time for me and to see that 400-plus people who have thought that it would be good to come and think about together and learn together about keeping people safe is one of the most encouraging and positive things I could imagine happening, to see these sparkly eyes looking to make a difference, to make it better, and righting some of the wrongs that have gone before in every country of the world throughout recent centuries is very, very encouraging to me.  I would like to thank you for that opportunity to come and meet you all and to talk about some things that have been going on in different countries around the world.

So where do we start? Yes, I didn't want to start with a joke, you know.  But what I did want to start with was a story.

There is a story that goes back to 1980 when I first started working around and alongside with people with learning disabilities, I was working in a hospital called Coldeast, it was large, it had about 1,000 people in it.  And in particular, there was B Villa, which was for women who were really quite distressed a lot of the time.  Many of whom had a lot of traumatic experiences in their lives.  I was visiting this villa as part of my induction into life in the hospital.  I was shocked and struck by the sounds, the sights, the smells of that place.  I walked in, there were 32 women living there.  There were two members of staff on duty.  The smell was almost overpowering.  Many of the women weren't dressed and were making noises.  They were seeking and hoping for some sort of love and attention and not able to find it anywhere.  I talked to the nurse, it wasn't her fault, it was all of our faults at that time.  I talked to the nurse who was there and she said, "This matters, if the women here are women.  This matters if the people here are people." And I thought we would learn that when we closed the institutions.

But then, just this weekend there has been some stories in the UK about a young man, he is 14 years old, he needs to go in a taxi to school 30 miles away and you start wondering what that is about.  And the local authorities, not again, all of our faults, this is not a social worker's fault at all, the local authority decided that, really, it would be okay if he had another person join him in that taxi and that added another half hour to the journey and so these two children didn't get on very well.  In fact, it really upset him to have this other person in his taxi, so eventually, his mum, and we heard about mum still having to step in this morning, his mum had to give up work so she could take him to his school 30 miles away every day.  That was the only solution.  The politicians scrambled, of course.  And they scrambled to say let's review transport arrangements.

And it just struck me, listening to that story on the radio, struck me, well, let's review how we get to a point where we take decisions like that? How we lose the humanity of people, what happens that enables us and takes the humanity away from our us and the people that we support and the people that we are alongside every day.  How can we keep that message as a basic humanity of orderliness in the services we provide into the future through the opportunities for change.

And then another thing I want to start with is the idea of hope.  I love the sign for hope, which is this? In the AUSLAN as well? Yeah.  But this isn't about hope, hoping things are going to get better and it is going to be alright in the end.  I have been reading a lot about hope recently because it is a very important part of my work as a psychologist.  What I have been reading about is saying that hope is actually something that you do, something that you construct and work on together.  And this is an opportunity for us to work on hope together, that we have got what it takes alongside people with disabilities and their families and their supporters to make this better, to keep people safe and to get from here to a much better future.  It is called "reasonable hopefulness" and it is an important concept to grasp.  So, humanity and hope.  Okay, I need to skip on through.  Again, this thing - there we go.

What we are going to do very briefly today, we are going to cover some introductions and then going to talk about the introduction of individual budgets in the United Kingdom, what the plan was, what the outcome was for that, how that happened and then talk to you quite a bit about the evidence of if we were starting again, to use that evidence on what we are going to do and then remember why we are doing this and stay hopeful.

So just with beginning with an introduction, I lived near the city of Hull, which you would be happy to know it is the UK city of culture, it made people laugh, it is a rough old place, is Hull.  Those of you who know about it will laugh.  It is where William Wilberforce was born and lived, someone who was responsible for the abolition of slavery.  We know about oppression.  I work in Stoke, where your pots, not pans, but pots come from.  Tiles and pots and Wedgwood.  It does have canals and right at the bottom of the lee table.  There you find good people in my experience.  So, greetings from those two cities to this great city.  Wow! Melbourne is fantastic, isn't it? Okay.  What's going on here? Again? There we go.

So, moving on to what the plan was.  Well, the plan was to - and the most important thing that we do is to see people in context, okay? So what we begin with is we begin with the person.  The person has relationships with important and everyday people around them, the supporters.  That needs to be right to keep us safe.  Then those people and the person have relationships with the wider system.  And that is many of the people that are here.  The people that are organising, planning, leading, setting up the care and support that people receive.  Those are the relationships that have to work too.  And then more widely, the rest of society is the context rule - for all that we do.  The attitudes to people with disabilities, whether or not it is seen as a priority amongst the wider group of society.  Those relationships to keep people safe all have to work, all have to work together and influence each other.

So, let's take each one and just see what the plan was with individual budgets and moving to different services and then what the outcome was.

So, for society, the plan was that people would move from being the deserving poor, back in Victorian days, through being the patient in the hospitals and then on eventually to be citizens.  That was the idea, it is what society wanted to do and what we all wanted to achieve through that sort of process, for people to know that they're beautiful.  There is a wonderful song written by a friend of mine who spent time with disabled people.  After experiencing that time, he came up with one song, one question, that is "am I beautiful, or what?" The question we all want to know the answer to, the question all children need to grow up knowing the answer to.  And that's true whether you're disabled or not, disabled and beautiful? Absolutely.  That's what we're working towards and I believe that is what society wanted out of these changes.

Then the wider system.  What were we as a wider group of people that were working in the system around people with disability looking to achieve.  Well, it was the change in relationship.  It was the shift, where the relationship is driven by the person receiving support, not by the people that are providing the support.  People are hoping to be living in the community as well.  And also, it won't happen here.  The idea that people would be safe in this new - away from the hospitals, away from having that kind of inward-looking support, that people would be safe.  And then the institution would close properly in community settings because people's work, home and play would happen in different places.  And that keeps people safer.  In the total institutions, people had to live and to work and to play and everything happened in one place.  And the idea of a new service was that people would separate those things and have different places to go and different people to be with.  For families and supporters, they would have a different role.  No more doing to, no more doing for.

I still hear - I can't believe I still hear, in some supported services, the phrase "will you do Malcolm this morning or will I?" You all know what I mean, what that means.  That means providing individual personal care for a human being who is very sensitive to how that person is in the little subtleties, appalling language and it tells a story.  So that was supposed to stop.  Sadly, it hasn't always, and for the person, yes, new choice, new control.  But that last one is the key for me.

When I did - I did design, I helped design this really jazzy individual life planning system thing that a whole load of staff were going to have to do in service and it looked very grand and had lots of boxes and had an opportunity to make a collage, always a collage, and we showed it to people with disabilities and to family members.  And they said, "yeah, it's are alright".  They weren't that impressed, to be frank.  They said, "What we care about is love and loss, just like everyone else.  We're worried about loss.  We're sad when we lose.  We want to be friends and lovers.  That's what we want to see.  Is your planning thing going to help with that?" Interesting.  Gone again? There we go.

So, what happened with all of this? Well, lots of good things happened.  People did get some improvement, as you can see.  For some there was no change.  For some, those small unkindnesses, those rough little treatments when someone is under stress got worse and worse and came to some appalling examples of gross violation.  That is what we are talking about, we are talking about gross violations, dehumanising of people.  There were particular scandals that threw the whole system into chaos, really.

What happened for families and supporters? Again, everything we planned, many good things.  But largely, we couldn't solve some key problems.  We couldn't solve the way that we had large staff turnover.  We couldn't solve the fact that people kept leaving.  We couldn't solve the fact of abuse and also, we had people that were very defensive and were ticking boxes rather than trying to be there with people providing support.

The wider system, new types of support emerged.  It was good to see some of those things.  There was no coherent model but that didn't seem to matter too much.  The funding didn't work too well and I think that has got to be got right.  The difficulties and challenges for the wider system, where the fact that we then had a very large and unregulated workforce.  We didn't know who was doing what to whom, when.  And that is a real issue.  And also, we had scandals.  Really can't get on with this thing.  They said it would be easy.  Here we go.  Okay.

Also in the wider system, because of the scandals in many ways, people didn't react with wisdom.  When we had bad things happen, we didn't just stop and think all the time.  What we did was - what do we do? We panicked.  We said we need to change the model, whatever we do, we change the model.  We have to have this model, we have to have targets leading to that model.  It is essential everybody works in this way and that way.  Everybody got reactive and shut down the hospitals, shut down this and that and everybody has to change, rather than let's just wait and see and understand what has gone on.

When and if things go wrong, that is what we need to do.  We need to stop and pause.  A sporting analogy, we put our foot on the ball, wait, reflect and see and then make wise and thoughtful responses to what goes wrong, as and when it does.  Wider society, yeah, I think the attitudes are largely the same, actually, I don't think things have changed but people wanted to know who was to blame for the wrong things that went on and it wouldn't happen again.  That was really important.  Actually, there was still a lot of generosity and tolerance.

Now, I am reliably informed that people who collect garbage are called garbos here? Is that right? There is a quick story I want to tell you about garbos, because one of my friends in disability support is a great character and the highlight of his life is when the garbage collectors come, he loves the lorry, the sound, everything that goes on.  He is really quite disabled and this is the highlight of his week.  We have to get ready for it, we get ready for it the day before and reflect on it the day after, it is just a wonderful time.  Last Christmas, okay, we kind of went out to the garbos and we gave them a gift, like you do.  And the garbo said, "We have noticed this guy.  He seems to love it when we come.  Would he like to spend the morning with us on the lorry?" Andrew could not believe this! This was the best morning of his life.  I tell you, this was the best morning of his life.  I don't judge that at all, that is a fantastic morning for Andrew.  And they didn't have to do that.  They just thought "we recognise this".  So there are good people out there.  I still see a lot of generosity and tolerance that we can build on to keep each other safe.  Well, that's my hope, anyway.  Okay.

So, if we're starting again, what we would do? How I am going to time? I need to hurry up? Okay.  So if we are starting again, two foundations I would put in place.  This is based on the evidence that we have had up until now.

Firstly, we remember why we do this.  It is a management thing but it is simple.  Why, before what, before how.  Don't go straight on to the what and the how without remembering why.  That is what we did with the scandals, we went straight to the what, we didn't stop and think why.  Let's remember why we are doing this, as all these changes happen and the reorganisation goes on.

And then this little stuff on the right-hand side there, that is all actually about ethics, ethics is where you know what the right thing to do is.  That is all ethics means.  What is the right thing to do? Ethics and ethical thinking goes back centuries, millennia, into Greek thought.  We are mainly using two types of ethics and we are confusing staff with it.  We are using ethics based on principles, so we are saying it is right and good that you behave in this way all the time.  You do not hurt people.  You do this, you treat people with respect.  We have those principles.  But we also promote a system of ethics based on outcomes which is where we want good outcomes from you.  We need to know you have outcomes.  Pressing on outcomes, outcomes, outcomes and that pushes people to think well, we have got to get to this outcome.  One outcome of hitting someone is being quiet, at least initially.  So we need to remember you stick to your principles and that is how you get the outcomes.  You don't go another way to get your outcomes.

And then there are two other approaches to ethics which really argues.  The first is virtue ethics, and I will come on to that.  That is where we help staff and the people providing support develop the virtues of hopefulness, of gentleness, of caringness, of empowering people.  They are virtues.  Yeah? We can help with our supervision and support staff to encourage those virtues.

And then there is an approach to ethics called face to face.  That is, you decide what is good and right by looking and understanding the face of the other person who is affected by that.  You always stay face to face and recognise the humanity of that person and then you will know the right thing to do.  When you look into the eyes of a person, when you see them face to face, you instinctively know the right and good thing to do.  So, what do we do to keep the humanity? To keep people knowing and looking into the face of the people affected by the decisions and the actions that they are taking? That is true of those of us who are in leadership, and those of us who are doing operational management and all those sorts of things.  When we are face to face, that helps us know what to do.

Okay, more evidence.  Now, the evidence I am presenting here is evidence not just from disability services, we have got to look outside sometimes, you know.  We have got to learn from the rest of the world.  This is evidence from people that have, in chemical factories, put poison into rivers or who have lied about the emissions of cars, as well as people in healthcare and social care sectors who have made mistakes.  Sometimes it is helpful to see what happens is that it is rarely a single thing that goes on.  It is rarely a single thing that happens, what happens is that a number of situations all come together, if it is like the holes in Swiss cheese all lining up and that is when things go wrong, when the holes line up in Swiss cheese, when everything, little things, just one small thing could change that.

So, what can go wrong? Well, it could be that we have individuals that go wrong, we have bad apples.  We could have the things that we are asking people to do, they don't recognise that it is wrong, bad cases, or it could be that we are providing bad barrels.  And people have researched those three levels and this is what they found.  So, individuals who might make a good ethical choice.  They tend to be people that can understand moral issues and can think about them and reason about them.  They tend to be idealist rather than relativists.  So these are people who say, "You never do harm.  Come what may, you don't do harm.  You don't do harm as a means to an end".  It is not ever right to do harm.  People that think like that.  People also tend to, according to the evidence, don't just plan up to being abusive, it can be an impulse.  It can just happen very quickly and suddenly.  We need to be wary of that, we need the environments that stop it happening, stop the impulses.  Machiavellian people who get their own way, it is a bit obvious.  Locus of control is where people see external or internal events controlling their lives.  Some people tend to think "my life is controlled mainly external things".  Some people think "I have got more control over my life" and it is the external people who are likely to be more unethical and it is the internal people with a solid base who make solid choices.  People who love their work than people who hate their work make ethical choices.  Can you see what we can do to select and encourage people? These are the virtues that tend to provide people with the facility to make good ethical choices.  Being able to anticipate, being ready for what might happen, being flexible, able to adapt.  I love that, humility.  Half-time it says up there.  I am doing good! These virtues have been key in people displaying those sorts of virtues, the people that are left that are much more likely to make good ethical decisions, to know what the right thing to do is.

So those are the individuals.  What about the teams? Well, we have got to remember that a team is much safer thing than an individual.  So if the team is working well, the individual is much more likely to work well.  So we need to be having ethical teams.  We can't just assume that people will do the right thing in the team.  These studies, these are standard team tasks.  So this is things like - standard cleaning rotas and hospitals and things like that, really, things that everybody should be doing in every day, in some studies, up to a third missed.  It multiplies the error if the team is not working properly.  So, what are we doing to make the team a safe team? Key questions.  Then the case.  This is a bit complicated.

But if I tried to explain it, people are more likely to do something bad to somebody else if they think that it's really not that bad after all.  If they think that the person might really not be that affected.  So, this person with a disability, doesn't really know if I'm just treating them a bit rough when I'm helping them get ready in the morning because they don't notice that sort of thing.  They don't - so that is - how are we giving that message that everything you do is really important.  How are we giving the message that it is really harmful, just as harmful, the thing you were saying at the beginning, would I want that to happen to me or a person I loved? Using that.

The barrel.  So this is the wider systems and organisations.  What is the evidence showing us about keeping safe in the wider systems and organisations? One of the first things is when the scandals appeared, the organisations probably quite genuinely had no idea.  Every organisation that has been involved has been surprised, certainly, the leadership of that organisation.  They had the odd worry but they have been genuinely surprised.  So we have got to think about that.  Also, we have learned from evidence, again, in lots of different settings, that culture, climate and leadership are important.  Hey, there is a surprise.  But we know a lot more than that about what kinds of culture and what kind of leadership.  So we will go on to that.

So the first thing around the "we didn't know" is that we have finally begun to realise that people are experts in their own experiences.  People know what is going on in the service.  People know how it feels when someone is with them, touching them.  Everybody knows that.  We need - they are the first to notice.  There is a lovely quote about old people's services, because a lot of this work has been done there as well, about somebody wearing someone else's jumper.  How often does that happen? Who knows when that happens? So we didn't know.  So what do we do? We need to listen.  Also about listening, is that people probably don't.

I am really pleased to see this thing about complaints and saying it is okay to complain.  I think it is a brilliant initiative.  People won't fill in forms naturally, people don't want to challenge directly.  And in a study, they talked about doctors - this is doctors and nurses not washing their hands - you would have thought that a doctor is not washing his or hands beforehand, I might say something.  Only 30% of people said they would and only 5% actually said something.  So we have got to be really careful how you are listening to people as a result of that.

I want to tell you about research we did in Hull where people visited services that were later found to be abusive.  When they visited the services, they had a sense something was wrong.  So we interviewed them and talked to them about it and we came up with indicators that said, actually, these little things, altogether, they may only be small in themselves but together they can make a picture, a profile which suggests this place is at risk of being abusive.  And these are some of the indicators: They noticed little things about the management and leadership.  I am going to rush through them because we are doing them in the workshop this afternoon and they will be on the slides to look at when you want to look at in more detail.  They noticed about staff competency and capability.  People notice things that - actually the true experts in the service know something is going on and are often distressed by that.  They are usually changes in the way people communicate and behave.  Pretty well every place was isolated, sometimes geographically but quite often, just isolate itself.  The planning is not right, and also the simple quality - the place often smelled.  You couldn't make a big issue of that, but actually, it was a sign.  What we have done is just put them together in a simple form kind of thing, which you can use to kind of gather the small things that give you an overall picture.  People have found that helpful in seeing where is this place risky? When you have got a lot of things appearing in all of those boxes, then you think "Hmmm, okay, what is going on there?".

Other evidence about the systems that we have got around people, the organisations.  Okay, climate, the organisational climate is really important.  It is not too much of a problem if people just encourage personal development and getting on and being ambitious, that is not a particular thing that leads to difficult situations.  What really helps though is if individuals see this as an organisation that cares.  Not just one that says it cares, every organisation says it cares.  But they see the one they think this organisation cares about people and the wider community.  And then, they think this organisation has got principles and it sticks to them.  If the workers in those services are thinking about that, it is a much safer place to be supported in.

Culturally.  This is about what people think is the culture.  This is where people are thinking, actually, everybody in this organisation seems to promote the organisation's values.  Whether it is finance, everybody's there is promoting values.  And everything seems designed not to just achieve bottom lines but actually to achieve good support.  Ethical behaviour.  If somebody does something right, is that recognised? There is a wonderful old paper that still is really relevant today, which is how to catch your staff doing something right.  Yeah, absolutely! Really good.  Is ethical behaviour really encouraged and celebrated?  Code of conduct is great, a waste of time if you don't enforce them.  So having a code of conduct on the wall is not going to keep anybody safe.  If it's enforced and genuinely part of the life of the service, yes it is.  So, what is the outcome of all that? Well, we have had it already, really.  I am not sure I needed to bother.  You listen to people, listen to families, listen to teams, listen to the service.  Pay attention to the climate and culture.

And in case we haven't got that, we can't rely on the service or anybody in the service just not making mistakes.  Is there anybody who hasn't made a mistake, then they are great.  Don't believe them either, okay.  And also, preventing errors, this is a long time ago we already knew this - if we work just on blame, discipline and training, which is very interesting, if we rely on those things, doomed to failure.  These things have to be followed up with a culture, the climate, the presence of managers and all sorts.

First things that we need to do, we need to listen to people on a daily basis, on an hourly basis.  We really need to learn to listen to the people who love the person.  So this is about friends and family, particularly about families.  I think we have some complicated relationships between services and families sometimes.  I don't think that is helpful.  I think we need to work on that.  I think it is our responsibility of those of us who are service providers and involved in services to do that work, because no-one else loves the person.  I know love is complicated sometimes, but no-one else loves the person in that way and, therefore, we need to recognise that and make different kinds of relationships to be able to listen.

Can we keep from picking bad apples? You saw the list.  There are some things that we can assess there.  Not by demographic, gender, age, education, not an issue particularly.  But we can select people more likely to be ethical.  How can we look after teams? I think we can do a lot of work to develop virtue ethics, to work ways of enabling people to keep their virtues that they came with.  Most people come wanting to do a good thing.  Most people are hopeful, gentle, wanting to make a difference.

So, we can - we need to find ways through, mainly, I think, through supervision and support to keep those virtues alive.  Supervision, I think is woeful.  Certainly in the UK, it is woeful.  It is normally about telling people what to do and setting objectives.  That is not supervision.  Supervision is, that is operational management, something else.  Supervision is about when a person can learn to come and say how they are feeling about their work and the support that they are giving.  Can say about stuff that is going on in their own lives that might be affecting the care that they are providing and the support that they are providing.  Supervision is a place where they can talk about something that might remind them of something that happened in their own life that has upset them and is making them less likely to be providing good support, or more likely to be providing good support.  Supervision is a place where you can come and talk and be yourself.  How many of our frontline support workers that have opportunity? And then be clear.  Remember those teams that only 30% of the core?

We asked way too much of people, especially in group settings.  I have seen care files, 84 pages long.  How can a support worker remember anything in that? Quite impossible.  I have seen people, and very often, people have six or seven central parts of a care plan that they are supposed to be implementing.  If you are supporting up to four people, that is 28 things to remember at any one time.  Completely impossible.  It can't be done.  There is a lot of evidence how care plans don't get implemented and it is not because the staff are rubbish, it is because it's impossible.  Can we be clearer and make it simpler and encourage the virtue of knowing on the basis of the essence of the care plan what the right thing to do is, clarity and communication.  Then face to face, this is where we reaffirm all the time the importance, the crucial importance of recognising how harmful it is, even the smallest and kindness, never mind the serious violation.

How do we do it with a culture? Well, funnily enough, culture is key.  But the evidence is that the way to work towards a good culture is by thinking about being benevolent and principles of organisations.  That is the way to establish the good culture, where everybody recognises this is an organisation that cares and this is an organisation that has principles and follows them through.  That seems to be crucial.  That then in turn creates the culture.  That is what the statistics showed in all that evidence, which is really interesting.  It makes it quite simple for us to think about what to do.

Okay.  I have nearly finished.  But I do want to say one thing.  Perhaps it is because I am a psychologist and I get a lot of referrals and I am involved a lot in restricted practice and I have learned something in the last day or two about that here as well, which I am going to tell you about as well, we still, in some form of other, seem to intervene in restrictive ways.  We still seem to prescribe medication that is not designed for the thing we are prescribing it for.  We still have to intervene physically sometimes and stop people going into places.  Somebody talked about sometimes we still delegate responsible for a relationship to a door, which I think that is a really interesting thing.  How do we do that? Okay.

In the UK, it is still a massive issue.  That is an NHS Trust, the Health Service Trust.  38 instances in one, 3,000 in another.  It is varied and still in the United Kingdom used over 3,000 times and that was in 2012.  I have no reason to think it is different now.  People interviewed 930 children and adults with disabilities.  A third, over a third, had the experience of being restrained.  Around - yeah, a fifth had been secluded and quarter given PRN medications, so that is medication you get instantly when you are distressed.  Having a behaviour plan, interestingly, didn't help.  As far back as 1840 people were doing something about this.  People in a hospital, I think it was York, near us where I live, said that is enough, we are not doing this any more.  They moved the terrible contraptions out.  But still, we are still doing it.  What I want to stress, it is the variation, it doesn't have to happen everywhere and it doesn't seem to have to happen with everyone.  So that starts you thinking, saying, therefore, does it have to happen at all? In a great paper somebody said, "That is enough talking about it, we just need to stop this, we actually need to stop this".  We know, and I like that, it is the safe elimination of this.  And it can be done.  Places have done it.  Understanding that quite a lot of progress is being made here.

This is the way it has been done elsewhere.  Firstly, gathering information, we need to know that it is happening.  We need to know whether it is happening and how often it is happening, with a view to reducing it, not just with a view to recounting it but with a view to reducing it.  Then with training and presence, not just training.  Not just training on its own, training on its own rarely works.  It has to be followed up, in practice, with people there.  It often helps to have a team of supporters not to de-skill frontline workers but to encourage and enable frontline workers and then a system to learn.  Always a system to learn.  Every time it happens it's serious.  That is the point.  Every time it happens it's serious.  In one setting, and this is in the US that this was done, they implemented that system - and there is quite a lot of detail on how they did it - and look at that figure of reduction.  99.4% decrease of the use of physical restraint in that case.  Of course, it is better for everyone.  It is not good for a member of staff to restrain somebody.  There is quite a lot of evidence, it is a pretty traumatic thing to do.  There are lovely papers that have talked to staff about how that happens.  So, I just want to go back just on that.

I gather, and I have been - I need to apologise, really, because I hadn't picked up on this, but I gather there has been some fantastic work going on around this very issue in Victoria.  I am encouraged by that.  I would hope that is grasped by everybody and that that continues.  I am certainly looking to find out about the results of that over the next few days actually.  I am looking Anthony who is going to introduce me to people.  It is so crucial.  We must move away from doing that to people.

Okay, so the message we have had all morning so far and it is not even coffee time, coffee time is nearly there.  We listen to people, we listen to teams, we listen to the services we provide and we work on the climate and culture above all.  Particularly the climate.  Be caring, be principled and stick to the principles.  Okay, now I will stop.
(APPLAUSE)

Do I want to read these questions out and work through them? No! No, I do.  Half the people I have been with today or yesterday particularly, had to put their glasses on to read something, I have to take mine off.  You are going to go a blur now but I am going to be able to read these questions.

"Good examples of supervision practice when an organisation has a staff that works remotely or rurally and the head office is city based".  Um, I think what I have seen, and I haven't seen the exact thing of this that you are driving at, but what I have seen is that you can teach people to supervision each other.  So, supervision isn't only something that can be done in a very highly skilled setting.  I think it can be done in groups and I think it can be done where people support each other.  But in the end, those logistical challenges do have to be met, I think.  I think people have to have some presence out there.  I think that has to be built into the model.  I know that the rural challenges are huge in Australia.  Certainly around in Shropshire that is tiny in comparison, it is an issue.  But I think it has to be a priority.  Certainly in one of the best services around that I am aware of in Shropshire, they do insist that people come in on a regular basis for some face-to-face contact, because face-to-face is seen as key for staff as much as the people who are supported I don't know if that helps.  It has gone dead now.  Okay.

"How can we recruit and retain good staff?" Really? (Chuckles) how do we test for ethics and integrity? Well, I think people have begun to think about this, about having the sorts of - what we can do is give people ethical dilemmas in assessments.  Not what would you do, but you can present an ethical dilemma of a person and not a really obvious one, you see someone hitting someone else, what are you going to do? I am going to report it.  You say, you notice that somebody was upset about something and they were a little bit rough with the person they were supporting.  But begin to construct an ethical dilemma can be done.  There are tests of things like locus of control.  There are tests about whether you think external or internal things are influencing your lives.  I know staff turnover is quick and you have got to get people in but it is essential, and I trust it happens now, it is essential that people being supported with disabilities are involved in the selection.  My sense is that people tend to pick those things up.  When I have been unsure about members of staff and what has been going on and whether to select and who to select, I found wisdom and the ability to cut through from people that use services and family members have been pretty helpful.  I don't know if that helps.

Comments.  A sad world where we have frameworks and models just to make sure people don't hurt other people.  Yeah.  I think one of the messages of what I have been saying today has been actually the frameworks and models are kind of there but the most important thing is the relationships that we have with each other, that actually is what keeps us all safe.  I mean, I imagine everyone here has done something that they aren't very proud of.  I certainly have done a lot of things.  I know I have got potential to do a lot of bad things, actually.  But what keeps me right are other people and the relationships I have.  Not a model, not a framework.  What keeps me right are the relationships I have.  In another world - she is great with her signs - we like her.  In another world, when we talk about people who commit crimes and are trying to stop committing crimes, which is some of my work in the clinical setting, what people talk about is a compelling reason.  What people need is a compelling reason to change.  And a compelling reason is usually a relationship with somebody.  It could be a manager, it certainly could be the person that is being supported and their family.

Someone - yeah - the relationships with families, the question is, "sometimes there is conflict between the person and the family, with the family being reluctant to facilitate independence, is it similar in the UK and how is it managed?" It is a huge issue, this.  What happens that people get into corners, so, yes, families, we will be talking a bit about this afternoon, families are often very worried and also families can be people that constraints, we have all had that experience, perhaps.  Families are complicated things.  And the only examples I have seen where we have been able to kind of work around that is where we have opened that discussion rather than get into opposition.  So where we are listening to the concerns and welcome the concerns of people rather than saying that family they just don't really care.  When services get into the "we know best" that is when things go wrong for me with families.  When services encourage the person to have some conversation with their family and facilitate that, it can be a questioning, curious, can think about breaking it down and pacing things a little bit and keep that respect for the people that love this person going even when we disagree.  It strikes me as being crucial.

Okay, I reckon I have got one more now.  I am just going to read the next one which is, "How has the changing profile of the disability workforce impacted on safeguards in the system?" I think mixed, actually.  I think it has been mixed.  I think we do have a - we do know a lot more about what is going on out there.  I think people are more ready to able to use systems of reporting and alerting.  I think people have been spooked into that rather than have just felt a responsibility.  But I think that that has got better.  Yeah, the workforce? (Pause) I'm not really sure what else to say about that.  Yeah, it's time.  But, yeah, I feel I just want to say something about, I think that the workforce is a major source of opportunity and hope for us.  I think, by and large, I have met many, many, many more fantastic support workers who do a really wonderful job.  I have met the crass, unkind and short support workers.  So I think there is a lot of grounds for hope with that.  If we are smart with it.  I think that overall, the workforce is developing better and keeping people safer actually.  Yeah.  I wanted not to say that without thinking about it but no, I want to say that and I want to thank you, once again, for listening and putting up with all that talking and for these amazing questions.  Actually.

Thanks very much and I will stop now.
(APPLAUSE)