# Closed Captions – Professor Peter Oakes, Workshop

*12 September 2017*

**ANTHONY KOLMUS:**  I was going to spare Peter the whole run through of the introduction, I wanted to use the term "expert" to embarrass him.  He was insisting in the conditions.  What I will say is in preparing for this seminar or this forum, Amanda, who coordinated pretty much this entire conference, and I had a number of discussions with Peter and each time I was really impressed with the insight and experience he has had in this space and what we were really confident he would bring to the forum.  Certainly, this morning we saw a taste of that.  This afternoon is an opportunity to dig deeper and going deeper into the issues we talked about this morning and Peter will be guiding you through that discussion.  As I said, there will be time for questions.  This session is about indicators of concern, how we begin to identify when people might be at risk.  What sort of things do we need to look out for and need to be putting in place that might help reduce that risk.  Think of your questions.  We will definitely having time towards the end of the session for those.  I would like you to give a warm welcome to Peter.

**(APPLAUSE)**

**PROFESSOR PETER OAKES:**  Thank you.  Much appreciated.  I am glad you used and avoided the "E" word, I appreciate that.  This is an opportunity for us to slow down a bit and dig a bit deeper into some work that we have been doing over in the UK.  I am hoping it will be a chance to have some discussion.  I know, calling it a workshop with over 100 people, it is not going to be possible for us to get together and work on things together but I do hope it will be an opportunity for us to have some sort of conversation towards the end.  So, yeah, I do think, not just of questions but might insights as well as that would be helpful to share as I talk through some of the things we are going to think about.  Okay, now I am going to leave my thumb on the right place on this, which will hopefully now switch on to - Ah! On to this morning's slide show.  Okay, is there anything we can do about this afternoon's slide show? There is a very nice man called Jeremiah down the back who is now helping us with this, possibly.  Ah! And look, thank you.  That made this next session a lot easier.  I was up for it.  And believe me, I was up for it, but I think it will be easier with the right slides.  There we go.  Okay.

Yeah, we can't say that this doesn't happen.  You have seen that a bit in the discussion this morning, but the idea that this doesn't happen, that we don't have and aren't going to have situations where people are abused in the services that are there to care for them and to support them is not something that we can say, at this moment.  And there does appear to be this fundamental tendency, a basic propensity for services to drift towards this.  That is shown in a pattern of reports.  We've had them in the UK, you had them here in Australia.  They've been seen in every other country as well and they have gone back through centuries, actually.  This is something that is serious.  We need to address it and we need to understand it more and more.  I am hoping that some of the discussion that we have will guide us towards preventing or stopping the initial conditions that happen that somehow enable these things to grow in services.

So, what we did, I mentioned briefly this morning and I am going to go into a lot more depth.  In a number of situations where there was found to be abuse in a service on a terrific scale where genuine violations of people's personhood were undertaken, what we found was that a number of people that were visiting that service over the years prior to the time this emerged, came away saying, "Do you know what? I just had a sense that something wasn't quite right there, but I couldn't put my finger on it".  We just, as professionals and clinicians and other people who were around noticed that that was quite a pattern that quite a few people were saying.  "Do you know what? I wasn't sure".  So what we did, we gathered quite a large group of those people who had visited services where there was known to be abuse and we interviewed them at some length about the service prior to that abuse happening, to get an idea of what it was that was troubling them.  So we wrote down the results of all those interviews and then we analysed them.  Then we came up with a series of indicators that, some in ways, were possible to predict the likelihood of abuse in those.

The analysis we used - I don't know if it is on a - yeah, it is already on this slide.  We have also researched by interviewing families that have been connected or had difficulty in reporting concerns, along the same lines, finding out what their experience was and trying to understand and give us some understanding to say if that is going on, that is a reason to be worried.  The analysis that we used were two approaches: It doesn't matter what the words are but they were two approaches, when you write down everything someone says and you pull out themes from that.  That person talked about that, that person talked about that, that seems to connect up to one theme or another theme.  We are getting an idea of what is going on, if these themes are emerging from the conversations we are having with people.  The second approach is IPA.  We explore with people their experience of it.  This is the work we did with families.  With families we said what is your experience of raising concerns in services that are there to care for your relative? How does that feel to you? What can we learn from the feeling of trying to raise a concern? And then we were trying to think about how that might be translated into how we need to be more open and available to people raising concerns.  And then what you do, you pull out these themes and experiences and you go back to those groups of people and say, "Have we got this right? Do you think that is something along the lines of what you were trying to say to us?".  It is not numbers or questionnaires, it is conversations to see what is going on that we had with people.

Let me just go through some of the things that the families said about the issues of raising concern.  It was always the little things.  Something niggling.  Not a big issue, so I didn't know necessarily I could say something but I was niggled by this.  I was niggled.  Then, and I was really encouraged by this phrase, so the "key worker came and said the key worker was worried" interestingly, the support worker didn't have whatever it took, the opportunity or the permission, in that culture and organisation that we have been talking about today, but then I went and did something about it.  How encouraged the family member was that the key worker said "something's not right".  And then this really hard-hitting for me, this is what is in the backs of people's minds when someone they love "are you being honest? Are you telling me? Would you tell me?" That's a fair enough question.

And this is interesting when we have been thinking about complaints today and lots of systems and procedures that we are putting in to try to establish complaints procedures, and rightly so, but just, yeah.  That worry that is in the back of a person's mind.  It feels so formal.  I just wanted a conversation, I didn't want to necessarily make a complaint.  But could we have a conversation as well as a good complaints procedure? Maybe just on the way out, could somebody say, "Do you know what? Your values say this, but I noticed that".  How open would be to those sorts of conversations?  We don't want an opposition or "I said this, you said that, I tell you this".  You have those replies to complaints from banks and people, where they list your complaint and tell you why you were wrong? Yeah.  Now, this isn't what is happening in the complaints procedures here, but that is other people's experience of complaints systems.  I think that is what people were saying.  They were expecting if you complain, someone will listen, tell you why you were wrong and then tell you they won't do anything about it.  And the conversations is the place to start.  Let's have a conversation before it gets to it.  And them the opposite, the overreaction.

Sometimes it can be a person that is really treasured in a relationship by the person who is being supported, who has made a mistake or just stepped over a line or been stressed one week and hasn't had the opportunity to have that conversation.  And it actually can be put right.  But people seem to say they were worried about extreme reactions.  Yes, they wanted things to be taken absolutely seriously and the language and the importance of what has happened and all the things we heard about but they also wanted to have a wise response, a constructive response whenever possible.  You just want things right.  So that is a word from some family members that we heard through that research.

Then came the indicators, from the people who were visiting services, you remember I was telling you, they were visiting and felt something.  They are indicators, if they are present, you can't say if they are present therefore there will be abuse in that place.  One thing is we can't tell the future.  Risk assessors can't tell the future and say it is a cutoff point, right it is abusive.  It is a collection point for information.  It is where to start thinking, hold it, it is a bit of a profile.  It helps us gather information where we can talk about and think about what to do on the basis of that information.  Then it is to help us to reflect to have conversations.  For people who are visiting services or involved in services in some way, just to kind of "should I do something about this or not?" Because in every case that we talked to people who had been in contact with services that were later found to be abusive, whatever organisation they were part of, they always thought "why didn't I do something when I was niggled by that? I just wish I had said something or done something".  This work is here to help people say, "This is something I need to raise with somebody".  It is that point of decision.  We may recognise it in ourselves.  That point where we say, "Do you know what? This isn't okay.  I am going to do something about that, say something about that".  We need insight into that point when people make that decision in their heads to say "I'm going to say something".

You will notice, I just want to kind of stop for a minute, you will notice that most of this conversation is about people who aren't necessarily disabled and who are family members and visitors to services.  One of the things I want us to talk about is later on this afternoon is the ways that people with disabilities themselves can be empowered not just to be kind of some of the listening to them we talked about, but actually to have that sense of power, to take some initiative and say something in the first place, to actually say that's not okay, rather than have someone ask them if it is okay.  That is one step, but the next step is where people can independently say that is not okay.  And you can have that in the backs of your minds.  Because I am hoping we can have that conversation, especially around people with learning disabilities which is my kind of particular interest.

Okay, so the indicators are there.  They are not predictors, but they are a kind of collection point for information.  An opportunity to reflect, to talk and decide if you are going to do something.  I am just going to go through the indicators in a bit more depth.  So, the concerns about management and leadership.  Here are some of the things that we found in this.  It is that people talked about managers saying, "It's not me, it's the organisation won't let us do that.  Or because the community team doesn't visit or because we haven't got this or we haven't got the staff" it is the manager that says, "I'm the manager for this service, this is my job.  I am not going to give that to you, I am going to own responsibility for my job".  Managers that are always away doing something else.  "No, he or she is not here today, they've gone to another service or they are at head office or doing this or that", and then the inevitable high turnover of staff.  The use of agency staff, is it labour? Labour hire, yes, it's called agency staff.  It is always a predictor, it was always going on in the services that we identified.  The high turnover.  Because that breaks relationships, if nothing else.

The next indicator: Worries about the capability, about whether the staff really have the kind of skills, knowledge and how they were practising.  In particular it was about communication.  The main skill that people noticed in the services that were later found to be abusive, the main skills that were lacking were ones of understanding the actions of someone who might not use words and skill and communicating with people who find it hard to communicate.  And then, the communication across the staff team.  "Oh no, I'm not sure where he is or what is going on".  "They're not on duty now and they didn't say anything that this would be happening this afternoon".  That kind of communication where people don't know anyone is coming or a special visit is for somebody "no, they have gone to the shop, they will be back later because I didn't know you were coming".  Those kinds of conversations.

This one, I almost wondered about raising this one this morning, this was where abuse happens between people, particularly in group settings, but also in maybe transport or day support services, where the abuse is between people with disabilities.  And it's not seen as important.  So, one person is particularly distressed and has lashed out, maybe deliberately, maybe not deliberately, at another fellow person who is using that service and being supported in that setting and that's not seen as somehow significant.  And that's an interesting and challenging area for people.  And the idea that that is kind of different and doesn't hurt if someone with a disability hits you is patently nonsense but it came up in a lot of the interviews.  This is an element of listening to people, especially people who can't use words.  There are changes.

The times that I have had referrals as a psychologist that have been able to trace back to the trauma suffered from being abused are unnumbered at this stage in my career.  And those changes, you notice those changes and they are not always that people become aggressive.  Often that people have become particularly withdrawn or particularly anxious.  And it's really - I do say it is really unhelpful, sometimes if that kind of anxiety "that is just her autism, that is just his autism".  That's different, okay.  That's different.  This is where people are becoming anxious because they are not sure what is going to happen next and they're not sure who is going to come on duty and whether that is a frightening time.  So often you find people say, "I want to know who is coming on duty".  Sometimes if that escalates, it is because I am worried about who is coming and I can't tell you that.  Another is people back away, which is what I tend to do if I am upset by something.  I just tend to go into my shell and hope it goes away.  People that know me well start saying, "You alright? You've gone quiet".  And likewise, ways of communicating and interacting.  Either increasing people wanting a lot of encouragement, a lot of reassurance, is the person coming, is that happening today, are we going to this, are we going to that? That kind of increased questioning and worry, again, a sign of anxiety, not a sign of a syndrome, it is where that increases, a sign they are saying, "Hold it, what's going on?" Or withdrawing.  These are things we can listen to if we are around to listen.

Next area.  This is the isolation one.  It's important to stress this isn't just physical and geographical, this is a conscious isolation that goes on.  People often dressed up in something kind of trendy saying, we are not an expert service, we don't need - it was that sort of, trying to resist input from people, not inviting advocacy services in or making it difficult for advocacy services to come, definitely not interested in members of the local community getting involved.  The important links a person might have with family or friends not being pursued.  Not sending birthday cards, not kind of actively engaging those relationships but resisting the active engagement in those relationships.  It is that sense about isolation.  It is not necessarily they'll know what is going on.  It's just that the abusive cultures were ones that just isolating themselves almost subconsciously.  And then the hostile, negative.  So where things are being asked, that inspector came, that inspector came and she didn't ask the right people or didn't know anything and she was only here for this time.  That kind of, yeah . . . Immediately undermining any feedback before it has been given.  That was noticed by people in services that were found later to be abusive.  We are getting through them now.  I am hoping it is helpful just to give some details behind what people were saying when they talked to us about this.

This is the planning and delivery of services.  This is where services have got themselves under such pressure they are making poor decisions and not carrying through what they meant to carry through.  We talked about care plans a bit this morning but it is where we are very clear, and am always preferring things like one-page profiles, by the way, which just say, "This is what you really need to know" but where those things are very clear and they are simply not being followed through, where basic interventions and basic support practices just aren't being done on a regular basis.  And then, with group settings where there is no compatibility.

I was at a service not long ago up in the north of England, it was the north-west of England.  Somebody in crisis had to leave the family home.  The social worker, this was no-one's fault.  But what happened eventually was potentially going to be an abusive thing.  Because the person had to leave that family home, there was only one possibility, which was sharing a two-bedroom flat in a supported living service with another person.  That other person had never met this new person who arrived on the Saturday night, and started living there.  They didn't get on.  There was nothing - and the person that was already living there had no opportunity to be involved in deciding who was the other person to share a two-person flat with them.  And that's never written down that that is what we should do.  No-one thinks we should always, but so often it happens because pressured situations outside mean that very urgent actions have to be taken, poor decisions are taken, and then the only people that really suffer were the two.  Because neither of them were happy.  It ended up with the violence happening between the two people with disabilities.  And then, to a referral to a psychologist, to stop this person being challenging.  So I was supposed to kind of, in some way, fix someone for that situation.  And everybody made a decision that for them, at the right time, at that time, felt like the right decision.

But somehow, the system as a whole produced this outcome.  And we had to unravel that decision very quickly.  We certainly weren't going to conduct some ABC charts to have a plan to what to do about that.  And then this kind of diversity of support.  This is people with very different needs.  Being in one place.  For no particular reason, not because they are close or they get on well with each other or something like that.  People with diverse needs can sometimes live in a great way together, but just a matter of circumstances and decisions that led to people living together and then that meaning that kind of diversity of need.  And then you have to put yourself in a position of a support worker.  And the number of skills and approaches that are needed for that person.  The worst examples of that, of course, some of the worse examples of that were young people with disabilities living in older people's homes.  And yeah, there are some wonderful examples of young people and older people getting together but that is not what this was.

I think this is the last area.  Ah . . . Look at that.  Personal possessions.  So, it's obvious but it is where things get broken that matter to people, or get lost or not looked after.  And then the records that are kept.  This isn't the kind of silly number of records, but the absolutely essential records.  The essential records of things like medication for someone who has epilepsy, if somebody is struggling with hydration, whether we are actually recording whether somebody is drinking and how much.  Really essential records.  Not being kept.  Just a sense in the environment it is not a nice place to be.  And that mind-blowing boredom that can stretch into a service, into somebody's life when the biggest highlight is just going to, well, we have Costa Coffee in the United Kingdom, so you look through what somebody did that week and they went to Costa and that was it.  And the rest of the time, hours on end, sat at home doing nothing.  And that's a sign, that is a sign.  Okay.

The way that the thing is structured is none of those things on their own and in and of themselves they are indicators of themselves but they don't say, "Right, we better close this place down".  They just say, you know what? Something isn't quite right.  And also, different people notice different things.  So what we did was eventually put together a really simple grid that people can have services, sometimes use them for their own quality, checking their own work.  Visiting services sometimes use them, some families have started to use them as well.  But ideally, it is where groups of people that are involved in the life of an individual or in the life of a particular service have that available and then look for the profile, look for the different things that are coming together.  So you can start seeing a pattern developing and that pattern is saying, "Do you know? We need to talk about this.  We really do need to think about it".

These elements, have been, if you like, confirmed or there is still a lot of research about specific cultures in residential and supported living services for people with disabilities.  These two folks from Kent in the UK have been working with some people over here in Melbourne at La Trobe, I think, to identify some specific cultures and someone called Chris Hatton, a researcher, is mapping them all together and they all fit.  These are all things.  These elements of a cohesive, respectful, enabling and motivating culture.  And these are some of the dimensions, which again, there is no point in reading all these through, I think, but it is just to help you and you have got access to these slides to think it does all map together.  We don't need to do a lot of new finding out here.

I think what they are doing in Melbourne up at La Trobe is trying to get some - these are the elements of following on from the culture, what does that actually look like where services have a particular approach to the way that they provide support.  And these are the things that are needed or these are the things that put someone in danger also of being abusive.  Things like being factional - what that means is a staff team that is split and is not working well together.  Valuing relationships, see how that fits with isolation? Collaboration, communication in the organisations.  Stuff that came up a lot this morning, alignment of the staff with the organisational values.  That's the grid.  These are the issues that we still need to do.  I want to kind of start some conversation fairly soon about this.

First issue, for me, is this idea of equipping people to keep themselves safe.  So this is isn't saying "you're responsible to keep yourself safe, and therefore it is your fault if you are not safe."  You do know I am not saying that.  We do drift into that kind of thinking sometimes but this is the very opposite of this.  This is saying "I am a valuable human being and it is not okay to hurt me.  I am going to be the kind of assertive person that will be equipped to say 'you're not going to do this' and I'm going to say something".  There are clear challenges in that around people who can't speak.  But I do think it's essential that we need to be tussling with that issue.  And maybe in peer groups where groups are living together and so on equipping people to keep each other safe.  Certainly, advocacy groups more widely are massively influential.

The other challenge for me is listening to people who do find it difficult to communicate who are just maybe so distressed feeling so angry and so anxious that, you know what it is like when you just get so completely overwhelmed emotionally by something that is happening in your life that you can't express what that it is? Many of us would have been there.  Maybe in the context of bereavement or just of pressure or just anything.  That would be - that is the challenging behaviour.  I quite like, actually, can I have a little moment about complex needs? Just, is that alright? Okay.  I am not a fan of this phrase.  Because my view is that everybody has complex needs.  There is nobody here that has got any more complex needs than anybody else here.  And therefore, the idea that somebody has these complex, mysterious, uncertain, we just can't possibly get to what this person's needs are because they are so complex and you need an amazing professional to work out what to do.

I just think that "others" people, it makes them feel other and different.  Other and different is only a short step towards being less human.  So, for me, we all have complex needs.  Also, on another level, we all have very straight forward and simple needs.  Friday night, I have fairly simple needs.  But do you see what I mean? It seems really important.  Yes, we are challenged sometimes to understand people.  But we can relate to that experience of being overwhelmed emotionally we can't say what is over whelming us.  We can relate to that.  So we can take that understanding and apply it to the world of somebody we might be supporting or helping people to support.  And it seems important to make that jump rather than saying that person's experience is fundamentally different to any experience I could ever have.  That is not a helpful position.  How do we listen to someone in that emotional state? When what they might be saying it is the thing is overwhelmingly is that somebody is abusing me or somebody is just being consistent and persistently unkind to me.  And living in a place where somebody is always a little bit unkind, over time, amounts to abuse.

Now, another huge question, this isn't exactly true, this story that is coming up, but that is because I need to keep anonymity for any of the stories that I tell.  So I changed the place and all that kind of stuff.  But there was a group of people that went out, this is was in the south of England, and a group of young women went out with three male care workers.  Where they went, they happen in a supported day service and the idea is that it was a one-to-one service where you went and had your individual needs being met.  These three gentlemen, were supporting women that got on well with each other.  So they used to go out and they went out into town.  Where they spent the morning was in one of the major sports shops because one of the male support workers really had some trainers that he wanted to change and they wanted to have a look around that.  So they spent the morning there before, guess what, going to Costa for a coffee and then coming home.  There was a 17-year-old who was working on a work assistance programme for the local school, who was learning about the organisation that they were in.  He walked by this, just happened to be walking by.  And he looked in and he noticed this.  And he said back to the manager of that service "do you know what is happening? I can't see how that is meeting the day-time opportunity needs of those three women to go and spend the morning at the shop looking at men's trainers".

Okay, that wasn't - I get the zero-tolerance thing.  What that was an opportunity to think, well, how did we get to that point? How did we get to the point? We have been able to try to talk, so this wasn't 'I am going to whistle-blow and get sacked' discussion, this was amongst the three support workers, "I just didn't want to spoil our working relationship, I just didn't want to be the person that said.  So and so said it was okay, so I went along with it".  And it took a 17-year-old on work experience to say.  The three women weren't able to say.  But somehow, we had constructed a culture there where people just couldn't have that very early conversation to have that culture of saying, "Do you know what? I don't think we are living our values here.  Among the support workers I know, just so . . . Here we go.  Those words "I don't think we are living our values" are not words that group of support workers would say to each other anyway.

It is interesting to think, we are thinking about what is the language? What can we say to each other? How can we have this support and challenge discussion going on? How can we enable people to express what they want to express about that kind of thing? And then the last thing that we really want to look at is how - it is related to that - how you can have a conversation and keep the relationship.  This isn't easy stuff, actually.  We are not comfortable saying things like that to each other in life generally.  Again, let's all put ourselves in that.  None of us are comfortable having that conversation with somebody else.  We think about it and go over it in our head and we think about it in a way that is kind of positive and all that kind of stuff.  But how do we? Because it is essential we have those conversations.

So those are the issues we are grappling with and hopefully, well, hopefully, people have got some answers for me and we have got five minutes to go so we can have some conversations.  Yes, we have got time for questions as well.  Yeah.  I don't know, if people want to firstly maybe have a word about anything that I have said, ask any questions and then perhaps we can get on and people would like to address themselves to some of these issues, I would find it helpful.  That would be great.  Okay.  We are going to have the roving mic, I love this.  Amanda is on the case.

**ANTHONY KOLMUS:**  If you can say your name and organisation, that would be great.  Once we get the technology working.

**PROFESSOR PETER OAKES:**  Jeremiah is on the case again.

**NEIL SING:** Neil Sing from Golden City Support Services, thank you very much.  I was reminded from your indicators, the late Jim Mansil, who our organisation had a lot to do with, said that staff on shift, given the opportunity, would do on shift what they thought was best and that, of course, was want best for the people being supported.  So, as an organisation, we have invested a lot of time and energy at looking at that particular dilemma and how to counter that.  In the end, we have come to a level where we are spending, we have stripped away the functions of the frontline leaders, all the paperwork, all the roster, all the compliance, so the frontline leaders are observing staff on shift, providing intimate feedback and supervision, but also having the opportunity to have a conversation with the person being supported at that time.  I am not sure whether that falls into the first part of your question or the second part.  But I think it sort of transcends it a bit.  I am wondering if you would like to comment?

**PROFESSOR PETER OAKES:**  I would very warmly congratulate you on achieving that because it is the way forward.  The idea of stripping away the other responsibilities is important.  Rowntree Organisation have done a report on the use of paperwork of services for people.  They do talk about the way that paperworks actively against the positive quality of care and that it is a major source of stress for staff and it doesn't, it is one of these wicked problem things, it is a solution to things and it is making the things that it is there to solve worse.  So that notion of stripping things away.  The other evidence is around staff training and that is that the only time that staff training appears to be properly effective is where it is followed up by that in-work mentoring and practice and feedback.  The feedback, interestingly, needs to be verbal, by the way.  The most effective feedback is where someone talks to you.  Obviously, there are communication issues around that for some people, but where feedback is given you in a report or something like that, not helpful after training.  It you have got somebody talking to you about what went well and what went badly, so it is in that relationship, training in relationship, rather than training going through materials and saying I have been on a course.  It is essential.  So, yes, I would like to see that spread and understanding the dilemma of support staff, what - how, at the end of a shift, do you know the shift has gone well? What does that? For most people, it is we got to the end of the shift and there weren't any incidents.  That's brilliant, thank you.  He's coming.  The moment of tension and excitement.

**EVE KINNEAR:**  I feel there needs to be more education, more recognition and that everybody who has a disability needs to be encouraged and how can we hear, I will suggest to you, I do think it might be a good idea and I am going to ask you, are you going to talk to the Australian government? Because that is what is important, especially with the NDIS and with understanding the disability and how we can get out more information and education.

**PROFESSOR PETER OAKES:**  Yes, I welcome that equally as warmly.  I think the phrase "speaking truth to power" has become a bit over used recently.  But I think this is the case where it is a good phrase to use.  I think we need it at every level to be making sure that truth is spoken to power and the more powerful people are, the more truth they need to hear.  And in our field of endeavour, the people that have the truth about this situation are the disabled people themselves and I recognise that and appreciate it.  I am happy to talk to anyone, so if you can arrange that, Anthony?

**JULIE PIANTO:**  I am a mother.  So the question I have, it is two questions: The first thing is with people that are nonverbal, there are a lot of different indicators.  It is hard to tell when someone is distressed whether it is something which is, in our situation, I missed the fact that Christopher was distressed being in an abusive situation rather than just being an autism thing, as you put it.  And secondly, here, I don't know if there is the same in the UK, but under the NDIS, there are people now who are going to self-manage and plan-manage their own funding so they can directly employ support workers rather than going through an agency.  How do we prevent the abuse happening in those situations? How can we identify that and report it? Sorry.

**PROFESSOR PETER OAKES:**  No, don't be at all sorry for that.  I want to remind people of the social model of disability.  I want to do it in a fairly simple way.  Because we have got an illustration here.  So, if I won't ask you to do it, but basically, at the moment - here we go again, I am just loving this.  Right now, this stage, if I am in a wheelchair, I can't get on to this place, the disability is not within me, the disability is here in the fact that at the moment until this ramp is in place and operates, I am disabled.  If that ramp is not there, I am disabled.  So the location of the disability is with all of us and the way that we design things, the way that we do things, the way that we have our attitudes and everything else. So the disability is shared.  It is not within a person.  Is that an okay way to explain it? You would be happy with that? Okay.

So, the same is true for things like autism and all those other things.  The same is true for intellectual disability.  That is, that if the environment is right, then we can understand what a person is saying.  What we are in danger of doing, and I am worried about this as a psychologist, what we are at danger of doing is locating difficulties inside people again, rather than locating the difficulties and the challenges for us all.  So that kind of short-cut solution to say this person is distressed because they have got a mental health problem.  This person is distressed because they have autism, it is just unhelpful.  And it can really disrupt us from listening to people.  So, what I would encourage, and actually, you did work it out, didn't you? Yeah.  You did work it out.  And I would just like to encourage you in that.  That is fantastic that you worked it out.

**JULIE PIANTO:** My question is always why.

**PROFESSOR PETER OAKES:**  You are not meeting my needs.  That is what is happening.  And the more we listen to that, the more we understand.  Remind me of the second bit of your question if you able?

**JULIE PIANTO:** It was about directly employing.  How do we include it, it is a different situation for preventing things.

**PROFESSOR PETER OAKES:**  So the theory is the way the money changes hands changes the power relationship.  But because of the disability, that is not quite so straight forwardly understood.  I don't think it is because of a disability.  Sometimes when I am paying for something, I feel completely disempowered in that relationship.  Sometimes I have to remind myself that I am paying for this thing because it sure feels to me like I am not in any powerful situation.  So actually, the issue is power.  It is not who holds the money and who purchases, buys and arranges the service.  So, in some ways, changing the money relationship is one start and one way of doing it.  But we haven't done it by doing that.  We have still got to address the power relationship.  We have got to think in whose interests is it for this situation to change? For me, we have to keep listening even more closely in those situations.  Particularly in maybe rural settings and more isolated settings.  The other point for me that is really important is that this doesn't become a kind of enmeshed, enclosed relationship where this is the only person I ever send time with and the only person and I have got a personal assistant now, it is what they are called in the UK, so therefore, I don't need to be part of my community or have other friends or being involved.  So we need to remember this whole community integration thing and the need for having just access and contact with ordinary people who will say "hold it, what is going on there?"

**EVE KINNEAR:** The people who have disability have trouble communicating with people who have a disability when they do speak up, they are not listened to.  And it happened to me.

**PROFESSOR PETER OAKES:**  It does.  And that is all of our difficulty.  It is all of our responsibility.  Absolutely.

**KATHY:**  I am an integration aid, teacher's aid, ES at a disability school.  Listening to a lot of the things that are being said today, communication seems to be a big issue.  Even at our school we have kids starting with early intervention, so three and go to 18.  It always seems to come down to we don't have the time to teach our students to communicate in a nonverbal way effectively because we don't have the time and personally, it is really sad.  Because if we can help the kids and adults communicate, we wouldn't have as many issues.  For my point of view, I am really sad I can't do more.
**PROFESSOR PETER OAKES:**  I think that is the case in terms of assertiveness as well, in terms of saying when things aren't okay.  I don't know if we use the opportunities in schools about personal development and social learning.  I am sure not at all where you are, but I have come across, worked with young people that it hasn't been about relationships and assertiveness, it is about getting buses and things.  For me, it is more important that you learn to communicate and be assertive than you spend endless trips going to Costa again to buy your own coffee
I think in education we do the very best we can but we have a therapist to help us with however many students but again, if we don't get them at a lower, at a young age, how are we going to help them as adults? Maybe we need to look at the whole system.

**ANTHONY KOLMUS:**  (Inaudible).

**PATSIE FRAWLEY:** Deakin University.  We need to look at it carefully that it is not about putting the onus of people with disabilities.  Certainly from our perspective, we run a peer education programme where they work with community groups to talk about respectful relationships and the strong message that we get from people is that it doesn't matter how many times I say no or I am assertive or I let people know that something has happened to me, I am not able to keep myself safe.  But the idea that we can keep each other safe is very important and the strength of bringing people together to talk about their experiences and not being scared of disclosure but knowing what to do with them we found to be really important.  I was reflecting I think the first thing you put up on your talk this morning was an ecological model which is of course what violence and abuse prevention frameworks use, it is what we use as well.  There has been some important research and a very good special issue of a journal of interpersonal violence around disability that said what we need to do, what Keran Howe said, reach into the sectors and learn from them and model those in the prevention work we are doing.  So when I say how do you prevent it, it is through an ecological, systemic model you put on board.  It is what we use and it works well.

**PROFESSOR PETER OAKES:**  Another thing, somebody was talking to me at lunch time the ways people with intellectual disabilities and without intellectual disabilities can work together to sometimes have these conversations but also to use creative things.  Someone who may not be here in this session but runs a theatre group.  I think theatre and music and various creative activities can be really important ways of having those conversations.  One of the reasons is because they equalise people.  None of you can play a musical instrument, then suddenly, it makes community and we need to find those ways of making community to enable people to have an equal part in that community.

**ANTHONY KOLMUS:**  Time for one more question.

**GALE RICHIE:** I'm Gale Richie from La Trobe University.  One of the things happening in Australia, we had a Royal Commission looking at institutional abuse, which has been primarily focussing on children but also the institutions of children with disabilities and they have made a whole load of recommendations in the recent reports about changes to the law and the legal system so that people with disabilities as well as younger people can make - have more access to the laws.  So things like use of tendency evidence, use of video interviews in the first place with the police.  A lot of changes around the ability to have multiple victims heard together.  I am just wondering if anything along those lines has happened in the UK or you have heard of research in the area?

**PROFESSOR PETER OAKES:**  I think one of the things that happened here in Victoria, which is in advance of a lot of places in the world, actually, is that this enshrining good practice in the law, we were talking about that in respect of restrictive interventions earlier, that that is done here.  But enshrining things in the law and access to the legal system, being another key thing, there was a book quite a while ago called Invisible Victims.  That was the sense that people do not have access to justice, which is a fundamental human right, is access to justice.  I wondered in the story right at the beginning of today, this person wasn't then taken into the police station, this wasn't was in the barbecue the next week.  What is going on? That may be some time ago, but really, the access to law and enshrining good practice in the law.  I think it is just certainly not happening in the UK, governments are reluctant to do that in very many cases but I think it is an important element to it.  Because it is saying it is the outer ring of the contest, saying as a society this matters to us, so as a community we enshrine these things in our law.  Thank you for that.  Okay.  We have got people coming in for the next session.

**ANTHONY KOLMUS:**  We do.  Hopefully that was great and I from my perspective, absolutely fantastic.  It was a chance to dig a bit deeper.  I guess one of the things, the good news from what you are saying some of what we are doing is pretty good.  The bad news for people with a disability, we still have a long way to go both here and around the world.  Some of the takeaways from that session was that niggle or gut instinct, when your gut is telling you or the staff, that something is not quite right.  Maybe than overthinking it, we maybe need to ask the questions and be having those conversations.  I think for all of you, when you go back to your services tomorrow, to be having those conversations and hopefully today is the start of that.

What Peter was saying about complex needs, the more we "other" people, the more dangerous it is.  At the Commissioner's office, we hear stories about what happens to people that takes our breath away in terms of the horror and violence that occurs and people don't realise what still goes on in our sector and it is not stuff we should be proud of.  Some of it happens because some people in our sector absolutely seem to apply a different set of rules and ethics to people with a disability than they do to anyone else.  We need to take leadership in that and stop it.  Peter, thank you for your insights and your experience.  Could we give a warm thank you.

**(APPLAUSE)**