

**Some advice, given in a response to Commissioner's request, on a Values and Principles statement to be included in a Challenging Behaviour Services Strategy:**

Too often statements of values and principles are perceived as aspirational, not binding, and assume the status of motherhood and apple pie, causing us to feel principled and ethical without the baggage of full accountability. And, all too often, statements are made because they are 'required' when institutions are concurrently aware that what they are promising will be mitigated through and rationalised against policy, regulatory and economic considerations which are all too often unhelpful if not contradictory. Nonetheless, a statement of values and principles can be fundamental to how we go about our business if we link our statements to imperatives and non-negotiables in terms of how we commit to operate – abandoning wilfully woolly thinking.

A truly binding statement of values and principles must incorporate explicit exemplars of what each statement implies in practice. It is not sufficient, experience tells us, to limit what we are saying to expression of peoples' rights. We must also be explicit about what the institution will and will not do in pursuit of those rights and also, crucially, in doing the 'right' things rather than persisting with damaging systems and practices for any reason.

I can and will now set out a couple of examples of what I mean; but they will be examples. Again, hard experience tells us that living values and principles must be co-produced and negotiated – not in a culture of compromise but in an independently facilitated way where the potential consequences of compromise and dilution are highlighted and challenged and the implications of what we agree to abide by are normatively appreciated. In the increasingly compromised world of human services pragmatism governs rational decision-making, so it is important to give our values and principles framework a basis in emotional intelligence; in integrity, loyalty, sympathy/empathy, and sometimes even the potential for feelings of guilt.

Here are my examples. They are difficult and contentious but that is inevitable when so many folks will feel that their integrity is impugned.

- As soon as we make statements such as “valued and meaningful lives”, “in their own communities”, “in places of their own choosing”, etc. etc... we are simply asserting that people have the right to the same autonomy and quality of life expectations as all other citizens and, simply, are entitled to be treated and respected as we expect for ourselves. I, and I don't know anyone else who would, would be very upset if I was compelled to live in a congregate setting amongst people who behave bizarrely and often make me feel unsafe and frightened. Add to this my experience that when people who have acquired very challenging reputations are enabled to live their lives with tenacious and skilled support in settings where highly socialised and interdependent behaviours are the norm their own behaviours take on these characteristics and I cannot avoid the principled conclusion that, except in

rare and highly exceptional circumstances, the support arrangements we make should not be in congregate settings.

- When we use terms like “person-centred”, “individual planning”, “appropriate levels of support” and “with meaningful and intimate relationships”, we need, in the context of the people we are concerned about to translate these aspirations into clearly prioritised and visible actions. E.g. *“It is the job of all professionals involved in a person’s life - in association with the person, their family and loved ones – to ensure that they are enabled to build and sustain a network of reciprocal and caring relationships and benefit from the social capital arising including the advocacy emanating from friends who have social capital. For the avoidance of doubt, this means that intentional work must be done to assist people to build and sustain supportive relationship networks.*
- As a final example, I think the strategy has a tendency towards an assumption that challenging behaviour is a chronic condition that has to be managed life-long. While this is true for a minority (my belief) of the people we serve, whose behaviours have essentially organic rather than learned roots, it is not, in my view, contiguous with principles founded in ‘the social model’, ‘the rights agenda’, strengths-based practice and inclusion. In fact it is disingenuous to imagine that it could be given that “Challenging Behaviour Services” in general are effectively structured within the deficit-fixing medical model with psychiatry and psychology very much holding the ring. My action focused remedy for this is to challenge everyone involved in somebody’s life to, *“actively and tenaciously work for the socialization of every beneficiary in settings where socialized behaviours are the norm, utilising the community, in all its facets, as the medium for development. Investment will be made in developing and consolidating the organisational cultures, systems and professional mind and skill-sets necessary to progress this objective.”* Perhaps we should restyle the services as concerned with “Socialization”?

Of course, inter alia all of this resides the issue of commissioning. Until and unless we dispense with what Peter Kinsella used to refer to as “inverted slavery”, i.e. marketing a one-off, plan (peoples’ lives are a journey with no snap shot solutions viable!) with a person to quite often the lowest single, and these days profit-focused, bidder we will continue to fail, generate ‘failure demand’, waste billions and, most importantly, do a lot of harm to vulnerable people.

As I say, I don’t believe that anything is changed by what is written in a document unless that document records a hard won and normatively agreed understanding amongst all stakeholders. It would be good to have that debate.