Kendrick, Michael J., Housing and Support for People with "Challenging Behaviour": Some Guidance, Edited Presentation by Dr Michael Kendrick For Disability Services Queensland and The Queensland Department Of Housing, Brisbane, Queensland, Australia March 11, 2002

TITLE: HOUSING AND SUPPORT FOR PEOPLE WITH "CHALLENGING BEHAVIOUR"; SOME GUIDANCE

Edited Presentation by Dr Michael Kendrick
For Disability Services Queensland And The Queensland Department Of Housing, Brisbane, Queensland, Australia
March 11, 2002

Michael J. Kendrick PhD
Kendrick Consulting Services
4 Bullard Ave., Holyoke, MA
USA 01040

(413) 533 3511
kendrickconsult@attglobal.net

Introduction

The rather illusive group of people that are referred to as "behaviourally challenging" are occasionally, but with a certain regularity, raised as being troublesome for both social support agencies and housing providers. Many people are confused about how they might arrange matters so that they might be more successful in dealing with such persons. This presentation will outline the issues in two basic ways:

- A summation and explanation of what strategies I would normally support; and
- What strategies I do not customarily support and why this is so.

This brief attempt to both simplify and systematize my advice on the matter is not intended to pre-empt a more comprehensive discussion, as there is much to be gained from a thorough examination of the issues involved. Nonetheless, such an extensive examination is unlikely for most people and some briefer guidance can be quite helpful in shaping the questions strategies that people will use as a reference. Naturally, one must be cautious with all advice and this instance is no exception.

It must also be noted that this discussion intentionally avoids matter of a clinical nature, as such questions are better taken up on a person-by-person basis rather than in the broad programmatic sense used here. It is very unlikely that there would be much clinical success that could be achieved through the wholesale violation of the advice given here. Nevertheless, the precise nature of a given person's needs and the capacity of any given system to respond appropriately, always leave the precise degree of relevance of specific measures in question. Probabilities of success are therefore much easier to increase through the assembling of a collection of positive and reinforcing strategies, as this increases the likelihood of a cumulative beneficial effect.

Desirable Strategies

People With "Unmet Needs" Versus "Behaviour Problems"

Once people are labeled with words such as "challenging" it will predict that the focus will be brought on their behaviour, because it the behaviour is the thing that is catching people's attention. If people were thought of as being more than their behaviour, it would open up the possibility that their behaviour not become the centre of the preoccupation.

My advice is not to think of people as having challenging behaviour at all, but rather that they be seen as people who are poorly served or whose needs are not met very well in their present situation. The problem then becomes how to meet a person's needs so that their behaviour isn't as "needed" as before. The behaviour then is seen as a symptom rather than the cause.

This is not wishful thinking. Rather it is simply reporting a pattern seen with great regularity. When people in support roles eventually get around to really meeting someone's needs a lot of the poor behaviour gradually dissipates and may even disappear entirely. This is particularly true as the person, and the people around them, come to learn other ways of meeting the person's needs. All of us have a behaviour problem of some sort – so to isolate a group of people who are having behaviour problems is a little unfair, considering our own behaviour is likely to be as much of a problem for somebody else as theirs is to a particular service or situation.

One Person At A Time: Personally Targeted Supports

People with behaviour problems are not all the same – the causes for the behaviour difficulties are diverse and should be understood in this heterogeneous way. Treating them as a homogenous group already suggests that you are going to have trouble. Similarly, prescribing that the remedies are going to be the same for each person suggests a stereotyping of people that is unlikely to hold up in practice.

What does work is carefully creating flexible individualised supports targeted on a person-by-person basis; not a single remedy but multiple remedies, one person at a time. The solutions should be "person centred" or "person-derived" and arise precisely as possible from the needs and identity of each person. These remedies should not stem from a common programmatic template that says a person with a certain label always needs such and such. Such a rigid formula is a deception despite the allure contained in its false sense of concreteness. The only long-term surety will rest in properly understanding the person and what they most deeply need and providing this as best as one can.

Long-Term Commitment And Stable Supports

Most "behaviour problems", (i.e. unmet/misunderstood needs), will yield to responses that are both relevant to their needs and *stable and long term*. This tends not to happen where there is an unstable situation where people come and go, for example, rotation of staff, or where the people themselves are being moved involuntarily from setting to setting. It is reasonable to expect that for almost everybody whose life situation authentically stabilises, their behaviour will stabilise to a proportionate degree. At the very least, such stabilisation will enable those supporting the person to better understand what underlies the behaviour. However, many people with "behaviour difficulties" are moved often and have many people coming into and out of their lives.

The best solutions are found when someone makes a long-term commitment to the person. The more you recycle people through the lives of people with "behaviour problems" the more likely you will have to start at the beginning again and again. However, when we think long term, that is, five to ten years rather than expecting outcomes in a few months or within the fiscal year we enable the actual needs of the person to better emerge, be understood and be addressed.

Establishing Unambiguous Overall Authority And Responsibility For The Person's Well-Being

Often people labelled as being "behaviourally difficult" are caught between departments and jurisdictions. This results in no one having a sense of adequate authority and responsibility for the person and the subsequent provision of necessary supports. This is a problem that must be solved first, so that there is someone who has authority to be there in the long term. Even within a department, who has the designated overall management responsibility for a person with "challenging behaviour" is often spread across a number of people. This tends to make for amorphous decision making about where the solutions are to come from – nobody really has the role clarity or the decisive authority to work on solving the problems involved.

In my view, the most local operational level of a government department or community agency should have this responsibility and authority. This means that the overall authority for the care and support of a specific person should be lodged at the lowest administrative level possible, that is, it should be fixed *as being as close to the person as possible* and can, of course, *include the person themselves*, if the supports are sensible. If there is no operational person who has specific and unambiguous responsibility for the person and their well-being, then who is going to implement anything?

If this "mandate carriage" is made clear, then it can well be that the overall responsibility is vested in a non-governmental service provider. The carrying of this responsibility need not necessarily be that of government and could be determined to be any feasible local support arrangement, including

those developed and governed by service consumers and families themselves. Not surprisingly, a good many of the "miracles" of transformation of such persons has occurred at the hands of intensely personalised support arrangements that place the person in a suitable "guiding" role. If it is the government's role to be the designated overall service provider, then it needs to be clear who is responsible i.e. the lead department on the secondary co-operating department. *There should be no ambiguity*. The "buck" stops with that service.

Even more to the point, within the designated service, there needs to be *an actual named person* who carries complete overall responsibility for the person' well-being. There needs to be someone who says, "This is my responsibility. I will do what ever it takes, and for whatever (long time) it may take. Naturally, such persons can change as circumstances warrant. However, this should not be a cause for a breakdown as to the needed unambiguous designation of authority and responsibility. Under these conditions, competent people can make realistic progress.

Specialised Local Personalised Support Projects

As has been indicated, the support of people with significantly unmet needs may require the building up of intentional "capacity" to serve such persons. It has also been indicated that this is founded on locating the right people. In particular, great care should be taken in the selecting of key leadership for the initiative, as this decision will be the foundation of both what is possible and what may not be. Such leaders are likely to be persons of unique temperament and ability, particularly as it relaters to maintaining a high standard of regard and respect for the persons being served, sufficient to assure that a valuing atmosphere suffuses all that is done.

Organisationally, such projects might best be quite small in size and be restricted to only a handful of people whose conduct is so extreme in its consequences, at the time, so as to merit special attention. Otherwise, there is a risk that many persons might be labelled as being unmanageable and extreme simply to unburden their present supporters. There is no reason normally to create special agencies or the like, as such projects can function quite well as internal projects of committed community agencies or the equivalent within government. Nonetheless, such projects must have the autonomy and flexibility to respond to the person's needs and to operate in non-standard ways.

The creation of personalised supports and support projects does *not in any way* imply that such persons ought to be congregated together for purposes of receiving services. In fact, this may simply act to dilute individualisation of supports and further burden the likelihood of progress. It can, however, include the formation of consumer and family governed support projects as well as living and support arrangements that rely heavily on non-disabled persons

sharing homes and lifestyles with the person concerned. It also does not mean that such persons are to be deprived of social inclusion though it may mean that such inclusion is adapted and supported in light of the person's conduct and its effect on social supports.

Locating, Selecting And Supporting The "Right" Supporters

Assuming it has been resolved who has the needed authority, and one has moved 100% of the required authority as far down the system as possible, one then must find people who are uniquely suited to this work. Supporting people with "behaviour problems" must be unquestionably "their thing". Those responsible must become very fussy about who is asked to do this work. If you have people who are in key roles and are not suitable for the work then it is a "given" that the arrangement will fail. Having such people is pivotal. Even if there has been a clear fixation of authority and responsibility, but there is are people being used who lack the right capacities and competencies, the support arrangement will undoubtedly fail. For example, one would never serve people who have a tendency to violence with people who are shocked by and unable to cope with violence. As a consequence, being as clear as possible as to who the "right people" are likely to be, (and not be), can aid immeasurably in gradually building the right supports around a person.

The "right people" are ultimately going to be people for whom this "work" is a special interest and devotion. Not uncommonly, they feel a special calling to serve people whom others consider too difficult or formidable. They normally do not complain about doing this "work", as they typically demonstrate a passion and deep resolve to provide what is involved. They most certainly do not complain about being given the task of supporting people "with difficulties". This is the "work" they actually want to do, and likely do it well. We most certainly need people who want to do this "work", and we must recognize the many ways we can support them in doing so. These people do exist, we all know of them. One does, however, have to locate them, train them, and support them in terms of their capacity to prevail.

It is crucial to gradually develop this capacity to serve people with "behavioural difficulties" at the local level. All solutions to meeting people's needs should be relatively local. If these support arrangements are not presently locally available, people must work on developing this capacity locally. Meeting the needs of these persons only get resolved when (local) people take responsibility and resolve something to the effect that, "No matter what it takes, we will figure out a solution for them". This will prove to be the basis for any credible and enduring solution because people have "dug in" sufficient to make probable progress..

Establishing "Right Relationship" And Supportive Personal Relationships

There needs to be "right relationship" strategies with the people, their families, friends and advocates. Much of the reason why people with "behaviour problems" mistreat other people is because they have been mistreated themselves. Behaviour settles down when people are treated meticulously and respectfully, and not provoked. Achieving this requires the creation of ethical conditions in how such persons are themselves treated such that they can learn to trust and function appropriately in relationships. "Right relationship" refers to an ethical relationship.

People's social networks, if they have them, are very important in stabilising people with "behaviour problems" and should be considered a central part of the solution. I would suggest small intense support circle involvement around individuals, because these are the key relationships in people's lives. If you go with a model that is overly staff dependent you will have far less success. If they don't have a network then you should intently try to create one over time.

Treating these people well and respectfully cannot be underestimated for the good it will do. People know when they are not well liked and respected, and one has to reassure them about this again and again. Many of these people have never been treated well in their life, and when they are, they respond as you would expect - very generously. Even late in life, people can respond unexpectedly positively to being treated well.

The Creation Of Intentional And Personalised Safeguards

Since at least some of people with "behaviour problems" may present some measure of a public safety hazard, you must have very good intentional safeguards in place to ensure that the person's conduct does not lead to harm being done to themselves or others. This requires that a wide variety of intentional personalised safeguarding measures be put in place, particularly good supervision. While flawless supervision is perhaps utopian, rigorous anticipatory supervision is not. Individuals who are well supported are much less likely to catch people by surprise, given that they are more likely to be clearly understood.

This is not meant to mean that incidents will not occur, particularly up until the point where the effects of persistent support as well as sensitive and sensible responses to people are allowed to have their effect. When an occasional incident happens it ought not to be considered a big deal. However, to continue to have incidents occur repeatedly may show a failure to support, safeguard and supervise the person properly. Since this persistent failure may be evidence of neglect and indifference, scandals and tragedies can often be the outcome.

It has been mentioned already that template based methods, (i.e. standardised approaches), to persons with unmet needs are hugely problematic. It is also the case with persons who present "behavioural difficulties". The causes of their behaviour ought not to be seen as uniform, nor should the particular vulnerabilities they live with result in identical safeguards. Nonetheless, it is quite common to congregate these persons together, and subject them to the same regime of safeguards without any particular scrutiny as to their relevance. Not surprisingly, many such persons are placed in overly restrictive settings that act to provoke them, and may actually accelerate their maladaptive behaviour. It is much preferable that each person be evaluated, supported and safeguarded individually.

Helping People Create A Genuine Home Of Their Own

It is now a quite common observation that we continue to create places for people to live that are sadly "mini-institutional" in character. This is ever more the case with individuals portrayed as "behaviour challenged". It is not an untypical scenario that they are relentlessly placed in homes that are not of their own choosing, forced to live with other people equally coerced into living with unrelated strangers, carefully controlled as to their smallest actions, regimented to conform to other people's vision of what their lives ought to be and perceived in the most profoundly prescriptive and pessimistic way as being incorrigible and malicious. Such are the outcomes of a failure to recognize that having a "real" home, i.e. one comparable in character to that of most ordinary people, is a need that is fundamental to people's well-being.

By making considerable efforts to help people create and have a home of their own, rather than simply having a home-like dwelling in which treatment and behaviour control trumps all other purposes, can go along way to normalising a person's life both functionally and existentially. However, in order to do so one would have to see that the person's ordinary universal needs must be directly addressed in order for the person to have the capacity to alter their behaviour in any enduring sense. The menacing imagery projected onto these persons commonly blinds people to their very basic and ordinary needs that go unmet on a daily basis, but yet which can be satisfactorily addressed once they are appreciated for their importance.

It is also usually not well appreciated that people, who are portrayed as having "behaviour difficulties", need not pass through an endless series of "halfway house" measures intended to gradually return them to normal lives. Such a "decompression" model presumes that such a staging/transitioning process is the only way for such person's to be able to adjust to normal life. This is a deeply flawed assumption, as whatever lacks they may have by way of adaptive behaviour are easily managed by way of the supports added onto situations in order for them to succeed. As a result, it is crucial that such

persons actually *start in highly desirable living arrangements* wherever possible, and add on whatever supports that may make these successful. The logic is to withdraw supports as progress is made, rather than continuously uproot the person to new locations. It goes without saying that forcing the person to live with equally unwilling persons also identified as "behaviourally difficult" is a misguided exercise in unnecessary and unhelpful provocation.

Undesirable Strategies

Avoiding "Building Centred" And Pre-Cast Service Models

"Building centred" solutions do not work for people with "behaviour problems". Here, I mean instances where a building, centre or group home is first established (usually with a staffing model attached) then have this followed by a process to go find people to fill the available openings. One should never start with a building or staffing model. On the contrary, one should always start with the person and what they need before consideration is given to what model is likely to best address that persons specific needs. It is evident that so-called "specialised behaviour units" will invariably become "poor behaviour sharing ghettos". They will inevitably be too custodial, standardised and rigid to effectively respond to people and the broad range differences in their needs.

Pre-cast service models are essentially the reification of assumptions about what people need into largely invariant patterns into which the people must fit or be fitted. This conforming of the person to the model deprives the person from pursuing a strategy of address of their needs in which the key assumptions guiding service design arise from their unique identity. There are additional common dysfunctions in such models such as stigmatisation, an over-reliance on very expensive 24/7 staffing models, incapacity to alter support levels to respond to individual needs, loss of the capacity to use other housing and lifestyle options and so forth.

Reflexive (Dominant) Reliance On Credentialed "Experts" Versus Insisting On Demonstrated Competence

Many sensible people think you should not rely on so-called clinical experts simply because they have appropriate paper qualifications. Rather, what is needed are people who have demonstrated competence in dealing with people with "behaviour problems", some of which may not be "experts" in the credentialed professional sense. There are indeed "experts" with paper credentials who are competent and whose track records inspire confidence. Nonetheless, these same "proven" experts will readily share that they have encountered all too many people who are qualified on paper but who are not competent in practice. Such people may have be quite unqualified in matters of values, attitudes, capacity to relate, good judgement, skills and so forth.

Many people who exhibit "behaviour problems" may well have done the rounds with "experts" without measurable success. Yet time and again, they are shown to improve simply due to the presence of unique people and situations that apparently respond best to their needs. Often the people responsible for such success may be people whose *personal* rather than *paper* qualifications are what prove to matter most. To properly understand this we must go back to more fully appreciating the truly remarkable competencies of some "ordinary" people to relate to and understand people whose behaviour distracts most people. The suggestion here is to not exclude authentic "experts", but to recognize the demonstrated expertise and competency of people who do not possess paper qualifications. Such persons may well prove to be the best overall leaders of such support initiatives.

Expert-driven solutions also tend to be more expensive. Experts are often in advisory roles, but are unlikely to be there day to day. It is usually so-called "ordinary" people interested in the person, as well as "ordinary" paid workers, who are the ones that actually solve most of the problems day-to-day. They are the true resource or "gold" that makes the most important difference. Yet their low status relative to experts often disguises just how important their contribution is. Much progress can be made by concentrating on these people and supporting their abilities to relate well to people.

Uncritical Reliance On Psychoactive Medications

It is much too common these days to simply rely on medications to control or manage people's behaviours. Often, these medications go unchanged and are insufficiently evaluated as to their precise advantages or disadvantages. The many interactive effects of these drugs with other drugs can create many uncertainties that should not be left unattended to. In support arrangements where people are being scrupulously assisted medications are constantly being assessed.

It is also the case that in scrupulous support arrangements there does not exist a preference for letting medication reflexively trump all other treatment interventions. On the contrary, most successful support arrangements tend to minimise the role of medication and emphasise the role of social support. Not surprisingly, given this attitude, a substantial number of people who ostensibly "needed" various medications have proven to be able to do quite well without them. Obviously, the quality of medical advice in such matters can vary, particularly since the properties of such behaviour related medications may be unfamiliar to many practitioners.

The Use Of Blanket (Standardised) Supervision In Favour Of Personally Targeted Versions

It has been indicated already that safeguards ought to be designed according to individual need. This argues against "blanket" supervision in which the staffing model is developed independently of the person. Supervision should be targeted and will be different from one person to the next and from one day to the next with a given person. Most people with "behaviour problems" do not have "*universal* behaviour problems", rather their behaviour tends to be quite specific and particular to themselves and what things are bothering to them. Consequently, the supervision they require ought to be similarly targeted.

Avoiding Social Isolation As An Unconscious And Reflexive Strategy

People with "behaviour problems" should not be placed in isolated settings as a standard approach. This is because so many of people's needs are best met in a manner that involves a measure of involvement and contact with the broader community. Involuntary segregation of people away from society does not lead to much of a social life. The selective use of physical isolation should be a minor strategy at best, not a cornerstone of the approach. Most people can be managed and supported adaptively without excessive physical isolation.

When physical isolation is needed, it is usually only for a matter of minutes and hours, not a permanent strategy. If the designated service cannot supervise people without creating a public safety risk, then there may be no choice but to resort to temporary (and lawful) physical isolation for that reason. However, this example indicates that the service is temporarily incompetent, not that the person "needs" isolation. Many individuals are isolated because the service does not know how to diminish the noise that the person afflicts on others. It may seem strange to say so, but the noise people produce may well be simply a symptom of lacks in their lives. For instance, many people might well resort to being noisy due to boredom, anger, frustration or whatever. These underlying causes ought to be dealt with more thoroughly before the person is seen as "needing" to be ejected from society.

If the service cannot guarantee public safety then one would have to ask why it has allowed people into the community that it cannot successfully manage and support. Most people can be served in regular settings amongst ordinary people, *if there are the right supports* for these people. If there are not the right supports then one might partially withdraw from regular settings until one gets the supports right. But one should not withdraw forever or even routinely. Most of the people identified as "behaviourally difficult" do behave surprisingly well in most regular settings for a good amount of the time – it is a matter of dealing with the reasons why this is not so when they don't. Physical isolation constitutes a tiny proportion of the answer to this problem, if at all. There is some tendency in some people to start with an architectural or

building features modifications template as a normative basis for dealing with all people with behavioural problems. This is clearly misguided and presumptive. Architectural and building issues *ought to be one of the very last factors to be built into a persons support arrangements*.

Good support arrangements do not abandon social inclusion; they work to do better the issue over time. With this attitude, the incidents diminish over time, because the people involved (paid and unpaid) will gradually figure out how better to support the people. If the people being supported have the capacity for occasional criminal or dangerous behaviour, and there is adequate supervision, then nothing is going to come of it. However, if the supervision is lacking or incompetent, then such persons may pose difficulties. Notably, it is not their capacities as individuals that is fundamentally the source of risk. Rather, it is the capacity of the support arrangements to neutralize these risks that is most crucial. Oddly enough, it is the support arrangements that are really what is "behaviourally challenged".

Non-Negotiable Bureaucratic Rules: The Necessary Role Of Responsible Supervisory Discretion And Flexibility

It is quite common for bureaucracies, both governmental and private, to rely on "across the board" bureaucratic structures and rules. Many day-to-day issues cannot properly be foreseen by such generalized rule-making and it is important to recognise that there needs to be people present in the situation who can make whatever necessary decisions regarding the care and support of a person may be required on short notice. There needs to be people at the local level with authority to make good decisions *at the time that they are most needed* without having to resort to extensive bureaucratic delays whilst the official concerned gets authorization from higher levels. If not you have a non-negotiable bureaucracy that is very unhelpful when supporters are trying to manage these individuals, and to make good judgements as events unfold.

A second related issue is for the bureaucracy concerned to be able to routinely grant intentional waivers from rules or other compulsory prescribed procedures that may be occasionally problematic in supporting people. These waivers need to be requested, justified and issued explicitly as well as recorded and reviewed. Nonetheless, they must be available on their merits. Most sensible managers can work out the most reasonable criteria for these. None of what is said here in urging that there be discretion delegated to key "on the ground" decision-makers overseeing people's support. On the contrary, by fixing responsibility more specifically, it would be much more exacting for the local people as they would be held accountable for their discretion. The need for high transparency is better assured by these proposed arrangements given their clarity and chain of accountability. It is obvious that there is much more transparency with an explicit discretionary waiver than relying on an informal decision. One can more readily trace back who made the decision, and

the grounds for it. The important point is that aspects of bureaucracy that may lead to the poor treatment of a given person can be adjusted reasonably easily by those with responsibilities for the care and support of that person.

The Mindless Throwing Of Money At "Problematic" People Rather Than Improving The Understanding Of The Person And Their Needs

The notion that "if we had more money we would do better" is widespread as a rationalisation when it comes to explaining why a given person is not doing well in their present configuration of services and supports. Money does not think by itself, and its uses must be carefully reasoned. Supplying more money to an unworkable situation that is out of kilter with a person's needs will only make the evident failure a more expensive one. Often, it is better to ask why people have not done better with the money they already have. Not uncommonly, when there is an obvious lack of success, there are underlying reasons for this that need to be properly appreciated as being causative. Often, the root of these problems can be found in incorrect assumptions about who the person is and what they actually most deeply need. This results in much too unthinking service models and practices that do little but worsen the person's situation. Adding money to a rigid system or service pattern simply makes it an expensive rigid system. If the models are unsound, adding more money will not fix this error. A service model change is what is needed.

Often the source of the "fixed" model problem is the inability of key decision-makers to be able to increase the flexibility and innovative use of the existing funds. If the managers are unable to do this, that may be the real problem. Consequently, when it comes to being able to best serve people who are presently not getting their needs met, it is important to steer away from service models in which most of the key decisions have been made i.e. where all the available funds are already locked into fixed models that cannot be varied without undoing the model itself. This would be the case where the FTE structure, client grouping and building decisions *are already made prior to the person's needs being properly understood*. Such a pattern is common enough when the funding authority reflexively relies on building centred, group living models with 24 hr a day staffing configurations. It is no wonder that large amounts of money seem to be being used uselessly. Such a moment is certainly a timely one to "go back to the drawing board" and fundamentally rethink the service approach being used.

The Primacy Of Dependable And Effective Service Provision

Many people do not support the centrality of clinical interventions for people with "behaviour problems" when there are not the conditions in place to sensibly act on them at the direct service delivery level. While there may conceivably be some added value in various assessments, evaluations,

consultations, multidisciplinary teams, and whatnot, these are largely useless investments unless there already exist specialised long-term committed local service provider capacity to support such people. Clinical interventions in lieu of good local service provision are going to be substantially useless unless there is someone with capacity to do the actual day-to-day work. It is important to build this fundamental capacity first. Otherwise, a situation will develop where simply having access to clinicians or in-patient resources is equated with adequacy of service. If one cannot do or afford both strategies, then a choice must be made in favour of dependable local support.

The person exhibiting "challenging behaviour" must eventually return to the community even if hospitalised in an emergency or due to a particular incident. Thus, the measure of success is to be found in the strength of the community supports that would prevent such collapses of support in the future. What is often called an "emergency" may well be the breakdown of the local service or family capacity to cope with a given person. Obviously, ensuring that these parties get the support they need, will prove pivotal in moving such situations from being crises to merely being the ongoing struggles of supporting a person in an everyday community context. This reasoning argues for a service capacity driven strategy rather than a clinician driven one, and would obviously mean placing a higher spending priority on family and provider support. After all, it is such people who will normally be the "core" of people's support. One must do "first things first".

The Fallacy Of Taking Control Away From People

Many sensible people do not think that any key decisions about the person should be made without the person and their family "at the table". Yet our service practices paradoxically involve a great deal of control being taken from people and placed in the hands of their "keepers". While many would argue that there should be no decisions from which people with "behaviour difficulties" and their families should be excluded, the common practice is quite the opposite. Much of this resort to strategies of control, deprivation and even punitive restriction, are almost visceral in nature, and may say more about the reflexes of those in authority than the address of people's actual needs. It is no wonder that people "act up" as a reaction to over-control and all the provocations that can come with the arbitrary imposition of the will of others upon you.

Fortunately, a much more gentle alternative exists and this includes working cooperatively with the person and their family to create conditions of care and support that they believe to be fair and beneficial. However, this kind of ethical partnership does require joint decision-making with the person and their family and those involved in their support. The bigger and more consequential the decision, the more important it is that they should be involved. This kind of empowered involvement begins to give the person their

life back. Predictably, when they are "back in the driver's seat" of their life they will be a lot less reactive. This approach requires a willingness to negotiate with the person, and a reluctance to summarily prescribe solutions, however well intended they may be. It also requires a continuous value being placed on voluntaristic rather than coercive solutions in the overall context of finding ways to actually meet the persons unmet needs.

Considered Approaches To "Incident Management"

There need not be problem with an "incident" unless it a part of a pattern of incidents. Incidents are not a crisis; they are inevitable. However, an uninterrupted pattern of incidents suggests poor overall management. A single incident is not a problem even if it "hits the press". It is the patterns of incidents or failures that the funding body or the government department have to take seriously. Such incidents often have the effect of bringing all sorts of politically unwanted attention on governments and agencies and it is important to develop practices that consciously diminish the potential political costs of such incidents. Thus, not only must the consequences for the parties directly involved be worked out promptly and with great sensitivity, so must be the minimization of the politicisation of these incidents.

Nobody who supports often difficult-to-serve individuals can expect to be 100% successful with these persons. Nor is it possible to not make mistakes. It is almost impossible not to make errors and misjudgements, and people should not be thought of as incompetent if they make a few mistakes. Nonetheless, mistakes should be quickly acknowledged and there effects minimised. The occasional troublesome incident may be impossible to entirely avoid. However, the way the after effects of these are managed in an astute and responsible manner, the less likely that these will become calamities. Achieving such an outcome is most likely if the thinking and guidance that is needed is developed and understood well in advance of these situations occurring. This calls for preparation and thoughtfulness well in advance of the confusions of such moments.

Conclusion

The suggestions contained here are meant to be stimulative rather than rigidly prescriptive. It is in the very nature of people that we remain a mystery even to ourselves. Consequently, one is always well advised to take exquisite care to not proceed into irrevocable action without being as sure as we can be that we have properly understood the person. In this way, people can themselves well be the guide we need, providing we properly submit to the instruction contained in their words and lives. Such an attitude of being the perpetual student of people is quite hard to reconcile with the intense pressures to promptly act and "solve" problems. Yet there may be wisdom in waiting for the lesson to be completed enough to be clear as to what it was.