**Quality and Safeguarding Paper**

**About Maybo**

Maybo welcomes any strategy that provides increased protection for the most vulnerable people in our society. And as such we welcome the opportunity to comment on the current proposal.

Maybo has been providing training to the care sector in Conflict Management since 1996 in the UK, and in Australia since 2008. We have been at the forefront of ensuring the best interests of the most vulnerable people in our society. Our CEO Bill Fox was the chair of the committee that produced guidance1 for health care settings on training in Physical interventions for staff working in this area and he was also part of the group NHS protect which developed the guidance “Meeting Needs and reducing Stress5” a project to help NHS staff to manage and understand clinically related Behaviour that is Challenging. We are committed to reducing the need for physical interventions through the understanding of the complex reasons that people who use Behaviours that Challenge, may have.

**The Challenges**

The use of any form of Physical Restraint carries with it an inherent risk. Where staff are left untrained this risk may be increased. There is a risk the person being restrained in terms of their health, the risk in damaging the therapeutic relationship and the risk to the health of the support worker attempting to restrain a client. There are then the costs in terms of time, money and resource in dealing with this situation.

Our concerns regarding the NDIS proposals are that we feel there is a lack of emphasis on the appropriate training of staff to understand the complex issues that surround this area of work. This will be particularly noticeable where consumers are buying their own services from the smaller providers who may not have the infrastructure to accommodate the levels of training that may be required to ensure that staff are appropriately trained. However larger organisations may also overlook this particular facet of providing support due the perceived cost involved and the misinterpretation that the Positive Behaviour Support plan will itself take care of this aspect.

We are also of the opinion that there is a need to regulate the companies that offer training in Managing Behaviours that Challenge (conflict management) and the associated physical skills. The UK currently has sector guidance (not legislation) on the use of Physical Interventions (PI) and a voluntary accreditation scheme2 for providers of trainers, which is run by the British Institute for Learning Disability (BILD) and is accompanied by a code of practice3 for training providers. This scheme has become popular with the Care Quality Commission4 (CQC), which is the regulatory body for the care sector, as it provides them (CQC) with a benchmark for good training. They will often comment favourably in inspection reports when a care provider uses accredited training. This has had the effect of encouraging providers to use accredited training though this is not mandatory.

We would like to see a similar system to the BILD one set up to regulate companies that offer training in Physical skills and that these companies as part of their programme also have an expectation to train staff to think about ways of avoiding the need to use these skills through an understanding of behaviour and PBS. We are aware that the Queensland government has the expertise and skills to help devise such a scheme and the Centre of Excellence hosted a group of BILD representatives at the last PBS conference. Whilst we note there is likely to be a cost in setting up such a regulatory system we feel that this is necessary to avoid an influx of training companies, providing inappropriate training (be that in De-escalation/Defusion or Physical skills which may lead to adverse outcomes for consumers and support workers), setting up to try and cash in on the demand for training in this area as a result of the implementation of the NDIS proposals.

There is currently the system in place (in QLD) where any restrictive practice must be authorized by the Department of Communities within a PBS plan. Whilst there are recommendations within the current proposal to having appropriately qualified staff writing these plans; in our experience there can still be recommendations for physical techniques within these plans that are suggested by clinicians or others who may have little knowledge in this area. They are often acting in what they consider to be the best interest of the consumer but without the specialist knowledge required to ensure that this is done safely and without consideration to the training that the support staff may have. This can have the effect of encouraging staff to use a physical intervention that has been authorized within a PBS plan without an understanding of the associated risks involved in doing this, or the necessary physical skills to carry it out competently. Also current PBS planning takes a purely behaviourist viewpoint and as such can sometimes ignore other causes for a consumer to use the Behaviour that is Challenging. In this respect there may be prescribed interventions that could otherwise be managed with good training in understanding behaviour. In providing this type of accreditation system we can help to ensure the wellbeing of consumers by ensuring that staff and providers are trained in methods of proactive support (primary strategies that attempt to address the reasons for Behaviour that is Challenging), secondary interpersonal skills (Defusion and De-escalation and resolution), and tertiary skills of avoidance and disengagement (as well as more restrictive interventions when necessary and appropriate). All involved will become more aware of their rights in respect of Physical interventions and that those interventions used are safe (assessed for injury potential), non pain compliant and not lead to pain, are non aggressive and that autonomy is returned to the person as soon as possible, protecting the physical wellbeing of all involved and attempting to maintain the therapeutic relationship.

We are also of the mind that staff training is important to ensure the safety and well being of care staff who are expected to work with consumers who use Behaviour that is Challenging. There are instances where violent and aggressive behaviour can happen unexpectedly and in these instances it is important that staff have the skills to manage this behaviour. It is often the case that this type of unexpected behaviour is used as a communication tool by the consumer when they find themselves in stressful or unfamiliar situations or if they are being expected to comply with directions which they are unhappy with. In these instances the behaviour can often be avoided if the staff have the appropriate training and skills to recognize the trigger points and so help to avert the behaviour happening or to defuse and de-escalate the situation as it occurs and to keep themselves safe should the behaviour become violent or aggressive.

We feel that this area has been under addressed within the current proposal and that this is an important aspect of safeguarding that needs to be addressed to ensure that any system that is implemented is robust and fit for purpose.

**In Summary**

The establishment of a body to oversee the providers such as the CQC in the UK, would help consumers to make informed choices of which provider to use. This body would be part of the registration process for Providers thus meeting the registration requirements; it could also be the body which handles complaints when services are not working as expected (When internal resolution cannot be reached); and it would provide monitoring and oversight for providers (not just when incidents need investigating) through a regular inspection process. We see the introduction of such a system as a means of ensuring the safety of vulnerable consumers and would provide a bridge between the current proposal of Registration and Monitoring and Oversight. The current proposals assume that there is only a need for a regulatory body of some description when there are problems that are notified; as such a provider may pass all the registration process checks but go on to provide a poor service that will not be picked up until a complaint is made. Regular inspections for providers will encourage them to maintain their commitments to whatever codes of practice are decided upon and increase the ability of a consumer to make choices about their support.

We would also welcome the introduction of an accreditation scheme such as the one run by BILD, which would additionally provide a means to ensure the safety of vulnerable consumers and staff alike.

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References

1. Physical Intervention: Reducing Risk. A guide to good practice for employers of security personnel operating in Healthcare settings in England. <http://maybo.com.au/file/13/nhs_p-i-_guide.pdf>

2. BILD accreditation scheme <http://www.bild.org.uk/our-services/accreditation/>

3. BILD Code of Practice <http://www.bild.org.uk/our-services/books/positive-behaviour-support/bild-code-of-practice/>

4. Care Quality Commission (CQC) <http://www.cqc.org.uk/>

5. Meeting Needs and Reducing Stress <http://www.reducingdistress.co.uk/reducingdistress/wp-content/uploads/2014/02/Meeting_needs_and_reducing_distress.pdf>