# Talking about Safer Services workshop presentation

This is the content of the Talking about Safer Services workshop presentation which includes the content of the slides and the relevant notes. Use this presentation along with the facilitators’ guide.

## Slide 1

Talking about Safer Services

**Notes:**

Our aim today is to open up the conversation about why and how we can promote safer services for people with disability.

## Slide 2

Welcome and Introductions

**Notes:**

Welcome to this presentation.

I would like to like to acknowledge the traditional owners upon whose land we are meeting today, and pay our respects to Elders past, present and future.

Housekeeping- Please turn your phones off or put them on silent. **Please let participants know where the toilets are and let them know about the emergency procedures.**

**How will today work** – Today we will have a presentation and group discussion.

We are all responsible for the success of this session. This is an opportunity to reflect and share our knowledge and views about quality and safeguarding, and provide important information to our organisation with the aim to improve our practices.

**Remind participants of the services and supports available in your organisation in case any part of the presentation or the discussions makes them feel uncomfortable, trigger memories or prompt disclosure of abuse and neglect.**

**Remind participants of the importance of confidentiality and respect when sharing examples during this workshop.**

## Slide 3

**Why?**

**Notes:**

**This is an opportunity for you to briefly discuss the importance of proactively preventing abuse and neglect in your organisation.**

**Ask the group**: Why do you think we need to talk about the importance of having Safer Services?

**Find below possible answers that you can refer to if the participants don’t mention them.**

We know that abuse and neglect does happen in our sector and we all need to be part of creating safer services.

People with disability have the same Human Rights as we all do to live free from abuse, neglect, violence and exploitation.

We have a duty of care to provide safe services for the people we support.

NDIS Quality and Safeguards Commission will start in Western Australia in July 2020 and it will be a regulatory system that we all need to be accountable to.

## Slide 4

**Today we will**

* Explore reasons why abuse and neglect occur
* Discuss the concepts of dignity of risk, duty of care and Supported Decision Making
* Reflect on our practices and identify areas for improvement

**Notes:**

Quality and safeguarding is everybody’s responsibility**.**

## Slide 5

**Abuse and Neglect can happen:**

**Accidentally**- People don’t realise what they are doing is abusive and/or neglectful. They are not aware, or haven’t considered, the impact of their actions on the person with disability they are supporting.

**Notes:**

**Ask participants for an example from their own experience, ask the participants for an example or use the example below:**

A staff member has been on a busy shift for five hours and at the very end during handover their colleague comments on a strong smell from a person’s bedroom. The staff member realises that they’ve not spent any time with them since breakfast and they have soiled themselves. The staff member realises this must have happened a long time ago, and the person has unhappily been sitting in this for a long time.

While it was an accident, this was a situation where the person experienced neglect. The impact on their emotional wellbeing of being isolated alone, and on their hygiene and health still occurred.

## Slide 6

**Abuse and Neglect can happen: Continued**

**Deliberately-** A person is acting with knowledge, deliberately for their own gain, and/or exerting power and control over another person.

**Notes:**

**Ask participants for an example from their own experience, ask the participants for an example or use the example below:**

A staff member knows that the person they are supporting doesn’t have a good idea of how much money they earn, and does not keep track of it.

When the staff member next has the person’s wallet they take $50 because they need the extra cash this week, and think they deserve it because that person is tough to work with.

## Slide 7

**Abuse and Neglect can happen: Continued**

**Systemically**

There is more than one person, or a group of people who act in an abusive or neglectful way. People are influenced to think practices are ‘acceptable’ or ‘normal’ when they are not.

**Notes:**

**Ask participants for an example from their own experience, ask the participants for an example or use the example below:**

When a person with disability who uses a wheelchair starts to become upset and vocalises loudly, the staff team decide that if they count to three, and if the person still hasn’t stopped, they will move the person to their room, put the brakes on lock, and close the door for the remainder of the shift as a punishment.

All the staff do this and believe it’s ok, because it has become ‘normal’ practice. Sometimes the person is left in their room alone screaming for hours.

## Slide 8

**Reflection**

**As individuals and as an organisation, how can we prevent accidental, deliberate and systemic abuse and neglect?**

**Notes:**

**Group discussion:**

We are going to have a group discussion now about the three categories and what it means to us. I want you to take a few moments to write your thoughts on the butcher’s paper before we discuss it.

**Call on people in the group to give answers. Find below possible answer that you can mention if the participants don’t mention them.**

**Possible answers:**

Accidental- raise staff awareness about what abuse and neglect is, and the impact of experiencing this on people with disability. Have clear reporting processes that are expected of staff to encourage self-reporting if they know that this has occurred.

Deliberate- look at our quality systems and how we can anticipate areas where people may need additional safeguards. For example, if we know someone manages their own money with staff support, that we develop systems to ensure that people cannot easily exploit this.

Systemic- raise awareness within the organisation of what abuse and neglect is, regularly. Talk openly with teams about not going with ‘what everyone else is doing’. Leaders to create opportunities for staff to discuss any practices they may be concerned about, confidentially.

## Slide 9

**Dignity of Risk vs Duty of Care**

**Notes:**

There can be a range of other safety concerns for people apart from abuse and neglect, which can pose difficult decision making challenges for people with disability, their families, and organisations.

Sometimes we face the challenge of balancing people’s right to dignity of risk with our own sense of duty of care.

## Slide 10

**What is Dignity of Risk?**

**Promoting people’s right to make their own choices including the choice to take some risks in life as we all do.**

**Group discussion:**

We are going to have a group discussion about some of the risks that we have taken in our own lives and reflect on:

* How you made the decision to take a risk?
* What other people thought and said about your decision, and how that made you feel?
* What was the outcome of your risk taking and what did you learn?

**Then discuss:**

* What are the benefits for the people that we support to exercise their dignity of risk?

**Find the answers on the next slide.**

## Slide 11

**Benefits of promoting Dignity of Risk**

**People are:**

* **Empowered to make their own decisions**
* **Learning from their own experience**
* **Feeling in control of their lives**

**Notes:**

**This slide provides answers to the last question on the notes section of previous slide**

## Slide 12

**What is Duty of Care?**

**Our sense of responsibility to ensure our actions or inactions don’t cause harm or injury to other people.**

**Notes:**

**Group discussion:**

Identify some examples of our duty of care as part of our work. Think about the people that we support and our team members.

**Find below possible answers that you can mention if the participants don’t mention them:**

* Provide medication according to each individual’s care plan.
* Completing incident reports and responding appropriately.
* Speaking up about abuse and neglect concerns, even when you might be nervous about who is implicated for example a supervisor or a friend.

## Slide 13

**Reflection**

**How can we promote dignity of risk while we exercise our duty of care?**

**Think about Safeguarding, Informed Decisions, Empowerment.**

**Notes:**

**Group discussion:**

**As a facilitator you can encourage the group to provide examples of their experience. Depending on the group size you can choose to break into smaller discussion groups.**

## Slide 14

**Supported Decision Making**

**What is Supported Decision Making?**

**Notes:**

**Ask the group what they think Supported Decision Making is.** **A way to encourage participants in the room to express their views is to ask for examples, general ideas and let them know that it doesn’t have to be a technical definition.**

**Find below possible answers that you can mention if the participants don’t mention them:**

* Supported Decision Making assists the person with the disability to make his or her own decisions instead of having someone else make them for him or her.
* In some cases, Supported Decision Making can an alternative to Guardianship because people have been given the right supports and information to empower them to make their own decision.
* Supported Decision Making acknowledges all people are capable of making decisions with some people needing more support than others.
* Supported Decision Making allows people with disability to make choices about their own lives with support from a trusted person or group of people on a range of everyday issues e.g. What they want to spend their money on, where, how and with whom they want to live, what they want to do for recreation, what kind of job they would like, and who the person would like to socialise with.
* It’s important to note, we all take part in Supported Decision Making. We all talk with our family or friends, colleagues, specialists and tradespeople before we make decisions.

## Slide 15

**7 Steps for Supported Decision Making**

**What is the issue that needs a decision?**

**Who are the right people to assist?**

**What is the right type of communication for the decision?**

**What are the benefits, consequences and risk of the decision?**

**How can we assist the person to weigh up the pros and cons?**

**How do we hear the person’s decision?**

**How do we support the person to act on the decision?**

**Notes:**

**This slide provides information on the 7 Steps for Supported Decision Making. Go through all the steps starting with the top box.**

**Group activity: Ask participants to break into groups of 2 to 5 people and read the instructions on the 7 Steps for Supported Decision Making worksheet.**

**For each group will choose one example to work through.**

**The example could be current or a situation that they have experienced in the past. Give them 10 to 15 minutes to work on their example and then share key points and challenges with the wider group.**

## Slide 16

**Next Step**

**Notes:**

**Explain the participants that:**

As we reflect on what we covered today:

* Reasons why abuse and neglect can happen (accidentally, deliberately and systemically)
* Dignity of risk and duty of care
* Supported Decision Making and its 7 steps

We want to ensure that this is reflected in our practices every day.

## Slide 17

**Quality and Safeguarding is Everybody’s Responsibility**

**What can you do to be a Quality and Safeguarding Champion?**

**What can you start doing differently today?**

**Notes:**

**Ask the group the questions on the slide**

## Slide 18

**Final questions, ideas or reflections**

## Slide 19

**For further information:**

[National Disability Services Zero Tolerance Resources](https://www.nds.org.au/resources/zero-tolerance)

[National Disability Insurance Scheme Commission for Quality and Safeguarding](https://www.ndiscommission.gov.au/)

[Western Australia Individualised Services Publications and Resources](http://waindividualisedservices.org.au/wais-publications-and-resources/)

[Dignity of Risk research project Monash University](https://www2.health.vic.gov.au/-/media/Health/Files/Collections/Presentations/S/Striving-For-Care-Excellence/Exploring-the-concept-of-Dignity-of-Risk)

**Notes:**

**Encourage participants to research more information on the links provided**

## Slide 20

**Thank you**