



Safer Services
Toolkit



Key Conversation Facilitator's Guide

Facilitator Guidelines for Key Conversations

These guidelines have been developed to assist you for preparation of facilitating the Key Conversations session

Before the Session

Purpose of the activity: Use the Key Conversations tool to explore some scenarios in the area of safeguarding and restrictive practices with your support worker teams. The aim is to encourage teams to have open conversations about what they would find challenging in safeguarding situations and best practice responses.

This tool can be very helpful for teams regardless of their experience. It is useful for teams who have not yet supported people with a range of different needs, so that they can explore safeguarding issues safely beforehand and manage similar situations well into the future. The tool can also be helpful for teams that have worked in similar situations as a refresher, and to promote their thinking from different viewpoints. Some teams may have been used to referring everything to 'management' for a decision, but not had opportunities to develop their skills in complex decision making.

Desired Outcomes: At the end of the session, your team should be more aware of the complexities around supporting people when there are concerns about abuse, neglect, safeguards and restrictive practice. The teams should be more confident of what they should report, and to whom, if these situations should arise. Exploring the Key Conversations may also help your team identify some current concerns about individuals or practice and bring them to your attention.

Teams and Setting: The Key Conversation tool is best used with a group of at least three people, as part of a team meeting or session on the theme of quality services, safeguarding, and / or restrictive practices. This tool is designed to be educational, and is not suitable for use in performance management.

Time: There are two cards for each example, which should result in a 10-15 minute conversation.

Facilitator: The facilitator can be any person with some knowledge about quality, safeguarding, and restrictive practices, and who is able to lead group discussions. The facilitator's focus will be on creating opportunities for staff to explore and ask questions, without being told what they should already know.

Choosing a Key Conversation: Each example focuses on different themes and challenges for organisations. Each example can be used separately, or together, depending on your timeframe. An overview of key words and themes is provided in the table below to help you choose what examples may be most relevant to your team.

Accommodation based settings	Community based settings
<p>Key Conversation 1 - Joanne</p> <p>Restrictive Practice Environmental Restraint Shared Decision Making</p>	<p>Key Conversation 4 - Sarah</p> <p>Restrictive Practice Mechanical Restraint Systemic Use</p>
<p>Key Conversation 2 - Leah</p> <p>Abuse / Neglect Reporting Conflict within Team</p>	<p>Key Conversation 5 - Troy</p> <p>Abuse / Neglect Safety Reporting</p>
<p>Key Conversation 3 - Sam</p> <p>Safeguarding Safety of others Dignity of Risk</p>	<p>Key Conversation 6 - Mitch</p> <p>Safeguarding Alcohol Personal Safety</p>

Disclosures

Some people you are facilitating at the session may have experienced or witnessed abuse, neglect, traumatic experiences, or restrictive practice use. At the beginning of the session, it is important to highlight to the team that lived through experiences or current examples can be discussed individually and privately after the session. If people forget and begin to disclose situations during the session, quickly remind them that you can support them afterwards – and remember to follow up and check in with them. This is important as others in the group may be affected by hearing a disclosure, the person themselves may be unprepared, and confidentiality or privacy can unintentionally be breached in a group setting.

Organisational Resources

Facilitators should be confident of the information in the relevant policies and procedures of their organisation and/ or bring copies of those relating to:

- Human Rights
- Prevention of Abuse and Neglect
- Incident and Serious Incident Reporting
- Restrictive Practices
- Quality and Safeguarding
- Dignity of Risk
- Whistle Blower

Resources such as flyers or contact details for your Employee Assistance Program are important to bring to the session as well, so they can be given to participants after the session.

*Note- teams will need to have some basic knowledge of restrictive practices for the Key Conversations on this topic. If teams do not have this or require a brief refresher, this video (series) from NDS Zero Tolerance Resources may be helpful [NDS Website: Zero Tolerance Resources](#)

Facilitating the Session

1. Open the Session

Talk to the team about the reasons why you are doing this exercise, and why Safer Services are important. A possible script is:

Safer Services for everyone is important, but sometimes it can be difficult to know what to do in the moment. We will be discussing a range of situations today, based on real-life examples, to get us thinking about restrictive practices, abuse, neglect, safeguarding concerns, and how we need to respond and report. This is a safe space to ask questions, reflect, and to prepare in the event you are faced with some of these challenges as part of your work.

Let the group know this may bring up current or past situations they've been part of, and if they have concerns to speak to yourself or an appropriate person within your organisation after the exercise is finished.

2. Groups to Discuss

Ask everyone to separate into groups of three to four people. Hand out the card selected depending on the topics you want to cover during the activity. Let the group know the example is on the front, and the questions to discuss are on the back. Give the group five minutes to get conversations going, and move to Step 3 when you hear discussions quieten down.

3. Regroup and Discuss Answers

Ask the groups about their responses to each question, one at a time. Affirm people's questions, and provide responses based on the 'Answers' section in the facilitator guide. If the team have missed any of the answers, go through the additional information with them. If you are asked a question that there is no answer provided, and you don't know the answer to – let the group know you aren't sure but will find out and let them know. Do not make a 'best guess'.

4. Repeat Steps 2 and 3 for each of the Key Conversations you are choosing to use

5. Finishing the Session

Thank the group for their contribution to the conversation and let them know that you are available to talk to them if they want to continue the conversation. Also let them know which other staff members within your organisation they can approach if they want to talk about the topics discussed.

Key Conversation 1 – Joanne – Accommodation Setting

Background Information (for Facilitators only)

An Environmental Restraint of having the fridge and pantry locked is explored in this example. Environmental Restraints occur when the person with a disability doesn't have the same access to their environment, as we would otherwise expect.

The aim is to explore some key points around Restrictive Practices through the discussion questions:

- The importance of stakeholder engagement and shared decision making
- The impact to the person of the Restrictive Practice being in place, and if it were to be taken away
- The impact to housemates of the Restrictive Practice
- Exploring, creatively, what least Restrictive Practice might look like

When you are facilitating group answers, if there has been less discussion, ask the teams how they might feel if in this situation. What would they find challenging? What additional support might they need?

Key Conversation 1

Card 1

Joanne is 34 and has recently moved into a shared home with two other adults. She has an intellectual disability and her family and previous organisation have given strict instructions about the fridge and pantry needing to be locked at home for her safety. They all say that Joanne eats food that isn't suitable such as raw meat and that she eats to excess if it isn't kept locked, and there have been a number of incidents. They say the fridge needs to be locked at all times because Joanne wanders at night to see if food has been left out or the fridge is unlocked.

New locks have been installed this week. However, the staff team have noticed Joanne watches the fridge closely and sometimes rushes quite aggressively at staff who are preparing food to try and get some, which can be dangerous (e.g. when cutting or cooking with a flame).

What type of Restrictive Practice is in place, and why?

There is an Environmental Restrictive Practice in place. There are safety concerns around Joanne eating unsafe food, and that she eats in 'excess'. We may need more information about what 'excess' means, and whether this has health implications or is simply more than ideal.

Who may be affected by use (or non-use) of the Restrictive Practice? How and why might they be affected?

Joanne is an adult and is having her food choices controlled by staff. This seems to be an issue for Joanne as she is coming out at night to look for food and rushing to get additional food when she sees it. If the Restrictive Practice were taken away, Joanne may be at risk of eating unsafe items.

Staff – may now have a negative impression of Joanne, thinking she seems aggressive. They may have some fears around this from a safety perspective. Staff could be concerned about the consequences if they forget to lock the fridge or monitor food left out, and Joanne eats non-food items or allergens.

Housemates – Joanne's housemates may have noticed the new locks, this is now a new Restrictive Practice that is now also in place for them, unless they have a key to the fridge and pantry. This may affect how they feel about Joanne, as a new person moving into their home.

Family – may be hoping that a new team will understand the importance of keeping Joanne safe. They may be concerned that there will be an error, or that Joanne's aggressiveness in trying to get food will put her at risk of losing her spot at the new home.

What are some possible reasons why Joanne may be eating unsafe foods, and eating to excess?

Some possibilities include that Joanne:

- Doesn't understand the difference between safe or unsafe foods
- Isn't able to tell when she is feeling full
- Has an underlying medical condition that increases her hunger
- Eats when she is feeling bored or not engaged
- Feels hungry between meals
- Has always had restricted access to food, and therefore looks to take any and all food that is available
- Becomes excited when she can see and / or smell food and wants to have it

Key Conversation 1

Card 2

A meeting is held with Joanne's family and key staff members to discuss different ideas on how to support Joanne. Some of the team have noticed that Joanne seems to ask for or fixate on food less often if she is doing things with them e.g. at a dance class or doing art together. Others have had success involving Joanne in food preparation. The Team Leader suggests trialling a time where staff increases the amount of activities for Joanne, including involving her in food preparation to see if this helps. Her parents are concerned about a recent incident where Joanne was found looking through the kitchen bin, possibly to eat items, and would like a preventative solution.

How could Joanne's team measure whether the increase in activities and involvement in food preparation was helpful, and help to make it a success?

Before starting the recommendations, it would be helpful if Joanne's team could look over their records to see:

- The number of times Joanne usually asks for food or tries to access the kitchen
- How often and how intensely Joanne rushes at staff during food preparation

When trying out the new approach with increase in activities, staff could record how many times Joanne tried to obtain food before the activity, during the activity, and after the activity.

Staff who have successfully involved Joanne in food preparation can share their tips on what worked, and situations to avoid with their team members. As everyone is doing this, they could record and share their own learning from testing this out with Joanne.

Someone in the team suggests that the whole kitchen area could be locked to safeguard Joanne and staff. What are the potential benefits and issues to consider?

Some potential benefits could be:

- Increased safety as this would prevent Joanne rushing at staff during food preparation involving heat or chopping
- Joanne could be invited into the kitchen at safe times, with staff support
- Joanne would no longer have access to the kitchen bin

Some potential issues could be:

- Housemates not having access to their kitchen, when they otherwise would be able to. They would now be reliant on staff whereas before they were independent
- This could increase Joanne's focus on the kitchen and kitchen area

The team have identified some other ways to support Joanne with increased activity and helping with food preparation – the Restrictive Practice and the potential negative effects on Joanne and others may not be needed.

There are other less restrictive options that can be trialled for Joanne, e.g. more frequent snacks, a small fridge of her own with safe foods re-filled etc. If the team

can reduce Joanne's fixation on food, they could begin to work towards elimination of the existing Restrictive Practices.

How could the team address concerns with Joanne's access to the kitchen bin, in a least Restrictive way?

Some possible ideas are:

- Place the kitchen bin inside a cupboard, or somewhere out of Joanne's usual line of sight
- Take the kitchen waste to the outside bins

Locking the whole kitchen area or installing a gate would not be starting with the least restrictive option. Putting further Restrictive Practices in place for Joanne and her housemates, purely for convenience is not in line with least Restrictive Practice, or a reasonable approach in this situation.

Key Conversation 2 – Leah – Accommodation Setting

Background Information (for Facilitators only)

This Key Conversation focuses on a situation where there are concerns and the reporting process is not being followed through. Often situations like this lead to non-reporting, or with people taking a longer time to eventually report – to the detriment of the person experiencing the abuse/neglect. Desirable outcomes from this conversation include:

- Teams being confident on alternate people they could seek support from in their organisation
- Understanding the importance of following incident reporting processes
- Considering what a good practice response would look like

During this conversation, people may openly talk about being in similar situations. If they start to sharing details as a group, be prepared to redirect them to talk to you individually after the session – particularly if the situation is not yet resolved or breaches privacy and confidentiality

Key Conversation 2

Card 1

Since you started working at a new house, you've noticed that the Coordinator doesn't seem to like Leah, one of the people living at the house. Leah has very limited mobility and needs help to move around the home in her manual wheelchair, for meals, and personal care. The Coordinator often seems to speak to the other housemates more than Leah and seems more impatient with her. Last week you noticed a bruise on Leah's thigh when supporting her in the shower. When you mentioned it to the Coordinator, they say they would take care of it. You haven't heard anything more about the bruising since, and today you've noticed a bruise on Leah's face. The Coordinator says he has already put in an incident report about it. When you look through Leah's case notes and the house communication diary, you see no record of bruising from other team members or the Coordinator.

What concerns might you have about Leah's bruising and your attempts to raise awareness of this?

You may be concerned that:

- Someone has hurt Leah, because she has limited mobility and bruising may have come about through incorrect or careless manual handling, or intentional abuse
- No other team members, including the Coordinator, have noted anything about the bruising on Leah
- You have not heard about an investigation into why the bruising is happening, or solutions about how to prevent and safeguard against this continuing
- Leah's family may not have been told about the bruising
- The bruising may not have been reported within the organisation, in line with policy and procedures, and good practice
- It's not your job to raise concerns or go 'above' your Coordinator

What are your reporting options and responsibilities?

It is your responsibility to ensure that you send an incident report in line with what you have seen, and not rely on the verbal report to the Coordinator. Depending on the organisational structure, there may be some different people you would have the option to report to. In general the escalating reporting requirements would be:

- Submit an Incident Report regarding Leah's bruising
- Speak to your line manager, (which has been done already in this situation when you spoke with the Coordinator)
- Report your concerns to your Coordinator's line manager if the Coordinator has not sufficiently addressed your concerns
- Refer to your organisation's policy and procedures on whether there are alternative people they recommend you raising concerns and complaints to (e.g. a Complaints Officer)

If this is still unsuccessful, you will need to report this outside of your organisation:

- National Disability Abuse and Neglect Hotline 1800 880 052 – provides support to you or someone you may care for to report abuse and neglect for people with disability (the phone line is answered by people from CRSS, Job Access, and this may be worth mentioning to your team so that people don't think they have contacted the wrong number).

Would there be any barriers to you deciding to report your concerns for Leah?

Some things people may be concerned about include:

- Wondering if they will get 'in trouble' from the Coordinator for reporting because they said they had submitted an Incident Report and implied there was no need for you to do anything more
- Feeling as though they may be overreacting or 'told off' for submitting an unnecessary report if it had already been submitted
- Not want to get their Coordinator and team mates in trouble for not having reported or documented Leah's bruising

Key Conversation 2

Card 2

You fill in an Incident Report about both times you observed bruising on Leah and submit this. The next time you see the Coordinator at the house, he says he's angry that you filled out the Incident Report when you were already told he had done this. You tell a team member what has happened, and that you are being treated unfairly by the Coordinator. The team member says "Nothing will be done by management, so you'd better keep quiet if people ask. Otherwise you'll end up like the last person, a trouble maker. You'll get worse shifts and then moved out of working at the house. Do you want that?" The next morning you get a call from the Manager about the Incident Report to find out what happened.

How do you decide what information to give to the Manager, given the advice you were given by your team member?

There are many different options people may consider. Some personal considerations might include:

- Needing to maintain steady work for financial reasons, and being concerned that the Coordinator has apparently managed to move people in the past
- Wanting to avoid confrontation in the workplace with your Coordinator
- Not wanting to be seen as a troublemaker, someone who will 'tell' on team mates, and therefore not trustworthy

You may also have some concerns about the Manager following the information that you received:

- Will you be believed by the Manager if you are raising issue with the Coordinator
- Can the Manager be trusted, especially to prevent you being personally targeted if you report in full
- What has happened in the past, and is it true this time that nothing will happen

Some reasons to encourage teams to continue to report are:

- To think about Leah, living in that situation and being unable to speak up for herself
- Consider whether these situations will continue to occur if nothing is said, and your ability to work in the midst of poor practice and / or abuse
- Your personal responsibility to report truthfully, which will likely be a part of your job description, organisational Code of Conduct and/or values, and specified in policies and procedures

This could be an opportunity to inform the team about the NDIS Quality and Safeguards Commission. Under the new framework it is not just organisations that will be held to account, but individuals as well. This means that when reviewing serious incidents and complaints each person involved can be held personally responsible for their actions. In very serious cases involving abuse and neglect, this could mean significant financial penalties or being barred from working in the sector.

You have reported everything to the Manager in full. What response and actions from them would contribute to a 'good' or best practice outcome?

Responses to this question are a good opportunity to hear from your team what is most important to them – make sure you take notes. Some possible markers of best practice includes:

- Reporting – the Manager would make sure a Serious Incident Report is submitted to Department of Communities, Disability Services, within seven days. As best practice, the people involved in the report would be made aware when this has been submitted.
- Timeliness - that the Manager ensures they begin speaking with people, reviewing documentation, and seeking information as soon as possible after receiving the concerns.
- Feedback Loop – the Manager would ensure that feedback is provided to the person who submitted the incident report. This may not include all information, e.g. confidential conversations had with the Coordinator about their conduct. However, there should be enough information to give the reporter confidence that the investigation is proceeding in line with organisation and sector requirements.
- Informing families and/or Guardians – Transparent reporting to Leah's family or Guardian should occur. They should be notified of the initial incident, reassured that active steps are being taken to investigate, be part of a safeguarding discussion, and updated as progress is made.
- Safeguards for Leah – this may include regular checks for bruising.
- Speaking with the team about the importance of reporting.
- Monitoring Coordinator actions to ensure there is no unfair treatment of the staff member who reported the incident.

Key Conversation 3 - Sam – accommodation setting

Overview Information (for Facilitators only)

In this example, Sam's dating life has appeared to become serious very quickly and poses unforeseen risks to both himself and the three other men who share his home.

The cultural beliefs, religious beliefs, values, and opinions of each person may be raised during this example. Some staff may never have supported a person with disability who is exploring their relationships, have not considered that they may be sexually active, or be aware that the life choices of people they support may challenge personal beliefs and values. If you notice staff struggling with this during the conversations, it may be best to follow up with them 1:1 afterward, or to address the topic separately, at another time, as a group.

Safeguards for Sam focus on ensuring he can provide informed consent within his relationships, and is aware of how to protect his personal safety. The personal beliefs of Sam's staff or Guardian with regard to relationships, dating, and sexual relationships are their own and don't form part of the safeguarding considerations.

Key Conversation 3

Card 1

Sam is 27 and lives in a shared home with three other men, and has a 'mild' intellectual disability. Last week Sam finally saved up enough money for his own smart phone and has since been exploring lots of dating sites.

An incident report has since been received, highlighting some Safeguarding concerns. When the night support worker went to sleep as rostered at 10pm, all four housemates were home and relaxing in their rooms or around the house. In the morning around 8am, a man unfamiliar to staff and Sam's housemates came out of Sam's bedroom and left almost immediately.

What Safeguarding concerns are raised from this situation?

Some of the concerns would include:

- Does Sam have good protective behaviours, particularly around internet safety?
- Does Sam have the capacity to give informed consent for sexual activity?
- How can the team ensure that the rights and safety of Sam's housemates are upheld (who is the person who entered the home, did he place Sam's housemates at risk)
- Protective behaviours of Sam's housemates

What clarifying information would you want to know from Sam, and who would you choose to facilitate that conversation?

Ideally, you would select a trusted person that Sam is most likely to be comfortable talking to, based on his cultural and personal preferences. This would be best done in a private setting that is familiar to Sam, rather than an office.

Some information you may want to know from Sam could include:

- When and how did he meet the person who everyone saw in the morning?
- How long did the person stay for, and did they only stay in Sam's room?
- How is Sam feeling about what happened that night? Are there any concerns he would like to talk about now, or with anyone else?
- Is Sam open to getting some support to find good dating options and learn more about personal safety?
- Had Sam considered that his housemates and staff might need some prior notice of a visitor coming to the home?
- What is Sam seeking in a relationship?
- Does Sam know about safe sex practices and have necessary equipment for this?

Key Conversation 3

Card 2

After the incident, you've been told that Sam's appointed Guardian has agreed that Sam needs to know the person well before they can stay over – for his safety and the safety of his housemates.

While you're on shift in the evening, you hear noises and go out to check. It's 11pm and you see Sam heading towards the door. When you ask what he's doing, Sam says that he is going out to meet someone. You try to remind Sam about being safe, but he says it's fine, he knows not to bring anyone home, and he has always been allowed to come and go as he pleases. Sam shouts "Let me live my life!"

You follow Sam into the driveway to ask if Sam could please wait until tomorrow so they could discuss the situation further with his Guardian. Sam leaves, running down the street.

What concerns might you have about this situation?

You may be concerned that:

- Sam may not be safe going out and meeting strangers at 11pm at night
- The Guardian's safeguards around Sam's home were intended to protect him from vulnerability to strangers, but that this situation may result in a more unsafe situation
- You may not have done everything you could in order to stop Sam from making a risky decision
- You will be held responsible if something goes wrong when Sam is out
- It isn't clear whether what Sam is doing is in breach of his Guardian's wishes, and therefore whether it should be immediately reported
- Sam is not making a truly informed decision, and that you have a duty of care to ensure he is kept safe
- You cannot leave the house with Sam's housemates at home and are unsure what to do next

What reporting or action would be appropriate?

Notify your organisation immediately, using the after-hours number. They may choose to report this to the after hours Guardian for a decision on appropriate actions.

In the incident debrief, you were asked about how you made your decisions in response to Sam's leaving the house.

In this situation, you were not able to leave and follow Sam as you had three other people in the house. Trying to stop Sam from leaving the house would have been unlikely to succeed as he is independent, of age, and has been used to being in the community independently. You could discuss having tried verbal strategies in order to encourage Sam to wait, but that these weren't successful. You had also walked down the driveway to try again to persuade Sam, but he ran away.

Key Conversation 4 – Sarah – community setting

Overview Information (for Facilitators only)

The Key Conversation for Sarah features a situation where the Restrictive Practices are occurring in a school setting. The school are seeing some of Sarah's behaviours as unsafe or challenging, and introduce methods to stop the behaviour that are Restrictive Practices. There has not been a focus on identifying why the behaviour is occurring prior to putting the Restrictive Practices in place, which results in the next behaviour of concern from Sarah.

Teams will be supported to think through how they could respectfully engage with other people to shift their perspective on Restrictive Practice use as a first response to behaviours of concern.

Key Conversation 4

Card 1

Sarah is eight years old; she lives at home with her family. Her family are worried about complaints that they have received from school. A few months ago Sarah was driving her wheelchair during class, and there were concerns about this being unsafe. The school requested that Sarah's chair be put onto attendant control during class time for safety.

A few weeks later, reports came through that Sarah had been too vocal during class and needed to be put into a corner further away from the other students, with some boards as sound barriers. This week, Sarah hit out at her Education Assistant when she was being brought back into the classroom after lunch – Sarah had not hit out at others before. As a consequence, Sarah had a 20 minute enforced time out.

What Restrictive Practices are occurring for Sarah?

The Restrictive Practices in use are:

- Mechanical – Wheelchair on attendant control during class time. Sarah is not able to choose to move, in the same way that her peers are able to do.
- Seclusion / Isolation – Sarah is being placed in a corner of the room away from the other students, with boards as a visual and sound barrier in between.
- Seclusion / Isolation – Sarah had an enforced 20 minute time-out as a punishment for her hitting out.

What impact are the Restrictive Practices having on Sarah? Why might she be responding in this way?

Sarah's behaviour is communicating that something is not right. The Restrictive Practices were implemented for reasons of class control and/or safety but did not address the reasons why Sarah was moving during class or vocalising. This may be why Sarah has hit out, for the first time, in frustration. Sarah's experience has been that people have not understood what she has been trying to communicate and has instead had more freedoms and choice removed from her.

Key Conversation 4

Card 2

Sarah's parents have had some more meetings to try and address the Restrictive Practices at school. They had suggested trying to return Sarah to original arrangement in class where she could drive her own wheelchair and sat with the other students – this might help things go back to normal for Sarah.

The school's perspective is that attendant control being put on Sarah's chair is not a Restrictive Practice because it's for the purpose of safety, and should be part of the Manual Handling Plan. They say that Sarah might move around when she is not supposed to during class, and also that she sometimes crashes into furniture with her wheelchair. This could put other students at risk.

Is turning Sarah's wheelchair onto attendant control so that she cannot drive it herself during class a Restrictive Practice?

Yes, this is a Mechanical Restrictive Practice that is limiting Sarah's freedom of movement and choice. The other students in Sarah's class have the ability to move around the classroom if they chose to, and are not physically restricted to their seats. Restrictive Practices are often put in place due to safeguarding concerns about the person and/or others. Having valid concerns does not mean it is not a Restrictive Practice.

What options could be suggested that addressed Sarah's rights, was least restrictive, and addressed the school's safety concerns?

Some ideas to explore in conjunction with one another could be:

- Providing Sarah with training and practice on driving her wheelchair safely
- Seeing if re-organising parts of the classroom would allow for better access and reduce the likelihood of Sarah's wheelchair hitting furniture
- Recording and observing the times when Sarah is moving around in the classroom to identify why this may be the case
- Exploring ways to help Sarah communicate her wants and needs – this may reduce her need to move around the classroom and vocalise
- Limiting the times when Sarah's chair is put on attendant control, while her driving skills are being developed

Key Conversation 5 – Troy – community setting

Overview Information (for Facilitators only)

The conversation for Troy involves a scenario where initially the team will be faced with needing to report something of a serious nature. It's important for the team to know some basics about the difference between leading and open questions, and why this is important. If they don't understand, you may need to provide some examples.

Leading question: "So is what happened that this person came into your home and forced you to touch them? And then you were really unhappy and scared by it?"

Open question: "What happened after you let the person in?" "How are you feeling now?"

Key Conversation 5

Card 1

You have worked with Troy for years and you know that he trusts you very much. One day when you are supporting him in his home, Troy discloses that something bad happened to him. A friend he had met through another friend came to his house at night and touched him in a 'bad place'. You talk to Troy, comfort him, and talk about needing to report this because it's serious. Troy becomes very upset and says you absolutely can't tell anyone and have to keep this secret. He knows he'll get in trouble for opening the door to a non-approved person which is against the rules for him living on his own.

What conflicts and concerns do you have about what Troy has just disclosed?

- Did Troy have capacity for informed consent?
- Did Troy provide consent of any kind, or is it an instance of abuse?
- Troy has told you in confidence with the expectation that you won't tell
- Can you persuade Troy to allow you to report this to someone, in order to preserve your relationship?
- Is Troy safe currently? How could he be safeguarded against the same thing happening when you leave?

When speaking further with Troy by asking questions and providing support, what precautions would you need to take?

Some considerations when speaking with Troy include:

- Not asking leading questions, and carefully choosing open questions
- Gathering enough detail to know how urgent the reporting is and clarify – i.e. what does a "bad place" mean to Troy?
- Don't promise absolute confidentiality, as you know that you will likely have reporting requirements
- Assist Troy in taking some practical steps about how he can keep himself safe from now on, i.e. locking the door and not letting strangers in

In general, if a disclosure may lead to the police being involved, its best that:

- The person is interviewed by police sooner rather than later
- Any potential evidence is preserved, recorded or documented

- Limit questioning of the person by other parties where possible, avoid them being asked a lot of questions prior to being interviewed by police if possible

Do you need to report this, and if so, to whom?

Yes, you need to report this to your line manager, immediately.

Key Conversation 5

Card 2

Troy took your advice and spoke to his mother about what happened, and they have since reported it to the Police. When you speak with the other team members working with Troy, they tell you that he has said this type of thing often over the years and it's just 'for attention' and never turns out to be true. When you ask why you haven't heard about it, they say that you're newer to knowing Troy, and that he has you "wrapped around his little finger". They say once you realise Troy does this sort of thing a lot, you'll learn to redirect and ignore the conversation, and not bother wasting time and paper by reporting.

What concerns might you have about the team members' response?

You may be concerned that:

- There has been non-reporting of serious incidents raised by Troy to his team members, not in line with reporting requirements
- Whether the past allegations having been known and reported would make a difference to the current Police Investigation
- The incident that Troy raised with you may have happened before, but not been listened to
- By not reporting, the staff team have prevented some serious issues from being addressed. The serious issue may be abuse, or Troy making untrue allegations, but there would not be opportunity to address this due to the non-reporting.
- The team members don't have the authority to decide if it's true or untrue.

What could you talk to your team members about to increase their awareness of safeguarding and reporting requirements?

Your team members may have a range of current and historic reasons for not reporting, and it will be important for you to listen respectfully to these, before responding. You could talk to your team members about the importance of reporting as part of their required work performance. They may not be aware of the organisation's policies, procedures and expectations around safeguards and reporting. You could discuss this by suggesting that by not reporting for such a length of time, there has not been an opportunity for Troy's behaviour to be identified and changed. Additionally, they could be encouraged to view this from Troy's perspective – his ideas about whom to report to, and what actions come from a serious report could be altered. For example, believing that nothing happens as a result of reporting, or that he needs to report things several times before anyone takes notice.

Key Conversation 6 – Mitch – Community Setting

Overview Information (for Facilitators only)

The focus of Mitch's unfolding situation is to think about how the team could respond safely when unforeseen situations arise. Issues around personal safety are raised, and the team may ask more questions about what to do in a range of different situations if they felt unsafe. If conversation continues in this direction, some considerations are:

- Taking a moment to contact your line manager the moment you realise there are safety concerns. It's important to have the benefit of time to process and plan your actions if possible.
- Being conscious of your ability to exit quickly if needed. In Card 2, it was unwise to walk further into the house to speak to Mitch, unless you knew the layout well and were able to leave
- Preventatively, it's good practice to keep your mobile phone and keys on your person when going out to other people's houses.
- If you saw Mitch was in immediate danger e.g. a fight broke out in the house, it would be important to think about whether it would be safe to intervene. Consider if you, as the only staff member, became injured while trying to help Mitch, who would be left to help in the situation. It is usually best to call for help and not intervene unless you are confident you can do so without also being injured.

Key Conversation 6

Card 1

Mitch is 17, has moved out of home on his own, but started spending time with a different group of friends. You suspect that his friends aren't a good influence as Mitch's house seems messier, there are often alcohol bottles, and Mitch looks as though he has lost some weight.

Part of your role is to support Mitch with his moving out, maintaining a healthy lifestyle, support him to go to the gym, do food planning and shopping for the week, and teach some simple recipes. This week after your session with Mitch, he asks if you can swing by the shops around the corner for him to pick something up. When you ask what he needs, Mitch reluctantly tells you that he wants to go by the bottle shop to get some 'booze'.

What would you consider in deciding whether or not to take Mitch to the bottle shop?

You could consider

- The impact to your relationship with Mitch if you say no, and how to have the conversation respectfully
- What your organisations' policy, procedure, and expectations would be
- That Mitch is underage and it is not legal for him to purchase alcohol
- Whether more alcohol purchasing is good for Mitch, considering the changes you have observed

(Note: people may consider what would happen if Mitch was not underage. Ask the group what considerations would be the same or different. The main difference is that there would be no legal reason Mitch couldn't choose to purchase alcohol.

However, the goals of your work with Mitch still do not fit with him purchasing alcohol, particularly when you suspect the use is problematic. Discussing this with Mitch respectfully and negotiating expectations around alcohol purchase would be recommended, in line with organisational policy and procedure.)

What support could you seek afterward?

You could:

- Seek clear organisational guidance, and shared decision making with your line manager or supervisor
- Explaining to Mitch the boundaries of your work role, and coming to an agreement with Mitch on what you can or cannot provide into the future, and why

Key Conversation 6

Card 2

When you next go to see Mitch, you are ready to tell him that you can't take him to buy alcohol in the future. As you arrive at his house you notice that the door is open, and there are a lot of bottles on the front lawn. When you enter, there are five or six people there you don't recognise. Some of them shout out at you, and you see Mitch asking you to come over at the other end of the house.

Mitch says that he doesn't want the other people in the house, but he is afraid and needs help. He is too scared to leave with you.

What concerns would you have about Mitch's safety and your personal safety in this situation?

You may be concerned that:

- The other people in the house are unknown, may be under the influence of alcohol, have shouted at you and their actions may be unpredictable
- Walking further into the house could make it harder to leave safely if people in the house became aggressive
- Mitch has told you he is afraid and may not have wanted the people in the house, or know them

What options would you have if you had immediate concerns for Mitch's safety when you left?

If you had immediate concerns for Mitch's safety, for example a physical fight starting, or seeing dangerous items like sharps in the home, you should contact Police as soon as possible to respond.

If you are unsure, or concerned that a situation may arise soon, contact the appropriate line manager for support as appropriate within your organisation.

What may help prevent this situation occurring again for Mitch?

There could be a range of preventative steps to help Mitch, including:

- Reflecting with Mitch on what had gone wrong and how this had happened, the events may have helped him see how serious and frightening things could be
- Support to seek help if Mitch was showing signs of abusing or dependent on alcohol
- Exploring better security practices at home to prevent unwanted people coming into his home
- Building community networks with Mitch's neighbours so that they would know how to report concerns
- Provide opportunities for Mitch to discuss the natural consequences of having unsafe people in his home with relevant stakeholders / influencers e.g. local police, trusted family members, known neighbours, public housing.

Key Conversation 7– Alex – Safeguarding

Overview Information (for Facilitators only)

The scenario in supporting Alex explores providing drop-in, community based support to someone who has mental health concerns. The questions will help open up conversations with teams about reflecting on Alex’s comments, some of which may indicate serious concerns for his wellbeing.

As the scenario continues, teams will need to consider their duty of care responsibilities as an employee, and as a support person for Alex. Prepare by ensuring you have copies or links to your organisation’s relevant reporting policies, procedures and processes when you have immediate concerns for a person’s physical and/or mental wellbeing.

The topic of suicide is likely to come up as part of the conversation – you may need to prepare participants for this if it has not been part of their usual work role. Additionally, facilitators should be watchful of how people are reacting to the discussion. This may be a sensitive topic, consider offering people an opportunity to speak to you afterward about this and have information about your Employee Assistance Program available.

Key Conversation 7

Card 1

You are supporting Alex to build his daily routine, with an end goal of having a healthier lifestyle and getting back into work. Today when you arrive at Alex’s house he takes a long time to come to the door, looking very tired and in pyjamas. Alex says he hasn’t been able to sleep for the past few nights and really isn’t up to doing anything today. You explore a little further, and Alex says he is feeling anxious and depressed again, but that the medications aren’t helping. He adds, “nothing really matters anyway, no one cares anymore, I may as well not be here”.

What concerns might you have for Alex’s wellbeing?

Some concerns may include that:

- Alex hasn’t slept for the past few nights
- Alex is getting into a poor sleep and waking pattern, and needs support to change the pattern
- You may be unsure about whether you should leave or encourage Alex to engage and interact with you as part of good support
- Alex mentioned medications – are these current, prescribed, or other sorts of medication he is taking
- Alex’s statement ending in “I may as well not be here” and how to interpret this. Some people may say this as part of a general comment about how they are feeling. For others, this may mean that they are thinking about taking action that may harm themselves.

How could you support Alex during the visit?

There are a range of different ideas people could suggest, some examples may include:

- Helping Alex to think through any stressors that occurred before his difficulty in sleeping
- Talking through any identified stressors, and identifying together positive action steps Alex could take (e.g. if Alex had a bad job interview last week, talking through the fact many people find interviews difficult, and planning on how to overcome the difficulties for the next interview together)
- Identifying small but significant goals that Alex can set to try and break the current pattern of not sleeping at night and sleeping through the day. This could include self-care tasks (e.g. shower, change of clothes daily), contacting a loved one (e.g. family, friend), setting up
- Seeing if Alex is interested or open to information about sleep hygiene, tips and strategies about how to set healthy routines and sleeping patterns
- Setting up an accountability system together around goals that Alex has set e.g. a phone call to yourself or another supporter at the end of the next few days for updates
- Exploring what Alex meant when he said “no one cares anymore”. There may be an opportunity to remind Alex of people in his life who do care, and help him plan on how to reach out to them at this time.

What reporting would you consider after the visit, and why?

This may vary depending on your organisation’s policies, procedures, and processes around checking-in with line supervisors and incident reporting. However, staff should be considering options such as:

- Contacting a line manager or supervisor for a discussion and debrief about potential concerns for Alex’s welfare
- Ensuring that case notes capture some of the comments Alex made, and how these were discussed during the session
- Case notes mentioning how Alex was responding at the end of the session, what plans and positive strategies were in place
- If there is a team supporting Alex, making sure that they are aware (through notes, team meeting etc.) that Alex is having difficulties at the moment and discussing together how best support can be provided

Key Conversation 7

Card 2

When you visit Alex later in the week, he is looking even more upset and tired. Alex says that the job offer you'd worked on together fell through, and things are bad with his sister – they had a fight the other night. He then says to you how much easier it would be to end everything, and “it would be so easy to in this house, the knives are just right there all the time and I think about it every time I come out to the kitchen”. This happens right before the end of your shift.

What support could you offer Alex during the conversation?

People could identify some of the key concerns Alex has expressed, and reflect on these together, including:

- The job offer not coming through
- Relationship difficulties with Alex's sister, including the fight that has occurred
- Alex feeling as though he wanted to “end everything”
- Specific mention of Alex thinking about the knives in his kitchen

After identification, people might explore specific strategies relating to the points above that could help Alex act positively to change his situation and outlook. For example, thinking about how to address and resolve the relationship conflict between Alex and his sister (e.g. Alex calling his sister, apologising for some statements made, clarifying misunderstandings that lead to the argument).

How would you think through what actions are needed before you leave Alex's home?

The actions will depend on staff training in the area of responding to concerns about mental health, and your organisations' processes when these events occur. Broadly, people need to be thinking about:

- Identifying the immediate risks to Alex's wellbeing
- Considering how they would talk to Alex about this
- What agreed actions could help to increase Alex's safety before leaving
- Organisational reporting required
- How to seek support if there are still immediate concerns for Alex's wellbeing when he asks you to leave his home

Some specific discussions that may arise include:

- Talking to Alex about whether removing sharp knives from the kitchen would help – if he says yes, this may be your responsibility to do
- Exploring whether Alex could contact a mental health professional he knows well for support, this could be his treating GP, psychologist, psychiatrist etc.
- Supporting Alex to plan his response if he feels as though he may harm himself. This could include providing support numbers that people can call e.g. Lifeline
- Asking Alex if he wanted support to access or contact a professional mental health support if he was not feeling safe to be alone at home
- Not leaving if you are concerned that Alex is still unsafe

- Contacting a supervisor for support in decision-making if you are uncertain about the best course of action

If Alex asked you to leave, and declined any further support, what would you do?

Again, organisational policies, procedures and processes that exist will be important to review with your staff team. It will also be important to talk with people about seeking advice external to the organisation, if needed. For example, if there are immediate concerns about Alex's wellbeing, the Mental Health Emergency Response Line could be contacted. In the event that Alex harmed himself and there was need for medical and/or other attention, emergency services may need to be contacted on Alex's behalf.

Key Conversation 8 – Myra – Safeguarding

Overview Information (for Facilitators only)

The Key Conversation about Myra explores supporting someone who has schizophrenia, and may be at risk of financial abuse from a family member. As Myra becomes more stressed, she exhibits signs of being unwell.

The questions are designed to initiate conversations about capacity for decision making, important confidentiality considerations, and responding when Myra's beliefs might not be consistent with reality.

Card 1

Myra lives in her own home with formal support from your organisation, and informal support from her brother. Today Myra seems really stressed and is teary and pacing at home. She tells you that she's had a bad fight with her brother, who says that Myra owes him money. Myra believes that her brother has held on to money from the sale of their parent's house that was supposed to be shared. When she spoke to him about this, Myra says he became very angry and grabbed her hard. He then said that she was crazy, and someone like her with Schizophrenia doesn't have capacity to make decisions anyway. Myra doesn't think this is true, and asks what you think about her capacity to make decisions.

How would you have a conversation with Myra about her decision-making capacity?

In talking about decision-making capacity, you could:

- Reassure Myra, and help her to calm down and encourage her to talk about what she thinks about her brother's statement
- Refute the fact that a mental health diagnosis always means that someone doesn't have capacity to make decisions
- Talk about supported decision making, and how she could seek more information and support to make financial decisions if there are aspects she is unsure about
- Provide Myra with information about the Office of the Public Advocate, and its Guardianship and Administration services

What concerns would you have about the issues Myra has raised?

Myra may be vulnerable to financial abuse in this situation. It will be important to look at what safeguards and supports could be introduced to reduce the risk that Myra is not having access to money that was meant for her, or being asked to pay back money that is not owed. Alternatively, if there are gaps in Myra's knowledge about some financial matters, it may be helpful for her to have support when talking to her brother, especially as she has found the last conversation upsetting.

How could you support Myra to explore her options in this scenario?

Some options for exploration could include:

- Helping Myra to contact and connect with an advocate
- Support Myra to engage with financial counselling services
- Identifying any existing formal or informal supporters who could help Myra navigate negotiations with her brother

Key Conversation 8

Card 2

At your next visit with Myra she is very upset, and tells you that her neighbours have been secretly watching her. She hears them talking outside her windows all the time. You notice she has bought new security cameras inside and outside. When you try to ask Myra for more information she becomes more upset saying you don't believe her and needs you to leave now. You have concerns that Myra is showing signs of being unwell. Sometimes when Myra becomes stressed, you've noticed she hears things that are not there, or thinks people are watching her. As you leave Myra's house, a neighbour stops you and asks if everything is okay because Myra has been shouting a lot at home which they can hear.

What concerns might you have for Myra?

- Myra may be showing signs of being unwell, that it could be part of her Schizophrenia
- At the previous visit Myra had been upset and talked about the incident with her brother, and this may have been a stressor that contributed to the situation now
- Myra's beliefs about being watched and sensitive to this being challenged, may make it hard for you and others to help her
- Myra's beliefs are causing her to be upset, possibly to the extent of shouting while at home, loud enough for her neighbours to hear

How would you respond to the neighbour's question, and what would you need to consider?

In considering this, people may explore:

- Ensuring that there was no breach of confidentiality as part of your response to Myra's neighbour. Remember, Myra may not have told her neighbours the nature of your support relationship to her, so you need to not provide information – even about something as seemingly simple as this.
- Myra may be able to see you talking outside the house to her neighbours. This could affect your working relationship with Myra if she believes you have provided them with information about her, or are 'taking sides'.
- Myra's neighbours may want you to provide information about her, or advice about how they should respond to her shouting. Consider whether this is part of the support role you are providing, and whether you would be able to provide any advice without breaching Myra's confidentiality.

What actions might you take after you have finished talking to Myra's neighbour?

- Informing your line manager or supervisor about your concerns for Myra's wellbeing.
- You may explore together whether any mental health professionals involved in Myra's care can be notified regarding her current state in order to help (e.g. her psychologist, psychiatrist, or mental health case worker). Consent to release this type of information may have been discussed with Myra before, at a time when she was feeling well.
- Making sure others in Myra's support team are aware of how she is at the moment
- Ensuring that other supporters know not to challenge Myra's beliefs, but gently explore her perspectives with her

Key Conversation 9 – Casey – Safeguarding

Overview Information (for Facilitators only)

Carey's scenario is intended for use with therapy teams. In the first card, therapists are encouraged to think carefully about the methods that may be used within a session. Considerations about Carey's sensory needs, ways to best help people to engage in desired activities, appropriate use of rewards, and use of Restrictive Practices are explored.

In the second card, interactions with a school system where there may be different understandings of Carey's needs and use of Restrictive Practices present. Broad discussions about how to change people's perspectives and develop shared understanding are encouraged.

Card 1

Carey is an excitable teenager with lots of energy. At your first meeting with Carey and his parents he is continuously on the go, moving and distractible, wanting to touch and explore his environment. Carey's parents tell you all about how their previous Occupational Therapist was working with them to teach Carey fine motor skills, and warns you it can be tough because he is very stubborn. Progress has been slow and difficult.

At your next session you implement the strategies as suggested by Carey's parents and previous therapist: Carey will get a 5 minute turn on the iPad when he completes 15 minutes of exercises. Carey is unsettled, unfocused and not staying still long enough to run the session. Carey's parents firmly tell him off and show you how he needs to sit in the chair, and be held by them while you facilitate the activity. Carey is becoming loud, crying, asking for the iPad, and struggling to get out of the chair.

What concerns would you have about the suggested approach to getting Carey to participate in the therapy session?

Some concerns to explore might be:

- How has Carey's sensory needs been considered as part of his therapy sessions? Is he being provided with the right level of stimulation?
- Considering why the previous methods used by the OT and parents should be used, if progress was slow and difficult. Perhaps this is an opportunity to review the approach and try alternatives.
- Does the plan for the sessions account for days when Carey is having a good day, or a 'bad' day? For example, if Carey has had a bad night's sleep and a difficult day at school, can the activities be simplified to ensure success, or more frequent breaks implemented.
- If Carey is showing signs of being distressed (being loud, crying, struggling), what learning can be achieved in the session?
- How might Carey's distress during the therapy session affect his future therapy sessions, relationship with you, and attempts to teach him skills in the future?

- Physical Restrictive Practices are being used as part of the therapy session. Concerns include the rationale for use as it does not seem to be therapeutic, is not part of a behaviour support plan, and is not the least restrictive option in the situation.

How could you raise your concerns with Carey's parents?

Encourage people to think about how to approach this conversation in a respectful way, where Carey's parents do not feel judged for the strategies they have been using in previous sessions. Similarly, concerns should be raised without implying blame on the OT used to work with Carey and his parents.

Some ways to approach the conversation could be:

- Arranging a meeting with Carey's parents to reflect on the session and the approach
- Working through what has worked well with Carey in the past, and what hasn't. Agree to modify the approach for the sessions to have a more strengths based approach, and trial alternatives to the parts that were identified as 'not working'
- Exploring Carey's needs and existing supports in full with his parents. It is possible that foundational work in supporting Carey's sensory and communication needs, for example, may be needed and could help support Carey during your therapy sessions.
- Share information about Restrictive Practices with Carey's parents, and explain the unintentional effects that using these may have on Carey (e.g. becoming fearful of therapy settings, becoming distressed and having difficulty learning during the session)

What alternatives could you explore instead?

Suggestions as part of this question should be based on addressing the concerns identified in the earlier questions. Some of the alternatives that people may explore include:

- Providing Carey with the opportunity at the beginning of the session to explore his environment
- Use a visual timer (e.g. egg timer, timer on iPad) to show Carey the length of time for the activity, and time to wait until a break
- Remove distractions from the immediate environment, and use the same room each time so that Carey can become familiar with it
- Set up activities so that they seem interesting and interactive, and encourage Carey to come and explore rather than being held in the chair

Key Conversation 9

Card 2

Carey's parents have provided your report to his school where he is in the education support unit, and asked that they provide him with time to run before class begins, and some regular times (e.g. every 30-45 min) to take a break and move around outside.

Unfortunately there have been a number of incidents at school over the last 2 weeks. When you are at the school to discuss this, the teacher explains that Carey was being disruptive in class and it would be rewarding bad behaviour to let him go outside and do what he wants. Also, that the last time they let him go outside it took 3 people to hold Carey still and escort him back into the classroom.

What key points would you emphasis in a conversation with Carey's teacher about his sensory needs, breaks during class, and this being linked to 'bad behaviour'?

- Helping Carey's teacher understand that the times to run before class and breaks outside during the day help to meet Carey's sensory needs. When these are met, it can help to improve his ability to focus during school.
- By taking away the breaks, the teacher may unintentionally be increasing the chance that Carey will become distracted and disruptive in class
- Removing Carey's pre-school run and breaks can be better understood as removing a tool for Carey's success, rather than as a 'reward' that should be taken away when Carey is disruptive.

Carey's school says that escorting him is part of safety response procedures and not restrictive practice. How could you respond?

Restrictive Practices are often introduced in response to a safety concern, but this does not mean it is not considered a Restrictive Practice. You could talk to Carey's school about:

- The impact of using the Restrictive Practices on Carey, from a learning, emotional, and relationship perspective
- The risks to the school staff members of using physical restraint
- Working through identifying safer alternatives for Carey and the staff, as part of comprehensive safety planning – assist the school to identify preventative strategies (e.g. Carey's running in the morning and breaks), early warning signs that he may run away and how they can minimise the risk of this happening, and responsive actions with minimal or no use of Restrictive Practices.
- Share with Carey's school what has worked in other contexts (e.g. home and therapy sessions) that could be tried at school
- If school and Carey's parents are open to the suggestion, you could observe Carey during class in order to provide feedback

Key Conversation 10 – Anna – Safeguarding

Overview Information (for Facilitators only)

Anna's scenario is intended for use with therapy teams, although card 2 may also be relevant for staff who visit other people's homes. The questions are designed to facilitate team discussion about child safety and protection issues, as well as safety concerns for the staff members visiting someone else's home.

Card 1

Anna's parents have told you they are very stressed about her behaviour, she is 7 years old and has Autism. She isn't sleeping at night, even though they've now taken everything out of the room other than her bed and blankets so she can't get distracted and play with them. While you're there to talk through a sensory assessment, Anna becomes restless. Her parents tell her to sit still and be quiet, count to 3, and then send Anna to her room for time out. Anna's dad walks her to the room and shuts the door. You continue with your assessment, and are checking the time. Over 20 mins has now passed, and Anna is still in time out.

What safety concerns might you have for Anna?

Some of the concerns that your team may highlight include:

- Noting that Anna's parents are stressed about her behaviour, and may be struggling to cope at the moment
- Anna's sleep patterns, which may be contributing to the behaviours her parents are struggling with
- The report that Anna's parents have taken all items from her room other than her bed and blankets – even though this doesn't seem to have resulted in improved sleep
- Whether Anna's sensory, developmental and other needs are being met in her home environment
- Use of time out, particularly the length of time that this is being used

How might you have a conversation with Anna's parents about their use of 'time out'?

You could explore with Anna's parents:

- The structure behind their time-out process, and how often it is used
- The outcome of time-out use
- When they use the time outs, and why. You could help them to think through whether it helps Anna learn or regulate her behaviour, or simply removes her from the situation
- Alternative models of understanding behaviour, and responding to behaviour that may be challenging. For example, looking at Circle of Security resources
- Details around length and frequency of time out that is usually recommended within the program they have learnt the strategy from (e.g. Triple P, 1 2 3 Magic)

How would you respond to the concerns after your session, and why?

While there were some concerns observed during your session, there was no indication of immediate danger to Anna's welfare. As best practice, and in line with your organisation's processes, you might consider:

- Writing a safety or progress note about your initial concerns re: Anna's home environment, parental stress, and use of time out
- Speaking with your line supervisor to highlight some of the concerns

Key Conversation 10

Card 2

The next few times you visit Anna's family, her father has been away and her mother leaves while you conduct the session. Often Anna's communication device is missing or not charged, and you need to bring new visual resources for each session because they are getting lost at home. It is hard to make progress, and you are aware that the school has talked about raising child protection concerns. Today when you visit the family, you hear very loud shouting and arguing as the session is finishing, and realise there are other people in the house. You leave in a hurry, noticing that there are now items thrown on the floor and Anna's mother is crying as you leave.

What safety concerns might you have for yourself in working with the family?

You may be concerned about whether the home environment is safe for you to visit.

- Unknown people have entered the house when you were unaware
- There has been a verbal and possibly physical altercation while you were in the house.
- The location of your sessions mean that you might not realise that the home environment has become unsafe until it is too late
- Your sessions are likely being conducted in a part of the home where it isn't easy for you to leave quickly if the situation becomes unsafe

What concerns are present for Anna, and for the work you are doing with her during visits?

- Anna's communication device isn't being used or charged – this is her 'voice' and means of communication with others
- The visual resources being missing mean that they are likely to be infrequently used, or not used at home, and so having limited benefit for Anna
- Progress is difficult at the moment, possibly because the family are not able to support Anna's use of the communication device and visual supports outside of your therapy sessions
- Anna's mother is not present during your therapy sessions to observe and participate, this would affect her ability and motivation to continue using the communication device and visuals at home

- You are aware school has noted concerns about child protection for Anna. If school has/does raise concerns, could this affect the way Anna's family feel towards external supports (e.g. they may think you contributed to the reporting, may feel uncomfortable with you or others coming into the family home to support Anna)?

What are possible next steps to consider in supporting Anna and her family?

- Speak with Anna's mother about the importance of her being part of the therapy sessions
- Identify whether there are barriers to Anna's communication device and visuals being used at home, and explore ways to overcome the difficulties
- Suggest that Anna comes to a location at your organisation for therapy sessions, as this may help to reduce your safety concerns about being in the home
- Consider providing some therapy sessions at Anna's school, if all parties are open to this. Anna's school may be better equipped to support the use of the communication device and visuals.
- Consult with your line manager about the safety risks and potential child protection concerns that were mentioned