# Key Conversation 1 - Card 1

## Accommodation Setting

| **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 is unsuitable such as raw meat and that she eats to excess they are not 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 to see if the fridge has been left 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). |
| --- |

| **Card 1**   * What type of Restrictive Practice is in place for Joanne, and why? * Who may be affected by use (or non-use) of the Restrictive Practice? How and why might they be affected? * What are some possible reasons that Joanne may be eating unsafe foods, and eating to excess? |
| --- |

# Key Conversation 1 - Card 2

## Accommodation Setting

| **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 activities with them, e.g. a dance class, 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. |
| --- |

| **Card 2**   * 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? * 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? * How could the team address concerns with Joanne’s access to the kitchen bin, in a least Restrictive way? |
| --- |

# Key Conversation 2 - Card 1

## Accommodation Setting

| **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. |
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| **Card 1**   * What concerns might you have about Leah’s bruising and your attempts to raise awareness of this? * What are your reporting options and responsibilities? * Would there be any barriers to you deciding to report your concerns for Leah? |
| --- |

# Key Conversation 2 - Card 2

## Accommodation Setting

| **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. |
| --- |

| **Card 2**   * How would you decide what information to give to the Manager, bearing in mind the advice you were given by your team member? * You have reported everything to the Manager in full. What response and actions from them would contribute to a ‘good’ or best practice outcome? |
| --- |

# Key Conversation 3 - Card 1

## Accommodation Setting

| **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 8 am, a man unfamiliar to staff and Sam’s housemates came out of Sam’s bedroom and left almost immediately. |
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| **Card 1**   * What Safeguarding concerns are raised from this situation? * What clarifying information would you want to know from Sam, and who would you choose to facilitate that conversation? |
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# Key Conversation 3 - Card 2

## Accommodation Setting

| **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 11 pm 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 its 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. |
| --- |

| **Card 2**   * What concerns might you have about this situation? * If someone asked you why you didn’t do more to stop Sam, how might you respond? |
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# Key Conversation 4 - Card 1

## Community Setting

| **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. |
| --- |

| **Card 1**   * What Restrictive Practices are occurring for Sarah? * What impact are the Restrictive Practices having on Sarah? Why might she be responding in this way? |
| --- |

# Key Conversation 4 - Card 2

## Community Setting

| **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 the original arrangement in class where she could drive her own wheelchair and sit 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. |
| --- |

| **Card 2**   * Is turning Sarah’s wheelchair onto attendant control so that she cannot drive it herself during class a Restrictive Practice? * What options could be suggested that addressed Sarah’s rights, was least restrictive, and addressed the school’s safety concerns? |
| --- |

# Key Conversation 5 - Card 1

## Community Setting

| **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. |
| --- |

| **Card 1**   * What conflicts and concerns do you have about what Troy has just disclosed? * When speaking further with Troy by asking questions and providing support, what pre-cautions would you need to take? * Do you need to report this, and if so, to whom? |
| --- |

# Key Conversation 5 - Card 2

## Community Setting

| **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 new 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. |
| --- |

| **Card 2**   * What concerns might you have about the team members’ response? * What could you talk to your team members about to increase their awareness of safeguarding and reporting requirements? |
| --- |

# Key Conversation 6 - Card 1

## Community Setting

| **Card 1**  Mitch is 17, has moved out of family home to live 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 him 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’. |
| --- |

| **Card 1**   * What would you consider in deciding whether or not to take Mitch to the bottle shop? * What support could you seek afterward? |
| --- |

# Key Conversation 6 - Card 2

## Community Setting

| **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 inside that 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. |
| --- |

| **Card 2**   * What concerns would you have about Mitch’s safety and your personal safety in this situation? * What options would you have if you had immediate concerns for Mitch’s safety when you left? * What may help prevent this situation occurring again for Mitch? |
| --- |

# Key Conversation 7 - Card 1

## Safeguarding

| **Card 1**  You are supporting Alex to build his daily routine, with an end goal of having a healthier lifestyle and getting back into working. Today when you arrive at Alex’s house he takes a long time to come to the door, looking very tired and in dressed in his 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”. |
| --- |

| **Card 1**   * What concerns might you have for Alex’s wellbeing? * How could you support Alex during the visit? * What reporting would you consider after the visit, and why? |
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# Key Conversation 7 - Card 2

## Safeguarding

| **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 do 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. |
| --- |

| **Card 2**   * What support could you offer Alex during the conversation? * How would you think through what actions are needed before you leave Alex’s home? * If Alex asked you to leave, and declined any further support, what would you do? |
| --- |

# Key Conversation 8 - Card 1

## Safeguarding

| **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. |
| --- |

| **Card 1**   * How would you have a conversation with Myra about her decision-making capacity? * What concerns would you have about the issues Myra has raised? * How could you support Myra to explore her options in this scenario? |
| --- |

# Key Conversation 8 - Card 2

## Safeguarding

| **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 need 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 OK because Myra has been shouting a lot at home which they can hear. |
| --- |

| **Card 2**   * What concerns might you have for Myra? * How would you respond to the neighbour’s question, and what would you need to consider? * What actions might you take after you have finished talking to Myra’s neighbour? |
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# Key Conversation 9 - Card 1

## Safeguarding

| **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: 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. |
| --- |

| **Card 1**   * What concerns would you have about the suggested approach to getting Carey to participate in the therapy session? * How could you raise your concerns with Carey’s parents? * What suggestions could you explore instead? |
| --- |

# Key Conversation 9 - Card 2

## Safeguarding

| **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. |
| --- |

| **Card 2**   * 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’? * Carey’s school says that escorting him is part of safety response procedures and not restrictive practice. How could you respond? |
| --- |

# Key Conversation 10 - Card 1

## Safeguarding

| **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, including her toys, leaving only 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. |
| --- |

| **Card 1**   * What safety concerns might you have for Anna? * How might you have a conversation with Anna’s parents about their use of ‘time out’? * How would you respond to the concerns after your session, and why? |
| --- |

# Key Conversation 10 - Card 2

## Safeguarding

| **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. |
| --- |

| **Card 2**   * What safety concerns might you have for yourself in working with the family? * What concerns are present for Anna, and for the work you are doing with her during visits? * What are possible next steps to consider in supporting Anna and her family? |
| --- |