

# NDS Quality and Safeguards Sector Readiness Project

## **Safer Services Key Conversation: Facilitator's Guide**

A key conversation is a short, structured conversation based around a simple scenario. Key conversations can be used as thought starters to raise awareness of small groups of workers during routine meetings or during planned training.

### **Who is this Facilitator's Guide for?**

Key Conversations aim to support the learning of disability support workers. It is best used with a group of at least three people during a team meeting or planned training.

This guide has been developed to assist facilitators to prepare for and facilitate a key conversation session and should be used alongside:

- **Safer Services – Key Conversations Scenario Workbook**

The guide is general in nature and is a starting point, developed to add to your existing training in preventing and responding to abuse.

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## Safer Services Key Conversations: Facilitator's Guide

### Facilitators

Key conversations could be used by supervisors, team leaders and managers or any person who can lead group discussions. Facilitators should have knowledge of the NDIS Code of Conduct, safeguarding and the relevant policies and procedures of their organisation.

### Purpose

The objective of using this tool, is to increase your workers understanding of safeguarding and restrictive practices. It has scenarios and questions designed to increase awareness and reflective discussion around some of the challenges and expectations.

This tool can be helpful for teams regardless of their experience. It is useful for teams who are new to support work, and as a refresher for experienced workers.



Workers participating will need to have some basic knowledge of restrictive practices for the Key Conversations on this topic. If people require a brief refresher, [Recognising Restrictions on people's lives](#) video (series) and guide form from NDS Zero Tolerance Resources may be helpful.

Depending on the experience level of your workers you may also want to provide them with other resources, to support their learning, such as information on the [NDIS Practice Standards](#) and [NDIS Code of Conduct](#).

### Preparing for the Key Conversations Activity

The activities should take approximately 45 minutes.

As a facilitator, take the time to get familiar with this facilitator's guide and everything that is required before you start the activity. To facilitate this presentation, you will need:

### Safer Services Key Conversations Scenarios Worksheets

- There are different scenario and reflective prompt questions worksheets.
- The worksheets should be provided to workers at the beginning of the session.
- You might choose to go through the scenarios one at a time, in different sessions or you might choose to do all the scenarios.
- The blank group scenario activity has been added, to allow you to create your own scenarios, specific to your service delivery.
- Remember to consider at all times, the privacy and confidentiality of people with disability if you are using real-life examples.

## Safer Services Key Conversations Facilitation Guide

The guide has the same information, with some expected answers to provide facilitators with some prompts.

Use the expected answers to evaluate if your workers are on the right track.

If they have missed information which is in the expected answers, add this to the conversations at the end.

### Other supporting information

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 Management and Reportable Incidents
- Behaviour Support and Restrictive Practices
- Quality and Safeguarding
- Dignity of Risk
- Whistle Blower



Facilitators need to have a good understanding of restrictive practices. The NDIS Commission [Regulated Restrictive Practices Guide](https://www.ndiscommission.gov.au) ([ndiscommission.gov.au](https://www.ndiscommission.gov.au)) provides definitions and examples which are referred to in this tool and is a good starting point.

### Tips for facilitating

- **The focus will be on creating opportunities for workers to explore and ask questions.** Use the expertise and different experiences of the people in the room.
- **Prepare for the activity**, print all the activity sheets or email them to people in advance if facilitating online.
- **During the activity**, move around to the different groups to allow people to ask questions and seek clarification. If there are groups with less discussion, some additional reflective prompt questions might be:
  - How do you think you might feel if this was happening to you?
  - What do you think you might find challenging?
  - What additional support do you think you might need?
- **Make a note of any questions or concerns** raised by workers so that you can revisit with the whole group later.

- **Regroup and discuss responses.** Bring the groups back together after each key conversation discussion or activity.
- **Safer Services is an important and challenging subject.** Consider before you start how you will manage and address if:
  - People raise a current issue which presents a risk to someone.
  - How you will answer questions you don't have the answer to, an option is to acknowledge the question, note it down and let the person know you will follow up and come back to them.
  - Make sure you follow up people's questions and come back to them. Leaving questions unanswered ongoing, can create risks.

### Support for workers

Talking about preventing and responding to abuse – although important – can have an impact on individuals or bring up current or past situations that they have been part of.

Consider what your approach will be to supporting workers. Some options could include:

1. **Setting up a designated support person** who is available during the activity, for workers to access if they need support.
2. **Letting people know if they wish to leave the session**, they can do this at any time.
3. **Encouraging people to seek support** after the session if they need to do so. This could be from an appropriate person within your organisation, or another appropriate person in their lives.
4. **Having Employee Assistance Programs available** to anyone who needs to access them.

## Safer Services Key Conversations: Facilitator's Guide

### 1. Open the session

A possible opening statement is below.



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

We have a responsibility to provide safe services for the people we support. What this means is understanding, evaluating and balancing:

- **Safety:** That people are safe from violence, abuse, neglect and exploitation.
- **Safeguarding:** That the actions and measures that respond to risk and protect people from violence, abuse, neglect, and exploitation
- **Duty of Care:** That we are mindful of our Legal or moral responsibility to protect the safety of others and **not** cause harm
- **Dignity of risk:** Empowering people with disability to exercise choice and control in the support services they receive.

Sometimes it can be difficult to know what to do in the moment we are supporting people.

Today is about unpacking a range of situations, 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 and reflect. This is an important part of feeling prepared for situations we might face in our work.

Safer services are a vital and important subject, but it can also be challenging and we don't always have all the answers. If this happens, let's acknowledge this together, and make a commitment to follow up and come back for a future discussion.

Talking about restrictive practices, abuse and neglect – although important, can also be personally challenging. If you have concerns, some support option available to you might be: **(See previous page 4 – Support for workers, for possible options).**

## 2. Set up the groups

If working with a larger group, ask people to separate into groups of three to four. Provide the handouts.

## 3. Go through worksheets and any supporting resources

- Participants will be provided with worksheets that include different scenarios and reflective prompt questions. Workers are encouraged to complete all tasks/questions to fully benefit from the learning experiences. They can use the activity and task record sheets (available in Word and interactive PDF versions). Let participants know that at the end of the session, all worksheets will be collected and used to inform future training opportunities.
- Talk through any other resources you decide to include such as your policies and procedures or other supporting information.
- Encourage your workers to have open conversations within their groups, consider the challenges and respond to each scenario and question.
- Ask them to think about what needs to be considered to make sure people with disability are included and their safety and well-being is supported.

## 4. Regroup and discuss responses.

Bring the groups back together after each key conversation discussion or activity.

- Ask each group about their response to each question.
- Provide any additional responses based on expected responses in the notes of the presentation and go through the additional information with the whole group.
- If you are asked a question and don't know the answer – let the group know you aren't sure but will find out and let them know.
- Discuss any concerns or questions raised.

## 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.
- Let them know which other people within your organisation they can approach if they want to talk about the topics discussed.
- Collect any worksheets and materials.
- Forward the worksheets to your manager, quality manager or the person responsible for developing your procedures and training. Ensure you have included any questions raised and your observations to inform and improve future training needs.

## Key Conversation 1 – Accommodation setting

### Facilitator Guide and Expected Responses

#### Introduce the topic

A possible script is:



This scenario discusses Environmental Restraint which is: “a restraint, which restricts a person’s free access to all parts of their environment, including items or activities....it includes practices that are beyond ordinary community standards for the purposes of addressing a behaviour of concern that can cause harm to persons with disability and/ or others”.

#### **NDIS Commission Regulated Restrictive Practices Guide**

Examples can include:

- Locking doors, cupboards or fridges
- Preventing a person engaging in an activity or access to their personal possessions
- Restricting access to specific items

An Environmental Restraint of having the fridge and pantry locked is explored in this example.

**Notes for facilitator:** 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, remember your prompt questions 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?



## Introduce the activity

- Refer the group to page 3 and 4 of their workbook.
- Ask the groups to read through each question, discuss as a group and record their answers.
- Discuss any additional resources you have provided.
- Set a time limit for the activity – suggested timeframe 15 minutes.
- At the end of this time bring the groups back together and ask people to share some of their responses.



### Scenario – Part A

Joanne is 34 and has recently moved house into a shared home with two other adults. She is an extremely creative person and enjoys music, art, working with clay, dance and working with her hands.

Joanne has an intellectual disability and lived in her previous accommodation for 5 years. She has a Behaviour Support Plan in place with a Restrictive Practice.

Her parents and previous organisation gave the following handover about some risks and concerns for Joanne's safety and why the Restrictive Practice is in place.

- Joanne eats food that isn't suitable such as raw meat and she eats to excess if food isn't kept locked, and there have been a number of incidents.
- They say the fridge and the pantry need to be locked at all times because Joanne wanders at night to see if food has been left out or the fridge is unlocked.
- Joanne watches the fridge closely and sometimes rushes at staff who are preparing food to try and get some, which can be dangerous (e.g. when cutting or cooking with a flame).
- Joanne's parents shared an incident which really upset them, where Joanne was found looking through the kitchen bin, possibly to eat items.

New locks have been installed this week.

## 1. Why do you think this Environmental Restrictive Practice was put in place?

### Some expected responses

- There were safety concerns around Joanne eating unsafe food, and that she eats to 'excess'.
- There is a perceived risk to her safety and to the safety of others.

**2. What are some of the possible reasons Joanne might be eating unsafe foods and eating to excess?**

**Some expected responses**

**Joanne maybe:**

- 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.

**Please ensure the following 2 ideas are shared with participants, if they haven't been mentioned:**

- Has always had restricted access to food, and therefore looks to take any food that is available.
- Becomes excited when she can see and / or smell food and hasn't learnt yet to wait.

**3. What do you think the possible impacts of using this Restrictive Practice might be to:**

Possible answers could include:

**Joanne**

- Joanne is an adult and is having her food choices controlled by other people.
- Joanne doesn't like being told she cannot go into her own kitchen.
- When Joanne tries to get food she is stopped, so she tries to find other ways like at night or in the bin.
- If the Restrictive Practice were taken away, Joanne may be at risk of eating unsafe items.
- Joanne may not have the opportunity to learn about healthy eating or develop the ability to wait.

**Workers**

- May feel a bit nervous when working in the kitchen and have some fears around this from a safety perspective.
- May now have a negative impression of Joanne, interpreting her behaviour as aggressive.
- 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

- May have noticed the new locks. This is 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.

**Please ensure these ideas are shared with participants, if they haven't been mentioned.**

### Family

- They do not like seeing Joanne behaving like this and worry about her.
- 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 behaviour will put her at risk of losing her spot at the new home.

## 4. What other information do you think is important or missing from this situation?

### Some expected responses

- Information about what 'excess' means, and whether this has health implications or is simply more than ideal.
- What is the history of this behaviour? Are we certain this is still an issue for Joanne, or is it possible there was only an isolated incident years ago, and the Restrictive Practice has just been left in place ever since then.
- Joanne's communication - how does she prefer to communicate? Are people trained in how best to communicate with Joanne?
- Does she need support to make choices? Are there any formal decision makers in place? If not, does Joanne consent to having her family involved?
- Who else is involved in Joanne's support?
- What other information do we have about Joanne's behaviour around food and the kitchen?



### Scenario – Part B

A month after she moved in, 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 shared some of their observations. They have noticed:

- 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.
- They think it might be possible to reduce and eliminate the use of this Restrictive Practice and would like to do this safely, with the help of the Behaviour Support Practitioner.

**5. Why do you think Joanne seems to ask for food less when she is doing other things?**

**Some expected responses**

- Behaviour occurs for all sorts of different reasons and is a way of people communicating.
- What is Joanne communicating? (e.g. is she bored, frustrated, under or over stimulated or are there known triggers for behaviours of concern).
- If she asks for food less, when she is doing something she enjoys, does this mean Joanne is bored, frustrated, not included or upset when workers are preparing food?
- Is Joanne distracted from her feelings of hunger?

**6. What information and observations could support staff start recording, to help understand what’s happening with Joanne?**

**Some expected responses**

- What is happening before the behaviour occurs? Who is there, what is said, what actions or events occur?
- What happens during the behaviour? What does this look like? What else is happening at these times?
- What happens as a result of the behaviour occurring? (e.g., the behaviour and actions of other people).
- How often is the behaviour happening? For example, how many times does Joanne try to access food or the kitchen, or ‘rush at staff’ during food preparation?
- Are there times when Joanne does not display these behaviours in the kitchen? What is happening at these times?
- When is Joanne never displaying these behaviours?

**7. What are some examples of less restrictive things which could be explored? If the team can reduce Joanne’s fixation on food, they could begin to work towards elimination of the existing Restrictive Practices.**



Remember, a regulated restrictive practice is required to have an authorised Behaviour Support Plan. Changes to restrictive practices must be carried out safely and with the appropriate support of a Behaviour Support Practitioner.

## Some expected responses

- **Supporting Joanne to make choices** – For example exploring with Joanne what she needs or wants. Some examples could be:
  - More frequent snacks, a small fridge of her own with safe foods re-filled etc.
  - Doing something she enjoys or finds stimulating when workers are preparing food.
- **Changing Joanne's environment** so that positive behaviours are encouraged without being restrictive – for example workers could take waste straight out to the bin outside or place the bin inside a cupboard so it is out of sight.
- **Encouraging Joanne to use different behaviours.** 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.

## Key Conversation 2

### Facilitator Guide and Expected Responses

#### Introduce the topic

A possible script is:



This Key Conversation focuses on a situation where a person with disability is showing signs of physical abuse. It unpacks a scenario, where the risk is coming from a person in a supervisory position, like a manager (either through their actions or inactions). A person who would normally be the first reporting line for a support worker.

#### The aim of this conversation is for:

- 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

**Notes for facilitator:** A situation like this, could lead to non-reporting, or with people taking a longer time to eventually report, which could have a serious and detrimental impact on the person with disability.

The NDIS Code of Conduct requires providers to foster an environment where people with disability, their families, carers, advocates and workers feel safe to make a complaint or report issues.

During this conversation, people may openly talk about being in similar situations. If they start to share 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.



You might choose to go through your organisation’s Incident reporting, Safeguarding and Whistleblower Policies as part of this activity.

You might also wish to include the [The NDIS Code of Conduct \(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au) expectations for workers to **Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.**

- Not commit or participate in any form of violence, abuse, neglect and exploitation of people with disability;

- Adhere to organisational policies and relevant laws, and fully cooperate with the Commission in relation to incidents of violence, abuse, neglect and exploitation;
- Identify and respond to situations that could lead to violence, abuse, neglect and exploitation;
- Report incidents of violence, exploitation, neglect or abuse to their NDIS provider, the Commission and, as appropriate, to other relevant authorities.

### Introduce the activity

- Refer the group to page 3 and 4 of their workbook.
- Ask the groups to read through each question, discuss as a group and record their answers.
- Discuss and additional resources you have provided.
- Set a time limit for the activity – suggested timeframe 15 minutes.
- At the end of this time bring the groups back together and ask people to share some of their responses.



### Scenario – Part A

Since you started working at a new house, you've noticed that the Service Manager behaves differently towards 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. Leah does not use words to communicate; instead she communicates using gestures and sounds.

The Service Manager often seems to speak to the other housemates more. When he does speak to Leah, he seems impatient with her.

Last week you noticed a bruise on Leah's thigh when supporting her in the shower. You spoke to the Manager who said they would take care of it and fill out an incident report.

Today, a week later, you notice another bruise on Leah's face. When you speak to the Manager again, he says he has already put in an incident report about it.

Later in the shift you look through Leah's case notes and the house communication diary, you see no record of the bruising on her face, or an incident report being completed, from other team members or the Manager.

## 1. What are your reporting options and responsibilities?

### Some expected responses

- Send an incident report in line with what has been seen, and not rely on the verbal report to the Manager or on others to do this.
- Depending on the organisational structure, there may be some different people you would have the option to report to. In general, 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 Service Manager);
  - **Escalate your concerns to another Manager** if you have an issue with the line Manager;
  - **Report confidentially** if you are concerned about repercussions, report using your organisations Whistleblower policy;
  - **Refer to your organisation’s policy and procedures** on whether there are alternative people they recommend you raise concerns and complaints to (e.g. a Complaints Officer or straight to the CEO / Board).

## 2. What other things might you need to consider?

### Some expected responses

- Is Leah safe? What steps do I need to take?
- Do I need to call 000 – is there an immediate risk or if a crime has occurred?
- Where can I document the conversations and the times the issue was raised with my Service Manager, for example in an email to the Program Manager or in case notes.

## 3. What are the other options if no one in the organisation responds?

### Some expected responses

- The NDIS Commission – for more information [NDIS Commission Incident response.](#)
- 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).





**Scenario  
– Part B**

You fill in an Incident Report about both times you observed bruising on Leah and submit this.

The next morning you get a call from the Program Manager about the Incident Reports, to find out what happened and tell you what they intend to do next.

**4. You have reported everything to the Program Manager. What response and actions from them would contribute to a ‘good’ or best practice outcome?**

**Some expected responses**

- **Immediate safeguards** – While we investigate the issue, a number of safeguards will be put in place to keep Leah safe, this includes the Service Manager not working in a client contact role through this time.
- **Regular safeguards** – Leah will be supported and monitored to see if any further injuries occur.
- **Reportable Incident** – This constitutes a reportable incident and so a report is going to be made to the NDIS Commission within 24 hours.
- **Investigation** – A full investigation will be conducted, reviewing all documentation and processes, to determine what led to the issues. The Investigator will let workers know what information is required of them.
- **Reporting criminal conduct** - If the organisation believes a criminal act has occurred at any stage, the Police will be contacted.
- **Feedback loop** – the Program 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 Service Manager about their conduct). However, there should be enough information to give the reporter confidence that the investigation is proceeding in line with organisational and legal 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.
- **Support for Disability Support Workers** - It is important that workers feel safe and supported for sharing their concerns and taking action. Program Managers should check in with workers and ask “How are you feeling?; Do you feel safe and supported?; What follow up do you need?; and How can we best support you?”
- **Upskilling of the team** - Speaking with the team about the importance of reporting. Training in the incident reporting procedures.

### Some expected responses

- **Monitoring Service Manager’s actions** to ensure there is no unfair treatment of the staff member who reported the incident.



You may choose to give your workers this factsheet to assist with their decision making: [NDIS Commission: Identifying and responding to incidents](#).

## Key Conversation 3

### Facilitator Guide and Expected Responses

#### Introduce the topic

A possible opening statement is:



This scenario unpacks supporting a person who is starting to explore their sexuality and relationships. In doing so, some unforeseen risks have presented.

**The aim of the conversation** is to explore some key points around safeguarding and unpack:

- The importance of engaging with people and shared decision making.
- Exploring, creatively, how to balance risks with upholding human rights.
- Supporting a person and actions to take when there are immediate safety issues.

**Notes for facilitator:** 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.

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.



You may choose to highlight to your workers as part of this conversation some of the resources available to support people with disability with relationships and sexuality, such as [SECCA](#) and [Planet Puberty](#).

## Introduce the activity

- Refer the group to page 3 and 4 of their workbook
- Ask the groups to read through each question, discuss as a group and record their answers.
- Discuss and additional resources you have provided.
- Set a time limit for the activity – suggested timeframe 15 minutes.
- At the end of this time bring the groups back together and ask people to share some of their responses.



### Scenario – Part A

Sam is 27 and lives independently with support. Last week Sam finally saved up enough money for his own smart phone and has since been exploring lots of dating sites.

You have gone to Sam’s house to support him in the evening, you do some cooking together and he opens up to you about the fact that he feels lonely and wants to be in a relationship.

Sam is a very trusting person, he sometimes struggles to understand personal boundaries and will share personal information and has previously given his personal belongings and money to people he has met on nights out, hoping this would lead to a relationship. He has also previously been assaulted. He is excited about this new way of meeting people and he tells you he is eager to start new friendships and relationships. You talk about some safe strategies for meeting people online, such as taking time to get to know someone online and he agrees that this is a good strategy.

### 1. What are you worried or concerned about (risk assessment)?

Think about what could occur, what would be the impact, how likely is it that this will occur.

#### Some expected responses

- Does Sam have good protective behaviours, particularly around internet safety?
- Sam may not be safe going out and meeting strangers.
- Sam has had negative experiences in the past and done things which placed him at risk of being exploited.
- Does Sam have all the skills and information to make an informed decision?

**2. What actions could you take or things should you consider to support Sam to explore his options and uphold his rights?** Think about understanding the person’s choices, supporting their decision making, informing the person about risks, privacy and dignity, cultural safety.

**Some expected responses**

- Exploring his hopes first. What is Sam seeking in a relationship? What outcome does he want?
- Researching resources together like how to prepare for a date and having a safety plan?
- Are you a person that Sam is comfortable talking to, based on his cultural and personal preferences?
- Is this the right setting, is it private?

**3. What could be done about the risks (risk management)?** Think about:

What outcome does the person want? What other outcomes might also be desirable? What might already be in place to mitigate the risk of harm? What interventions or supports could reduce the risk? Does the person need support to make the decision? Are there other services that need to be involved? Do you have the right skills to support the person?

**Some expected responses**

- Is Sam open to learning more about personal safety and dating? This might help him in:
  - planning the steps for before, during and after a date
  - having a safety plan?
  - signs that someone may not be a healthy or true match.
  - appropriate and safe online behaviour.
  - being assertive and knowing how to leave an uncomfortable situation.
  - how to handle or manage rejection.
- Do we need to refer to a specialist service to support Sam? Does Sam consent to this?



**Scenario – Part B**

A month later, Sam tells you a person he met online came to his house. The person stole his laptop and wallet while he was in the bathroom. He is worried the person is going to come back.

**4. What are the immediate safety concerns and what actions should be taken?**

**Some expected responses**

- Sam has been the victim of a crime.
- Sams may be at risk of the person returning.
- Sam should be supported to contact the Police and report the crime. They can also provide advice for how best to secure his home.
- They might also be able to provide information on support for Sam as he has been the victim of a crime.

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

**Some expected responses**

- Yes – an internal incident report should be completed.
- Your employer will need to determine if this is a reportable incident.

**6. How will you monitor the situation and what will we do if it changes?**

**Some expected responses**

- Keep talking with Sam and supporting him.
- A referral to a support service who specialises in supporting people with relationships and safety could be discussed.

**Please note:** The Safer Services toolkit was funded by Lotterywest in 2018 and reviewed by the NDS Quality and Safeguards Sector Readiness Project in January 2024. This resource is general in nature and is provided as a guide only. NDS believes that the information contained in this publication is correct at the time of publishing, however, NDS reserves the right to vary any of this publication without further notice. The information provided in this publication should not be relied upon instead of other legal, medical, financial, or professional advice. Please always refer to online documents for the latest versions including the NDIS Practice Standards and advice to providers on the Code of Conduct.