

# NDS Quality and Safeguards Sector Readiness Project

# Safer Services Key Conversations – Scenario Workbook What is a key conversation?

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 for?

This Key Conversations workbook should be used alongside the facilitator guide. Depending on whether you are meeting online or face to face, it could be printed or emailed to the team members participating, prior to meeting.





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### **Key Conversation 1**

### **Team worksheet**

In your groups, read through each question, discuss as a group and record your answers.



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 Joannes safety and why the Restrictive Practice is in place.

- 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 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).
- Joannes 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.





### **Team Response**

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

Notes	

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

Notes	





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

Joanne
Workers
Housemates
Family





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

Notes	
	A month after she has 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 shared some of their observations:
Scenario	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).
Part B	Others have had success involving Joanne in food preparation.
	They think that 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?

Notes		





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

Notes		

- 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.

# Notes







### **Key Conversation 2**

### **Team worksheet**

In your groups, read through each question, discuss as a group and record your answers.



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 more impatient with her.

Last week, when supporting Leah in the shower, you noticed a bruise on her thigh. 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, or an incident report being completed, from other team members or the Manager.

### **Team Response**

1. What are your reporting options and responsibilities?

Notes	





2. What other things might you need to consider?

Notes		

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

Notes	



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?

Notes		

### **Key Conversation 3**

### **Team Worksheet**

In your groups, read through each question, discuss as a group and record your answers.



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 Sams 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.





### **Team Response**

1.	What are	you	worried	or	concerned	about	(risk	assessment	)?
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Think about what could occur, what would be the impact, how likely is it that this will occur.

Notes		

## 2. What actions could you take or things should you consider while supporting 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.

Notes		





<ol><li>What could be done about the risks (risk management)? Think at</li></ol>	t the risks (risk management)? Think at	aboui
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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?

Notes	



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?

Notes		





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

Notes	

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

Notes	

**Please note:** This resource was developed in January 2024 by the NDS Quality and Safeguards Sector Readiness Project. The 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.



