

SoSAFE Implementation Guide

**Inclusive strategies for workers
who support people with
disability, including those who
live in rural or remote areas**

Version 1 2024

Contents

Introduction	Page 3
Attitudes, skills and knowledge.....	Page 5
A shared approach.....	Page 6
Shared practices.....	Page 8
Shared tools.....	Page 9
Shared rules.....	Page 10
Shared language.....	Page 11
Key glossary terms.....	Page 12
Shared online safety.....	Page 13
Additional resources.....	Page 14

In a small community you can harness the commitment of many of the people trained in SOSAFE to collaborate and share the importance of a community wide approach to social and sexual safety for all.



Introduction

This resource provides information for workers when implementing SoSAFE to promote inclusion, as well as social and sexual safety for all. In this booklet, there is a focus on supporting people who are living in rural or remote areas and ensuring that diversity is represented when we implement SoSAFE in any setting.

This resource will tell you about:

- the attitudes, skills, knowledge you need as a worker
- a shared approach to implementing SoSAFE to support people inclusively
- easy read resources to support people living in rural or remote areas.

The information in this resource is important for all workers to know. It aims to help rural or remote communities build a whole of community approach, worker by worker, workplace by workplace.

When delivering SoSAFE in rural and remote areas, and working alongside our SoSAFE project partners in rural, remote and very remote areas, we learnt from workers about the following challenges, such as the lack of:

- services or choice of services such as therapy or specialist medical help
- trained and/or long term staff
- transport to access some services or specialist services
- consistent internet access (and in some places, electricity).

In some places the weather is also a very important factor, as poor weather often restricts access in and out of the community. Also, the distance from major towns or cities means that for staff access to professional support such as professional learning or debriefing is often limited.

Workers also shared with us some of the benefits of living and working in small rural or remote communities such as the importance of:

- valuing the people with disability in the community and their skills and talents
- sharing strong community networks and passionate community leaders
- having a culture of volunteering (such as in community sporting activities)
- creating a good understanding of community needs and the potential solutions
- experiencing the commitment to every person in the community
- valuing the perspectives of the long time residents and harnessing the energy of the new residents
- recognising the general community services that are being creative and inclusive in their service provision.

When implementing SoSAFE in rural and remote areas, we aim to build on these strengths and try to work in ways to minimise the challenges, striving for a more inclusive and safe community for all.

SoSAFE implementation challenges

When delivering SoSAFE training in rural and remote areas across Australia, workers told us about a range of challenges that impact the social and sexual safety of people with disability. These issues, and a short description of some of the tools and resources that SoSAFE implementation can support the overcoming of them, include:

- The lack of privacy. For example, a friend or family member may be the doctor's receptionist and so they may have access to your private medical information or people may have opinions about another person based on information learned from others. As a result, people may be reluctant to talk about or get support for issues around their sexual health or wellbeing in their own community.
SoSAFE solution: Private information resource, Public and Private resources
- A conservative or heteronormative approach to sex, gender and sexuality. In some rural or remote places, sex and sexuality are not topics of conversation among adults as they are deemed inappropriate, or even taboo. This means people may have limited knowledge or understanding of sex, sexuality or sexual health, or ideas based on what their parents told them. One impact of this type of silence around the topic of sex is that young people may learn that they cannot ask questions or seek support when needed. Another result may be that community members experience shame or guilt around the topic of sex and so when incidents occur no one is sure how to support the people involved.
SoSAFE solution: Sexual health easy read resources, Disclosure resource, SoSAFE Implementation Guide to support people who are LGBTQIA+.
- A sense of over familiarity. For example, because many people in a small country town may have known the person with disability for many years, they may treat the person as a child although they are now an adult. In one town, the adult was hugged by community members who they did not really know (for example, the doorman at the club). This level of touch was not OK, but the person with disability's supporters were not sure how to change the doorman's behaviour without appearing rude.
SoSAFE solution: Talk Touch Triangle (see page 9)
- A sense of fear. One small town had experienced a tragic abduction of a small child some years ago. Some people were reluctant to talk about social and sexual safety because they felt it may upset the family of the child. The result was silence.
SoSAFE solution: A whole of community approach to social and sexual safety (see page 8) to share the proactive responsibility of creating safety among everyone.

Attitudes, Skills and Knowledge

SoSAFE builds worker capability in all workplaces by improving workers' attitudes, skills and knowledge to create cultures of safety for all people with disability. There are a range of ways we can increase the social and sexual safety of the people who live in rural and remote areas by strengthening our:

Attitudes:

- embracing human diversity in all its forms
- reflecting on the human rights that are the basis of your work
- upholding our personal role in creating cultures of safety in our community
- being an 'askable' adult - someone people can trust to answer their questions honestly
- practising talking about these issues so embarrassment is lessened
- remembering relationships are best learnt about in relationships, so take the opportunity to chat openly about issues as they arise (for example, if appropriate for your role and if the person has a doctor's appointment, it may be a good time to discuss public and private information and if they have any private body parts concerns to share with their doctor)

Skills:

- teaching about and modelling respectful relationships
- being clear on our own boundaries
- supporting other people to set their boundaries and respect them
- talking explicitly about our roles and be clear on our own boundaries
- presenting information objectively (for example using phrases such as OK and not OK rather than good or bad when describing certain behaviours) and minimise sharing of your own views unless required for the discussion
- practising asking consent prior to all touch for personal care, assistance or affection.

Knowledge:

- gaining confidence in speaking about sex, gender and sexuality by increasing your own knowledge (see page 14 for useful resources)
- building your knowledge in speaking about sexual wellbeing (understanding that the World Health Organisation defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity)
- knowing how to receive disclosures in safe and supportive ways
- knowing where to access appropriate and relevant information
- knowing where to look or refer people if you do not have the information they require

A shared approach

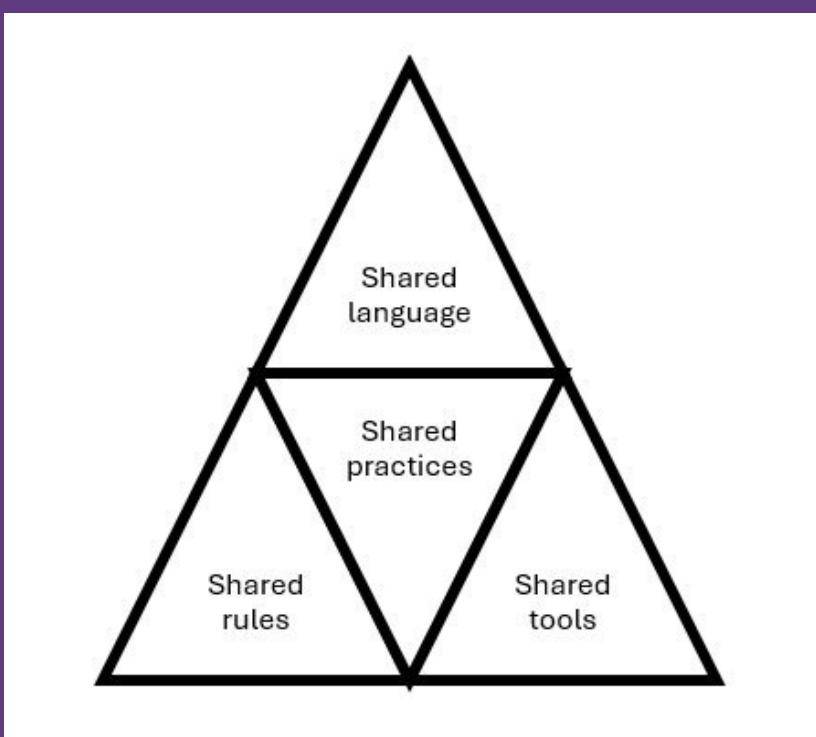
SoSAFE works best when it is implemented consistently. This means workers adopt a shared approach across their workplace to their:

- practices (the ways we work)
- tools (the visual supports we use)
- rules (the protective elements of SoSAFE we model and use)
- language (the words and definitions we use.)

SoSAFE has a range of protective elements. Protective elements are the rules of a workplace that help to keep people safe from harm. This includes rules such as naming touch when giving a side hug, asking for consent prior to personal care, and teaching people how to be OK helpers and receive disclosures in safe and supportive ways.

The diagram below reflects how each of the four elements of the shared approach are interconnected across the whole of an organisation. This approach ensures that there is a consistency in:

- core concepts such as public, private, seeking help, appropriate touch, OK and not OK and consent
- worker roles such as OK and private helpers as well as relationship types such as community workers I know
- boundaries and activities that are OK in different relationship categories.



A whole of community approach case study

Working with our Safer Me Safer You Project partners, Family Planning Tasmania, we adopted a SoSAFE whole of community approach in a rural area, Circular Head. This area is in Tasmania's north-west about three to four hours drive from Launceston (depending on road works and the weather!). The highlights of this approach were:

- the opportunity to train 189 people in SoSAFE and the breadth of roles of the people we trained. They were from across the community, including teachers, school support staff (from Smithton Primary and High, Stanley, Redpa, Edith Creek, and Forest), school nurses and social workers, early childhood educators from Giggles and Circular Head Child Care Centre), allied and health workers from Circular Head Aboriginal Health Corporation (CHAC) and Rural Health Tasmania (RHT), disability support workers and leaders (Wyndarra and Multicap), community services (54 Reasons, local council and The Study Centre), aged care facility (Emmerton Park), church staff and volunteers. Many of these people we trained were also volunteers in sporting roles or across the community.
- the commitment of many of the people we trained to collaborate and share the importance of a community wide approach to social and sexual safety for all. This was particularly evident in the excitement expressed by staff from the early childhood centres, whose students would move on to the schools and high schools continuing to build on the foundational concepts that they were learning at three years old.
- the acknowledgement that social and sexual safety is a community wide issue. There was an abduction of a child many years ago. Some people felt that the silence around this issue meant that people were trying to forget the incident. Workers felt SoSAFE offered a new way to talk about safety in the community in a way that was positive and proactive.
- the agreement that safety (including online safety) would be increased through a shared approach. Many workers agreed that shared language, rules, tools and practices across the community would greatly increase the safety of all. Workers recognised the opportunity for safety messages to be reinforced multiple times by many different people that existed when people implemented SoSAFE consistently.

Shared practices

Here are a range of strategies to support inclusive practices, and overcome some of the SoSAFE implementation challenges mentioned on page 4, when working in rural or remote communities:

Reinforce the concept of public and private information to create safety for people to learn about sex and respectful relationships:

- establishing a safe and supportive environment, in an appropriate setting, with OK helpers, where everyone feels comfortable to discuss sensitive personal issues. Some places use a private talk sign on the door to minimise interruptions during the session.
- reinforcing boundaries, where possible, to ensure disclosures are only made during private talk. This may be done by using third person examples or case studies in discussions, rather than asking people to share their own experiences.
- highlighting the importance of private information and OK helpers so all people know who they can talk to if they do have a personal question
- using the Talk Touch Triangle to reinforce the relationship categories that include private talk.

Allow for learning about, and expression of, diversity in sexuality and gender (to challenge stereotypes or conservative beliefs and create safety for people who may feel they do not fit within a certain group)

- allow people to ask questions anonymously using a question box in a group activity
- consider including guest speakers or others (such as older students) to foster a whole of community approach, if appropriate
- promote diversity when using examples so individuals feel included
- access the SoSAFE Implementation Guide for workers supporting people who are LGBTQIA+.

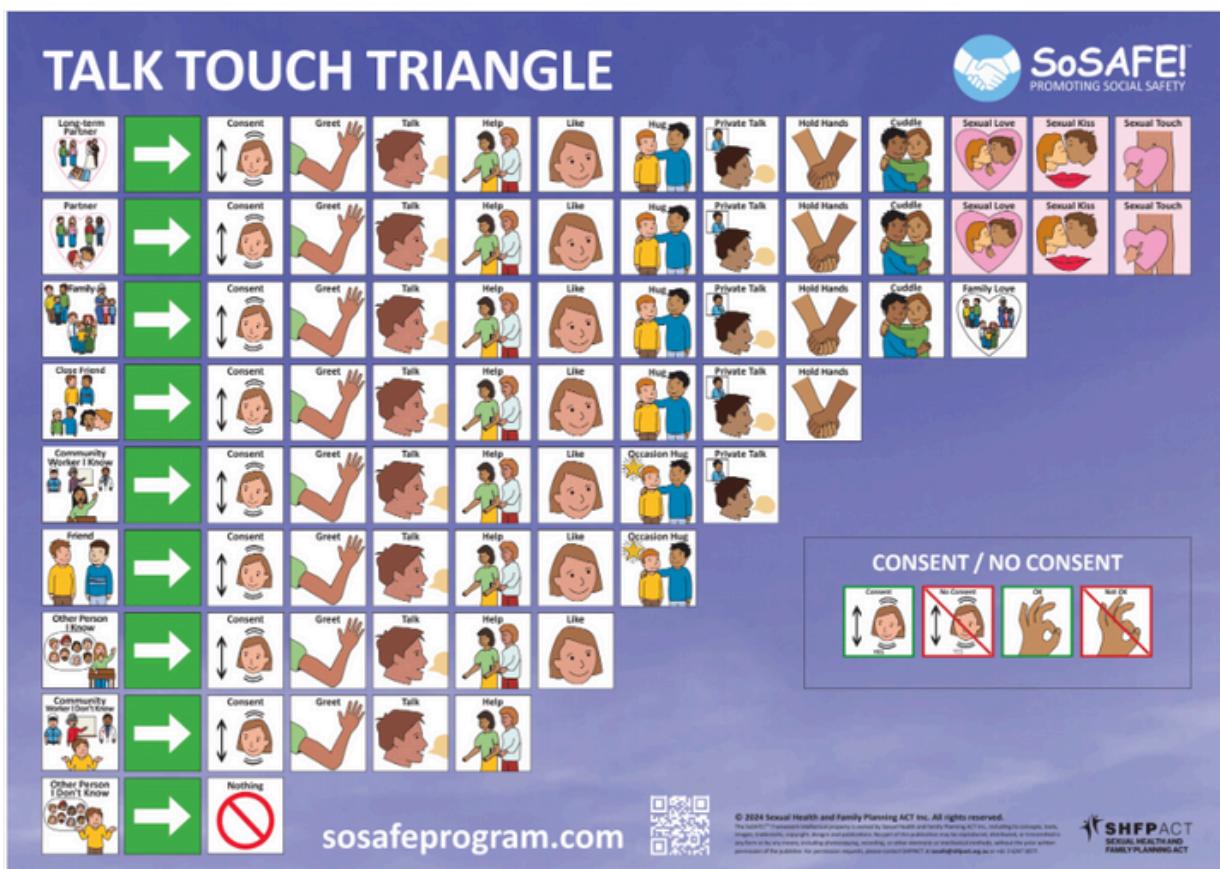
Reinforce boundaries around touch (to reinforce a whole of community approach rather than a sense of overfamiliarity with some people with disability)

- use the Talk Touch Triangle and, or the person's People and Relationships book to demonstrate the kind of behaviours that are OK with Community Workers I Know. Gently and firmly reinforce the kinds of appropriate touch that can be used in the community, and how unhelpful and confusing it is for people to encounter different greetings in the community. Encourage community workers to understand SoSAFE rules and practices are to keep all people safe through consistency, rather than touch being up to the personal values and choices of each community member.

Shared tools

One of the key complexities that was discussed during rural and remote SoSAFE training sessions was that workers often had a range of relationships with the people with disability they supported. This meant they were both a Community Worker I Know (such as a support worker or teacher) but also a friend, family friend, or even close friend. Some of the key ways workers can use the SoSAFE tools to create safety in rural and remote communities include:

- using the boundaries set by the Talk Touch Triangle, as a community worker the person knows. These boundaries ensure that as a community worker, it is clear to you, the person and the community that you cannot be the person's partner or long term partner.
- using the concept of private talk. In a small community, a private talk may contain information about more than one person you know. Using the resources listed on page 14 you can support the person appropriately and keep their relevant information private.



The Talk Touch Triangle uses gender neutral terms such as partner to promote an inclusive approach.

Shared rules

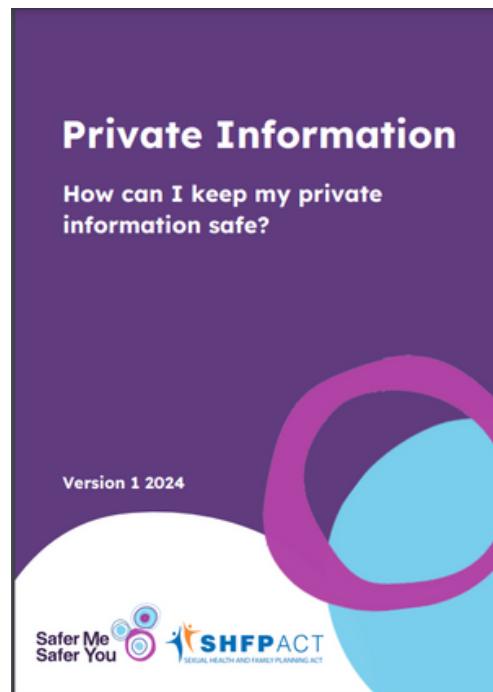
The relevant rules of the SoSAFE Framework in a rural and remote setting include:

Rule:

I can have a private talk with community workers I know, close friends, family, my partner or long term partner, with consent. I will have OK helpers to have private talks about any worries that I have.

Strategies:

- ensuring people know their three OK helpers (ideally from three different parts of their lives) and how to contact them
- teaching about private information, private places and private body parts and when, where and who you can discuss these topics with (and modelling this behaviour)
- highlighting the different categories of relationships and who can know your private information (for example what information may be needed to tell a doctor's receptionist and what information may be needed to give a doctor (even though both may be Community Workers that I know).
- using the Private information resource available [here](#).



Rule:

Use the words OK and not OK when describing behaviour.

Strategies:

- keeping in mind that SoSAFE is not a resource to teach about morality or values in terms of sex or sexuality. While SoSAFE is based in human rights, it is important that the SoSAFE tools are not used to teach right and wrong, rather to focus on safe and unsafe and OK or not OK behaviour.
- teaching OK and not OK can be used as terms to indicate appropriate, with consent. The teaching of consent is strongly connected to the idea of OK and not OK, and the Consent resources, [Introduction to Consent](#) and [Introduction to Sexual Consent](#) give many detailed examples of how to support individuals to learn about consent.

Shared language

Inclusive and appropriate language has been highlighted throughout this resource as a key strategy to promote safety and inclusion when supporting people who are learning about sex, sexuality and healthy relationships. Some important areas to focus on are:

Using the correct names for private body parts helps by:

- minimising confusion. For example, when people use metaphors or slang words to describe private body parts, it makes giving disclosures or reporting a sexual health issue far more difficult.
- allowing staff to report on issues accurately. For example, when writing reports they can clearly describe the site of an injury.
- decreasing embarrassment. For example, if everyone uses the correct terminology, then this may lessen the reluctance of some people to use the word at all. Research has shown knowing the correct name can reduce shame and taboo by promoting a healthy body image.
- knowing the different names and functions of our own body parts can help to increase our sexual wellbeing and pleasure, as we learn about how our body works and what may feel good to us.
- reducing the likelihood of abuse. Research shows that people who know the names of private body parts, are more likely to have received other sex education, and so are therefore more likely to make a disclosure. This means they are less likely to be the target of abuse.
- improving relationships. It is beneficial for all people to learn about everyone's private body parts, and puberty similarities and differences. For example, when everyone learns about periods, then their friends can assist them and understand what they are experiencing.
- NOTE: there is no need to teach that 'family names' for private body parts are wrong, simply that there are the medical names we all need to know as well, so when we go to see a doctor or nurse we can describe all parts of our bodies accurately.

Using the terms Other People I Don't Know and Community Workers I Don't Know helps by:

- removing the idea of a 'Stranger'. This concept may be unhelpful or confusing in a small town where people often believe everyone knows everyone.
- encouraging people to identify who are people who can help you in a community when you are not with your friends or family
- reducing the focus on 'stranger danger' and fostering the idea that in a community everyone has a responsibility for the creation of a culture of social and sexual safety.

Key glossary terms

Community worker I know

A person that has a job that helps other people and I know their name and see them a lot.

Community worker I do not know

A person that has a job that helps other people and I do not know them and do not see them a lot or have never met them before.

Other people I know

All the people I know who are not family, friends, partners or community workers I know. This could include friends or family of people I know.

Other people I do not know

People who I do not know their name and do not see them a lot or have never met them before.

Private place

Somewhere other people cannot see me or hear me. For example, in my bedroom with the bedroom door and bedroom curtains closed. In a private place I can choose who comes and goes from the place.

Private behaviour

When I am on my own in a private place, I have the right to touch my body however I choose. This might mean going to the toilet, showering or taking my clothes off. These actions are private behaviours. Sometimes people I trust need to help me shower or go to the toilet. They still need my permission to help.

Private information

Any information about private body parts, private behaviours or information about myself that people cannot know by just looking at me. For example my full name, phone number, my birth date and my health information. I may not want to share my private information with other people. Sometimes health professionals need my private information to be able to help me. Health professionals should be able to tell me what private information is needed and why.

Private talk

Private talk is conversations about private body parts, sexual activities, feelings, thoughts and emotions. It can also be about any worries I have. If I need to talk about a private body part or sexual activity it is best to talk to my OK helper in a private place.

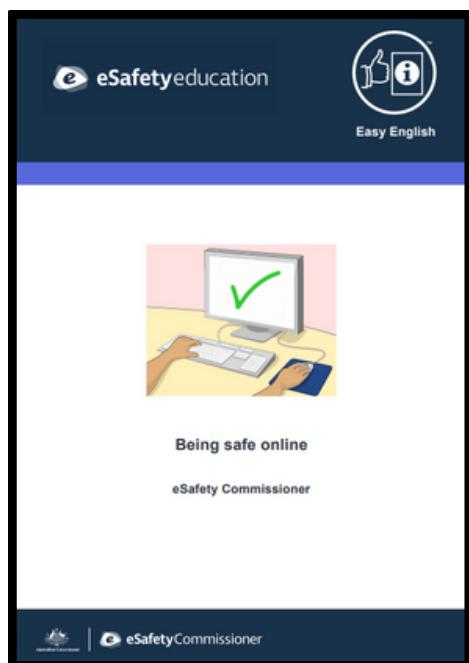
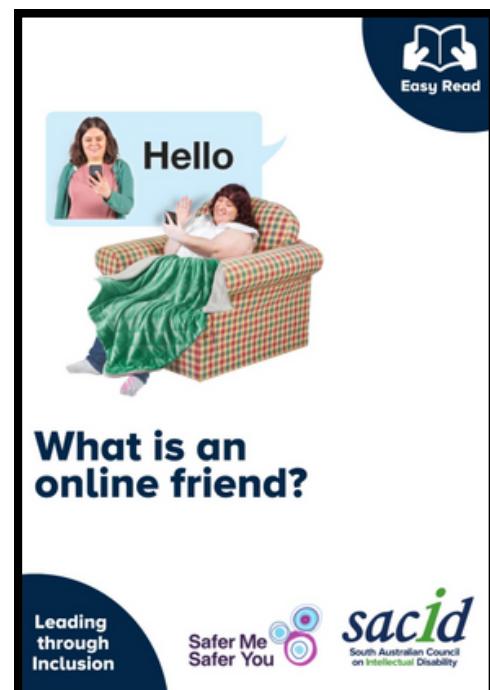
Sharing online safety

Another challenge that may exist in rural and remote communities is that people may use the internet to make friends, and may then face the risk of being scammed or being in unsafe situations. However, making online friends also can be safe and healthy because there may be more opportunities to meet new people online, and become friends with them. These new friends may have similar interests or experiences, rather than people from their own small community.

It is useful to have a whole of community approach when discussing making online friends, as this can be an area that changes quickly. This easy read guide may be useful for OK helpers to talk to the people they support about issues such as:

- good things about online friends
- green flags of online friends
- red flags of online friends
- ending unhealthy online friendships
- meeting the friend in person.

Key SoSAFE concepts are embedded within the book and the elements that make all friendships safe are highlighted throughout the book.



The E-Safety Commissioner also has a range of easy read resources on their [website](#) to support online safety. These are:

- [Being safe online](#)
- [Cyberbullying](#)
- [What you can do about image based abuse](#)
- [What you can do about abuse through technology](#)
- [What is online abuse](#)

These resources are useful for both workers and people with disability to read before red flags or abuse occur so they know how to take action when they do.

Additional resources

Free, Australian resources for workers to increase their confidence to talk about sex, sexuality and gender

- [Top Tips for Talking about Sex](#) (This tip sheet is aimed at parents, but many of the tips are useful for everyone)
- [Talk Soon, Talk Often](#) (A book for parents and carers that also has many useful strategies for communicating effectively on the topic)
- [Yarning Quiet Ways](#) (A resource for First Nations families, carers and those who work with them)

Sexuality Education Counselling and Consultancy Agency (SECCA)

- [Feel Safe](#) This free learning resource has been designed for young adults with varying abilities to learn and practice their protective behaviours knowledge and skills.
- [The SECCA App](#) A free innovative resource to support relationships and sexuality education for people of all ages and abilities.



R U OK? resources

- [Rural and Remote How to help someone doing it tough](#)
- [Hey Sport R U OK? resources to build an R U OK culture](#)
- [Lesson plan to help young people to identify who to talk to if they are not OK](#)

National Disability Insurance Agency

- [Easy English Rural and Remote Strategy](#)



SHFPACT
Sexual Health and Family Planning ACT

P (02) 6247 3077
E training@shfpact.org.au
www.SaferMeSaferYou.com.au