Strengthening families | Protecting children
Framework for Practice

Queensland Government

Safety and support networks and high intensity responses

Collaborative responses to high risk and high complexity in working with children, young people and families

January 2018

Queensland Government

Table of contents

Introduction

A core component of a strengths-based, safety-oriented practice approach is the development and strengthening of a child, young person or family's Safety and Support Network. A Safety and Support Network is made up of a range of people, and could include family members, professionals, carers, and community members. These network members will support parents, children and young people to develop and maintain safety through case and safety planning.

Aboriginal and Torres Strait Islander families have been using a form of Safety and Support Networks in the raising of children and young people for generations. The care and raising of a child or young person is not limited to the immediate family, rather there is a collective community focus. "One community, many eyes" that is, someone is watching all the time, they know who you are, they know your name and they know what family group you belong to and what your responsibilities are. At the heart of the collectivist approach to child rearing is the emphasis on protecting children and young people and preserving their wellbeing. Extended family members and other community members, such as local Elders, are particularly valued for the ongoing support they offer parents, children and young people. The extended family network also provides lifelong learning opportunities for *all* family members. The collectivist approach also provides parents with a sense of security, trust and confidence in the knowledge that others in the local community are always there to help them care for their children and young people. The use of Safety and Support networks in the child safety context aims to build on and strengthen a child, young person, and their family's natural networks. Throughout the resource there are references to 'community members' as part of a Safety and Support Network - for Aboriginal and Torres Strait Islander families it is critical that members of the child or young person's cultural community are a part of the network, and that a 'cultural lens' is applied to all of our work.

It should be noted that in some agencies and jurisdictions Safety and Support Network members and the activities they coordinate and undertake may be known as *care* teams. Whether known as Safety and Support Networks or care teams, it is the coordination and provision of support and increased safety through planning and action steps that is important for children, young people and their families.

At times of crisis or high complexity, children, young people and their families may require a more intensive response to ensure their safety. A High Intensity Response by the Safety and Support Network is a particular way of coordinating, planning and working with the purpose of providing a very intensive, seamless, wraparound safety and support plan to identified children, young people or families for a time-limited period.

This practice resource aims to:
- clarify the purpose and functions of Safety and Support Networks
- describe the process for developing and working with Safety and Support Networks
- provide a model for coordinated high intensity responses by the Safety and Support Networks during periods of high risk or high complexity.

PART 1: Safety and Support Networks

What is a Safety and Support Network?

A Safety and Support Network is a team of family, friends, community members, carers and professionals who are willing to meet with the child or young person, the family and Child Safety and work together to keep the child or young person safe. Network members are not 'add-ons' to the casework but are integral to case and safety planning. In this integrated practice approach, network members are essential to enhancing safety as they keep in regular contact with the child or young person and their families, take specific actions when situations become fragile or dangerous, and listen and respond to the child or young person and their worries.

An important difference between a Safety and Support Network and a more general 'group of concerned people' is that Safety and Support Network members know the harms that have already been experienced and the worries and goals for the future. That is, they know the risks of future harm to the child or young person should nothing change in the family or if new issues emerge. The key premise for any Safety and Support Network is that network members are:

- informed
- willing to help, and
- clear about what they must do to respond.

Why have a Safety and Support Network?

In many instances the department's involvement in a family's life is short-term. To provide the best opportunity to maintain safety, belonging and wellbeing, a network should be formed by family, friends and other community members and professionals who can remain involved well after the department has closed their intervention with the family.

As outlined above, it is the Safety and Support network which works with the family and the department to implement and review safety plans. Finding out who are support people for the family and building on those relationships is important work. A core component of the Framework for Practice is the concept of '*No Network No Plan'* which means involving and strengthening the Safety and Support Network right from the start of all work with a family. A safety plan which is limited to the parents is unlikely to ensure sufficient safety.

Which types of cases?

Safety and Support Networks assist at all stages along the child protection continuum.

Examples of how a Safety and Support Network may work at different points include:

- **Investigation and Assessment** – The Safety and Support Network can help the family take actions to keep children and young people safe in the home, mitigate the harms and may negate the need for ongoing departmental intervention.
- **In-home intervention** – The Safety and Support Network can monitor safety, providing more 'eyes' on the child or young person, provide practical assistance to the parents to safely care for their children and young people, and expand the number of safe adults in the child or young person's life. Practical assistance could include child care, cooking meals, helping the parents to access services or transporting the child or young person to medical appointments or school. Network members can provide emotional support to the child, young person or parents.
- **Long-term out-of-home care** – The Safety and Support Network can provide access to a number of adults who may provide support such as mentoring, assistance with homework, support to attend sports or engage in hobbies or career guidance.

- **Reunification** – The Safety and Support Network can provide practical support to the parents of the child or young person, such as how to provide nutrition, nurturance, discipline and education, and network members can be a part of the reunification monitoring to ensure the safety plan is being followed and the transition home is meeting the child or young person's physical, psychological and emotional needs.
- **Transition to Independence** – the Safety and Support Network can provide ongoing assistance and support for the young person transitioning from care, assisting with practical matters such as accessing Centrelink and housing and by strengthening the young person's sense of belonging to his or her community through forming connections.

Who might be part of the Safety and Support Network?

The department's best hopes are for every child and young person involved with the department to have a Safety and Support Network to help keep them safe, cared for and reach their full potential. The membership of the network will be different for every child and young person, and for some may include only departmental and professional workers at the start. Ideally a safety and support network will build on natural supports in the family and community as these will often be the most enduring. Over time the aim will be to build the network to include parents, family, friends, community members, carers and professionals who:

- care about the child or young person
- are willing to meet with the department and other key people
- have an understanding of the harm that has occurred
- have an understanding of the worries and risks for the future
- are willing to take actions that support the family and help keep the child or young person safe.

Developing a Safety and Support Network for a particular child or young person in out-of-home care might look like this (Figure 1):
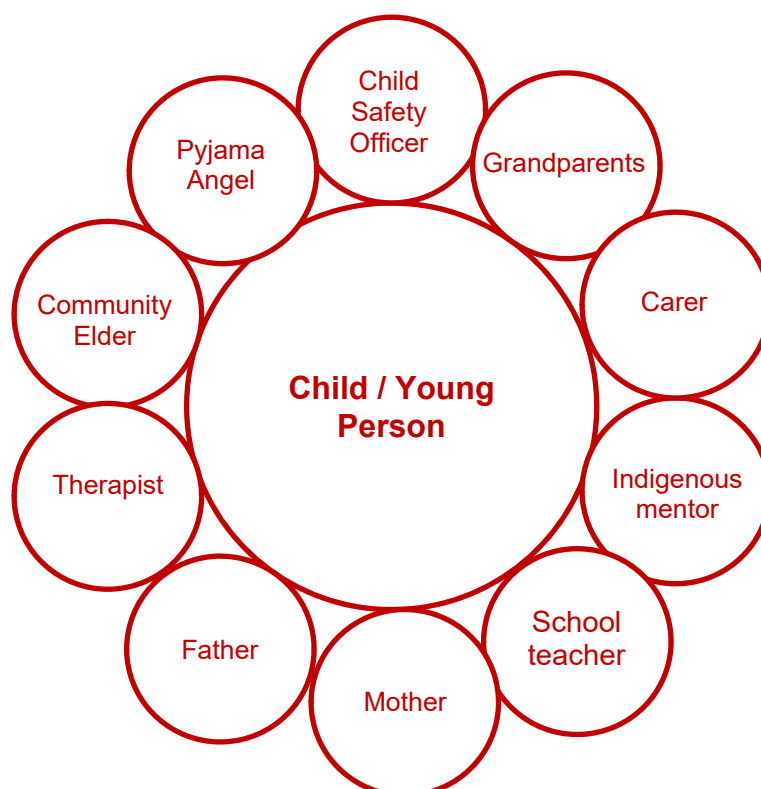
A Safety and Support Network at case closure for another child or young person might look like this (Figure 2):
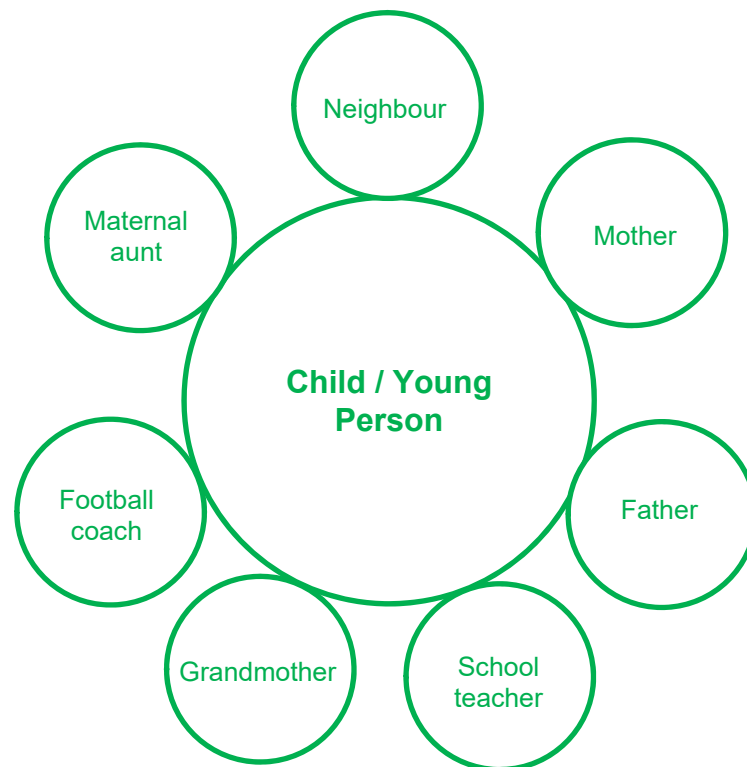
Practice tools to support Safety and Support Network Planning

Safety and Support Networks are built upon positive working relationships – both the relationship with the child, young person and family, and the relationship between network members. When working well, Safety and Support Networks ensure joined-up practice and wraparound approaches which are in a child and young person's best interests and increase safety.

The Circles of Safety and Support tool is a visual tool which can be used with children, young people and their families to introduce and explore the idea of involving a network and to identify network members (See Attachment 1).

The Collaborative Assessment and Planning (CAP) Framework tool can then assist Safety and Support Network members to map and share relevant information about harms experienced, strengths, acts of protection, complicating factors and worries for the future as well as the required actions for increased safety (See Attachment 2).

Safety and Support Plans provide clarity to all network members about their purpose, the known worries, goals and action steps as well as the non-negotiables and 'what ifs' which everyone should plan and have contingencies for (See Attachment 3).

Safety and Support Network Engagement

A Child Safety Officer will generally take the lead in developing and coordinating the network members to ensure clear information exchange, safety plan creation and commitment to action steps.

The following points outline some of the strategies that can be used to ensure effective provision of support:

- using a collaborative approach that involves two-way communication
- providing clarity about the harm statements, worry and goal statements
- ensuring all network members are clear about the actions steps and what their roles and responsibilities are
- keeping everyone up-to-date about progress, if an earlier review may be required and any issues that may arise that need a high intensity response
- being open to co-opting new members when a change in response is required
- working with the network to develop the 'what ifs' or contingency plans and ensuring network members have relevant contact details.

Sharing information/communication and meetings

Information sharing, ongoing assessment and analysis as new information emerges are important for network members to increase safety. Inter-agency sharing of information and sharing information with other network members, such as carers and family members allows for fully-informed risk analysis and safety planning.

Levels of communication should be determined based on the needs of the child, young person and/or family and the stage of development of the network. For example, a newly formed Safety and Support Network may require more regular meetings or communication (phone calls, visits and emails), than an established network that has been working together with the child or young person and their family for a significant period of time. More regular communication and meetings may also need to occur at key points such as the process of developing a safety and support plan, when a change of placement occurs or during a reunification process.

Face-to-face meetings may be an efficient way to communicate and may help ensure regular communication and clarity about roles. They can also help build relationships between people who need to work collaboratively. Any meetings should be purposeful, should include information sharing, assessment of the level of ongoing harm and clear action steps for everyone.

It is the capacity for real-time responses based on clear information exchange that make a Safety and Support Network effective. It is therefore important to agree upon a mechanism for the network members to share information in real time, to enable timely responses. Often this is an email group, with additional use of telephone or Skype link-ups where appropriate. Communication by email, Skype and phone, which is action-focused and involves those who need to know and to act, can be effective in assisting the network to fulfil its role effectively.

Do we need consent to share information?

It is best practice to work with the family's, child's and young person's knowledge and gain their consent to the sharing of information between Safety and Support Network members. If this is not possible the *Child Protection Act 1999* authorises information-sharing in certain circumstances. The *Domestic and Family Violence Protection Act 2012* part 5A also provides authority to share information for the purposes of assessing and managing domestic and family violence risk.

What to do when opinions differ or tensions emerge

Even with clearly articulated non-negotiables for a child or young person's safety, it is to be expected that opinions will differ about how best to respond to complex issues. Development of a working agreement for the network members can be an effective mechanism to surface the values and guidelines for the network's time together and to outline each network member's responsibility to listen to each other and work through differences. Facilitating a process to surface the specifics of how members will spend their time together ensures a collaborative working agreement that all can be accountable to.

Sometimes it may be difficult to reach consensus among network members, especially if the network includes family, friends, community members and professionals from a range of agencies. To assist, the concept of Gradients of Agreement can be employed (Training Resources Group, Inc, 2017) to progress planning. Rather than having a 'yes' or 'no' response about agreement levels for the plan, having a scale or gradients of agreements provides all participants with an expanded vocabulary to better describe their feelings and thoughts about a proposal. In this way, participants may be able to say that whilst they don't love the plan, they can live with it.

Figure 3: Gradients of Agreement 1

Veto
I won't do that plan.

Neutral
No strong feelings either way

Endorsement
I love this plan!

1   2   3   4   5

Reluctant but willing
I don't like it, but I am willing to try it.

Supportive
I really like this plan.

Safety and Support Networks rely on high levels of partnership, collaboration, information sharing and planning. Child Safety Officers can support family and network members to raise issues for resolution as they arise and before they escalate. Network members should be aware of potential conflict and be able to act where possible to facilitate resolution. When conflict arises between professional members of the network and issues are not able to be readily resolved, raise the matter with the relevant senior officers of the professional network members, with a request for resolution or decision, focused on the interests of the family, child and young person.

Hood, (2015) notes a number of issues that can lead to conflict or dysfunction including tensions around roles such as:

- lack of agreement or confusion about the expectations of a network member to be flexible in their role
- a member is seeking to maintain boundaries around their role making a team approach challenging
- pressure to provide more than they bargained for when they agreed to take part
- disagreement about the strategies that will be the most effective
- spillage or blurring when a member has a narrow focus (for example, on one family member) and demands relate to another area, for example, the needs of another family member.

What about other professional involvement and stakeholder meetings?

For most children and young people there will be a number of stakeholders from government and non-government agencies that are either working directly or indirectly with them and their families. The term 'stakeholder meeting' is often used and usually describes a group of professionals who are involved with a child or young person and their family, who meet to share information and plan without involvement of the child, young person or their family.

Such a stakeholders group may be a sub-group of the Safety and Support Network, however not all members of the Safety and Support Network will be part of the stakeholders group. For example a Safety and Support Network could involve the grandparents, an aunt, a neighbour, representatives from the Recognised Entity and EVOLVE, as well as the Occupational Therapist and Speech Therapist - not all have a professional stakeholder role.

At times, the professionals may need to meet with the Child Safety Officer and Senior Team Leader to discuss the child or young person's progress, plan for managing challenges about access to the services and decision making about financial issues. It will be important that solutions and future directions are then shared with the wider Safety and Support Network.

Meetings and written plans are two important mechanisms for making decisions and communicating with the Safety and Support Network:

- **'Meetings'** are about process and are one of the ways a network or team communicates and comes together for efficiency and clarity of discussion and collaborative decision-making. Meetings should have a purpose and a desired outcome.

- **'Plans'** are forward-looking agreements about what needs to be done and by whom, usually written down, that come out of discussions. The key plan for any child and young person receiving departmental intervention is the *case plan*, which if they are Aboriginal and/or Torres Strait Islander, will incorporate a *cultural support plan*. At times an *immediate safety plan* may be required where one or more immediate harm indicators have been identified through the use of the Safety Assessment. A Safety and Support Network will also be part of developing a longer term safety and support plan to outline the harms, worries, the goals and what actions or steps need to occur and who will take responsibility for those steps being actioned.

Existing Child Safety meetings and processes may include the Safety and Support Network and safety and support planning:

- **Placement Meetings (resulting in Placement Agreements)** – A Placement Meeting is usually held between the carer, CSO and Carer Support worker to develop an agreement about how to maintain a stable placement for the child or young person, identify the needs and strengths of a child or young person and identify what supports the carer may require in order to best meet those needs. Safety and support networks and planning may be integrated into placement meetings.

- **Family Group Meetings** – FGMs are used for a variety of planning and decision making points for children and young people and are particularly used for case planning. The Collaborative Family Decision Making approach to family group meetings provides opportunities for family and network members to develop plans to keep children and young people safe in the home, reunify children and young people with their parents, and develop permanency plans for children and young people that consider and ensure their sense of belonging is nurtured. The Safety and Support Network should, where possible, be part of the family group meeting which may be facilitated by a convenor. If some members are not able to attend in person, attempts to use Skype or telelinks could be made. The family group meeting is an important process to openly discuss the worries and goals for the family, what action steps need to be taken to progress the goals and what role and responsibility each member of the network can take.

Other meetings and processes which may benefit from sharing of information about Safety and Support Networks and planning include:

- **Practice Panels** – The role of a Practice Panel is to provide an authorising environment when making significant decisions along the child protection continuum. Practice Panels provide an opportunity for Child Safety Officers and their Senior Team Leaders to present their assessment and their recommendations for consideration and endorsement by the panel. The panel may comprise of the CSSC Manager, another Senior Team Leader, Senior Practitioner and critical friend. The broad Safety and Support Network members would not usually be included in a practice panel though individual members may be invited when their information or expertise is required.

- **SCAN Teams** – SCAN (Suspected Child Abuse and Neglect) Teams have a particular role in providing a coordinated, multi-agency response to children and young people where statutory intervention is required to assess and meet their protection needs. The membership of SCAN Teams and ICMs (Information Coordination Meetings) will always include the core statutory agencies, that is Child Safety, Queensland Health, Department of Education and Training, Queensland Police Service and Recognised Entity when required. If a child, young person or family being discussed at SCAN have a Safety and Support Network, the network should be provided with information about recommendations for any added services or support required by the family.

- **Evolve stakeholder meetings** – When an Evolve practitioner is working with a child or young person, their carer or family, they will facilitate regular meetings with other professionals or stakeholders to ensure coordinated service delivery. Some members of the Safety and Support Network may have a role to play in Evolve Stakeholder meetings.

PART 2: Working with the Safety and Support Network during periods of crisis, increased risk and complexity — High Intensity Responses

What is a High Intensity Response?

A High Intensity Response is a particular way of working with the purpose of providing an intensive, seamless, wraparound safety and support plan to identified children, young people and families during periods of increased risk and complexity. This safety and support plan is responsive in real time to acute and challenging issues, high risks and significant needs, and is consistent with the overall case plan. A High Intensity Response will be generated and coordinated by a child or young person's existing Safety and Support Network and any required co-opted members, to respond to immediate safety concerns, highly complex needs or high risk behaviours such as self-harming, suicidal ideation or frequently missing from placement.

A High Intensity Response reflects the uniqueness of the child or young person and their family and their particular intensive needs at a point in time. A High Intensity Response is not just about initiating referrals for services or arranging a stakeholder meeting.

During a High Intensity Response, Safety and Support Network members and any required co-opted members work together with the child, young person or family, using their different knowledge, perspective and skills, their capacities associated with their agency's role, and their statutory authority as relevant, to address the immediate needs and move towards the broader case plan goals of increased safety.

Given the nature of the circumstances when a High Intensity Response is required, the activities undertaken by individual network members are often associated with responding to crises, ensuring immediate safety, troubleshooting and securing resources, and supporting the child or young person to do things that increase their safety and wellbeing.

High Intensity Responses are a means of responding to worries about the safety and well-being of a child or young person when risk is high or issues are very complicated, in a way that:

- Holds the child, young person or family at the centre of our work, despite systemic and other pressures that can demand attention
- helps provide a holding environment when a child or young person is unable to contain themselves, in a way that is respectful while aiming to protect
- shares responsibility with partner agencies and family members, enabling collective responses, as a united team, to the situations of high risk
- provides for interagency processes and joined-up work that avoid the conflict or confusion that can arise from complexity.

Taking joint action

Safety and Support Network members engaged in a High Intensity Response often undertake joint action to achieve a particular goal with the child, young person or family. A willingness to share resources, including financial, in-kind and time, is important. The approach of working together, which is, closely collaborating in real-time or sharing tasks, adds value to the support being provided to the child, young person or family on a number of levels:
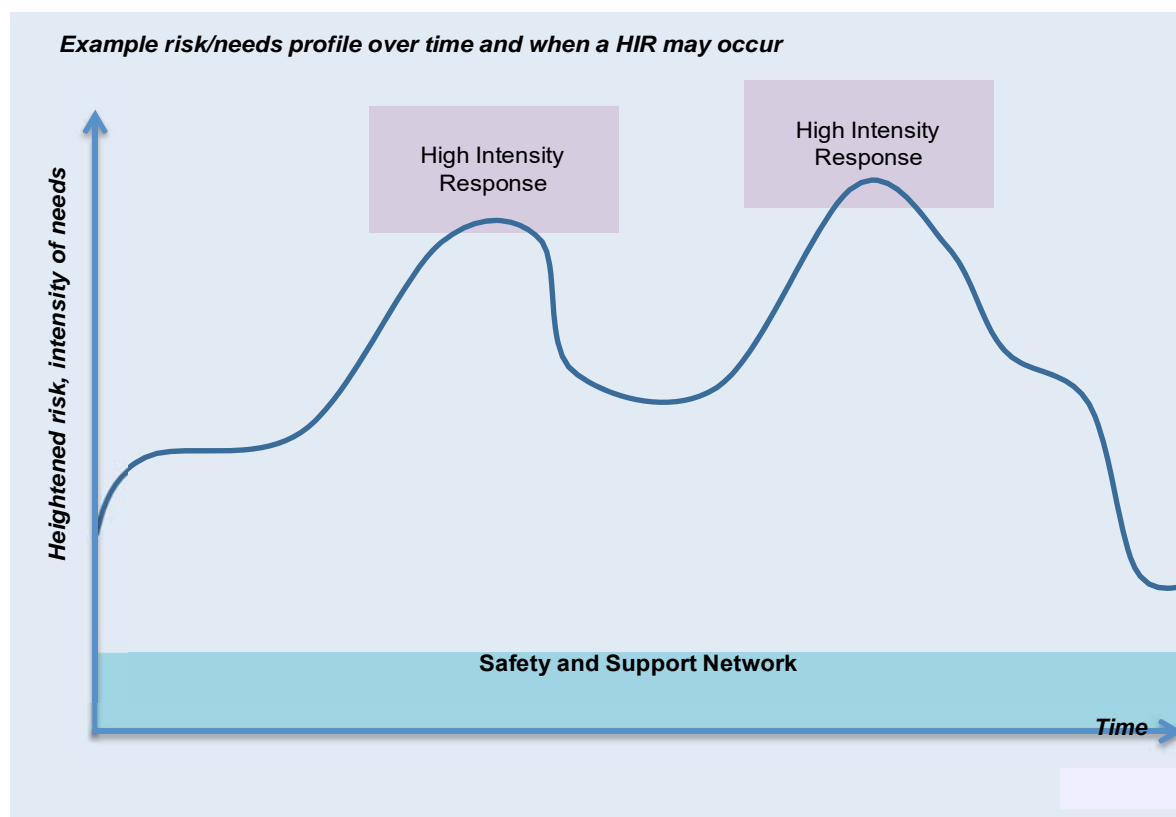
- It reinforces the sense of wraparound or cocooning the child, young person or family in a supportive environment, and reinforces the core value of relationship

- It makes it more likely that Safety and Support Network members will be able to support each other in relation to the crisis nature of the work, the high risk behaviours of the child or young person and the complex and at times difficult decision making

- It enables greater sharing of skills, information and resources

- It can help ease the pressure for children and young people of interacting with only one worker and allow choice in relation to different network members.

- It can provide a consistent response creating a sense of containment for a child, young person or family

As Hood (2015) notes, collaboration in working with complexity is more than routine communication and information sharing and any tools and skills must be deployed in a working context that encourages innovative and adaptive solutions.

Which types of cases?

It is the complexity of needs, safety issues and casework ('working with') challenges that determine the need to consider a high intensity response, rather than the intervention type. A child or young person may be the focus of a high intensity response or the response may focus on the family as a whole.

Figure 4: High Intensity Responses may be required at different points.

Example risk/needs profile over time and when a HIR may occur

Heightened risk, intensity of needs

High Intensity Response

High Intensity Response

Safety and Support Network

Time

Deciding whether we need a High Intensity Response

A High Intensity Response may be required when:

- a family, child or young person requires immediate responses (often 24/7) to acute and challenging situations, for their safety and wellbeing to be secure
- these situations are likely to be recurrent (that is, not a one-off crisis)
- the complexity of the issues are such that new members (family, friends or other professionals and service providers), may need to join the Safety and Support Network to respond to and achieve current safety and wellbeing - existing members know of the increased risk or complexity and understand that the membership may change to meet the needs
- high-level complication or complexity e.g. by the multiple number of serious issues or the interplay between these issues

In most cases, acute rather than chronic issues are identified, and therefore the High Intensity Response is time-limited. However children and young people in care whose complex needs are chronic and for whom risk remains high may require a High Intensity Response for a lengthy period. Working from the basis of relationship (workers and others with whom the child or young person is familiar) will be important for the responses to be effective.

By its very nature, a High Intensity Response is not required for every child and young person, or for the full term of any intervention. The following suggestions are just some examples of when a High Intensity Response may or may not be required:

For example, a High Intensity Response may NOT be required when:

A Safety and Support network facilitated by the CSO includes Evolve Therapeutic Services, residential care team leader, a liaison officer of the flexi-school and a worker from an Indigenous support service. They meet monthly and communicate by email in-between. The young person has significant behavioural issues related to past trauma, and every now and then leaves the residential at night but is responsive when located. She self-harms regularly, and a consistent plan has been put in place to respond to this. She is slowly settling into the flexi-school despite ongoing conflict with staff and school-related turmoil.

However, a High Intensity Response would be advisable when:

The mental health of the young person described above has deteriorated and she now regularly leaves the residential for days at a time. She is no longer attending at the flexi-school. She has been taken to emergency care at the hospital on recent occasions due to suicide threats. Police have been involved and she has some charges pending for petty thefts. Her safety and wellbeing when she is away are of significant concern as she is using drugs and couch-surfing with young adults. The Safety and Support Network now takes a High Intensity Response approach, including a youth service she has contact with and an Indigenous liaison officer at the hospital who sees her each time she attends there.

High Intensity Responses by definition, require commitment to intensive work and will always require departmental input and monitoring. Formation of a High Intensity Response should be determined in consultation with a Senior Team Leader, Senior Practitioner or Manager as it will require additional capacity and time invested.

Who needs to be co-opted into the Safety and Support Network?

In thinking about who should be part of a Safety and Support Network when a High Intensity Response is required, consider in consultation with the child or young person and their family (where appropriate):

• What is it that we are worried about?

• What are the increased risks to the child or young person?

• What specifically adds to the complexity of working with this child, young person or family?

• What are the child's or young person's highest priority needs at this time? (these may be behaviours or factors that are increasing the risk to the child or young person or adding to the complexity)

• Who would the family or community consider to be important to involve?

• What other professionals, government or non-government, may be able to provide specialist knowledge and/or resources to increase the safety of the child or young person or provide additional support either directly to them or via the Safety and Support Network members?

• What other community agencies could provide support or resources directly to the child or young person, or indirectly via the Safety and Support Network for example, community service workers, Indigenous support services, health service workers, police, drug and alcohol, specialist fee-for-service workers and youth justice caseworkers?

• Do those involved have the necessary authority to make quick decisions on behalf of their agencies?

High intensity response roles

A general rule in thinking about who should be involved in the High Intensity Response for a particular child, young person or family is to consider who is (or could be) actively working or engaging with them. While noting the need for role flexibility and for some members to be available outside normal hours, the practical limitations upon some potential network members must also be acknowledged.

Case example:

A 15 year old placed in a foster family is having dark thoughts and is self-harming on an almost daily basis, including at school. The school guidance officer, Foster and Kinship care agency support worker, the CSO, the carer, and the mental health worker coordinate and share their worries with the young person. The purpose of the safety and support plan is to ensure the young person has access to support and monitoring at school, and after school and has regular and planned contact with the mental health worker. The plan includes actions to take when the young person self-harms and needs medical attention.

Negotiate with agencies when necessary, to work out what they can offer and what role their worker may be able to play. For example:

- A CSO may have no capacity to be available 'on-call' to the family but may ensure Child Safety After Hours Service Centre (CSAHSC) is briefed on the current situation and Safety and Support Plan
- A teacher may be an important network member with an active role in the school setting, but may not be able to offer responses after hours or on school holidays
- Queensland Police Service (QPS) may have an active role and the CSO or STL with case responsibility may ensure that they are briefed about the most helpful approach. This may require identifying and bringing on board a key QPS officer who can liaise with officers.
- Similarly, mental health workers who may have contact with the young person or a family member may be pre-emptively informed about the most useful approach through a Health representative on the team.
- Aunty may have a supportive role to play and can offer after-hours contact.

If the child, young person or family are Aboriginal or Torres Strait Islander persons, the Recognised Entity, Indigenous support services, Elders or other relevant community members should be considered as part of the Safety and Support Network. Consider the role of these or other Indigenous services in the High Intensity Response, if they have the capacity to work intensively with the child, young person or family.

Developing common understanding

Provide an opportunity for the Safety and Support Network as a group to discuss the reason why a High Intensity Response is required and what the main goals and strategies are in working with the child, young person or family at this point in time. This discussion will ideally occur with the child, young person or family present or with their knowledge, consent and input. Consensus about these issues – about the response purpose – assists a High Intensity Response to meet its goal. This purpose will always be centred on the safety and wellbeing of the child and young person.

Negotiate a shared safety plan, with clear information about who is doing what and when. Underlying agreements for the High Intensity Response include:

- members are expected to be collaborative, flexible in relation to role, and supportive of each other
- members will jointly contribute to and work from a single immediate safety plan or safety and support plan (which may change frequently in detail)
- responsibility for decision-making would be consultative where possible
- members will jointly shoulder the risk around decisions about how best to respond
- consistency in responding to the child, young person or family will be maintained by all members staying 'on message'.

Introducing the child or young person and family to the High Intensity Response approach

Children and young people, depending on capacity to understand, should be aware of the existence of a Safety and Support Network. Similarly they should be aware of and given the opportunity to be involved in the discussions and planning when a High Intensity Response is required.

The Safety and Support Network members, including the child, young person and family should be aware of the purpose of the high intensity response and the processes for coordinating and information-sharing between all network members. It is important that the child, young person and family understand that the network members will work together to help keep them safe and on-track towards their goals.

Having realistic expectations

Safety and Support Networks allow for rigorous and meaningful work to be done to meet the needs of children, young people and their families. Those who require a High Intensity Response involve high risk and high complexity. Network members share the risk of whatever approach is deemed the most effective for the particular child, young person or family, and share the outcomes - both positive and less successful. At this level of intensity, there is the potential for fragmentation if members seek to protect themselves from the risk inherent in difficult decisions. It is to be expected that strategies may not work at times and other ways of intervention will be sought. Members who work from the basis of relationship, honesty and trust will be able to work through such set-backs.

How is progress monitored, reviewed and documented?

Safety and Support Networks need to communicate regularly, whether meeting in person or exchanging phone calls and emails. When a High Intensity Response is triggered, it may mean daily contact between members needs to occur. The agreed action steps and responsibilities and roles of network members may need to be reviewed daily in response to the complexity or volatility of the circumstances. On this basis, convening face-to-face meetings with all network members may not be reasonable. Responding to the needs of a child or young person who are in crisis should not be delayed because a face-to-face meeting cannot be convened.

During times of crisis or high complexity, it may be necessary for existing network members or newly co-opted members to be available outside of business hours to provide monitoring, support and to take protective action steps with the child or young person. Child Safety Officers should consider the completion of a Child Safety After Hours Referral to ensure continuity of service over night or over weekends. It may be relevant to co-opt members from services who operate on a 24/7 model such as Queensland Police Service and Queensland Health to improve or coordinate responses to children, young people and their families.

The Child Safety Officer and/or Senior Team Leader should ensure that safety and support plans are well documented, distributed to all network members and the child or young person. Safety and Support plans can be located easily if attached to the Case Note type: Tool – Safety and Support Planning in ICMS.

When a period of intense work alongside a child, young person or family is easing, and the High Intensity Response members can consider reverting to a general Safety and Support Network function (with some members likely to no longer be required), it is useful to have a reflection activity to consider the successes of the process – what worked, what didn't, and what learnings have been gleaned.

When should a High Intensity Response be finalised?

A High Intensity Response does not continue beyond the period required to fulfil its purpose. Consider finalising the High Intensity Response for a particular child or young person when:

- members agree that the crisis or acute issues to which they were responding have eased and work with the child or young person can continue under normal inter-agency and family processes
- goals of the High Intensity Response safety plan have been achieved (for example the child or young person is staying at placement at night)
- the case direction or circumstances have changed, so that a High Intensity response is no longer relevant

Disbanding a High Intensity Response occurs by consensus, with the Child Safety Officer and/or Senior Team Leader ensuring that the decision and rationale are shared with the Safety and Support Network members and clearly documented.

When a High Intensity Response is completed, inform the child, young person and family of this, in a way that makes clear that the Safety and Support Network will continue to operate, although some of the co-opted members during the high intensity response may no longer be required.

Summary

Safety and Support networks bring together a range of people committed to taking actions that increase and ensure safety. During periods of crisis, increased risk or complexity, Safety and Support Network members may engage a time-limited High Intensity Response. A High Intensity Response mobilises existing safety and support network members and, when required, co-opts others to develop and action an intensive and highly visible safety and support plan.

The success of Safety and Support Networks, particularly at times of high risk and high complexity, relies on members having role clarity; agreed communication and information sharing strategies; clear understanding of the harm and risks experienced by the child,r young person and their family; a process for shared agreements; and a partnership approach to the actions required to increase safety.

It is the department's best hope that established Safety and Support Networks will be maintained and will ensure safety both during and well after departmental intervention has ceased. For children and young people in long-term out-of-home care members of a Safety and Support network will help bring safety, belonging and wellbeing during and after their care experience.

References

Hood, R. (2015). How Professionals Experience Complexity: An Interpretative Phenomenological Analysis, *Child Abuse Review* Vol. 24: 140–152

Parker, S. (2015) Circles of Safety and Support tool: A tool to help parents identify people for their family's safety and support network. Retrieved from https://www.communities.qld.gov.au/resources/childsafety/practice-manual/framework-circles-safety-support-booklet.pdf (22 September 2017)
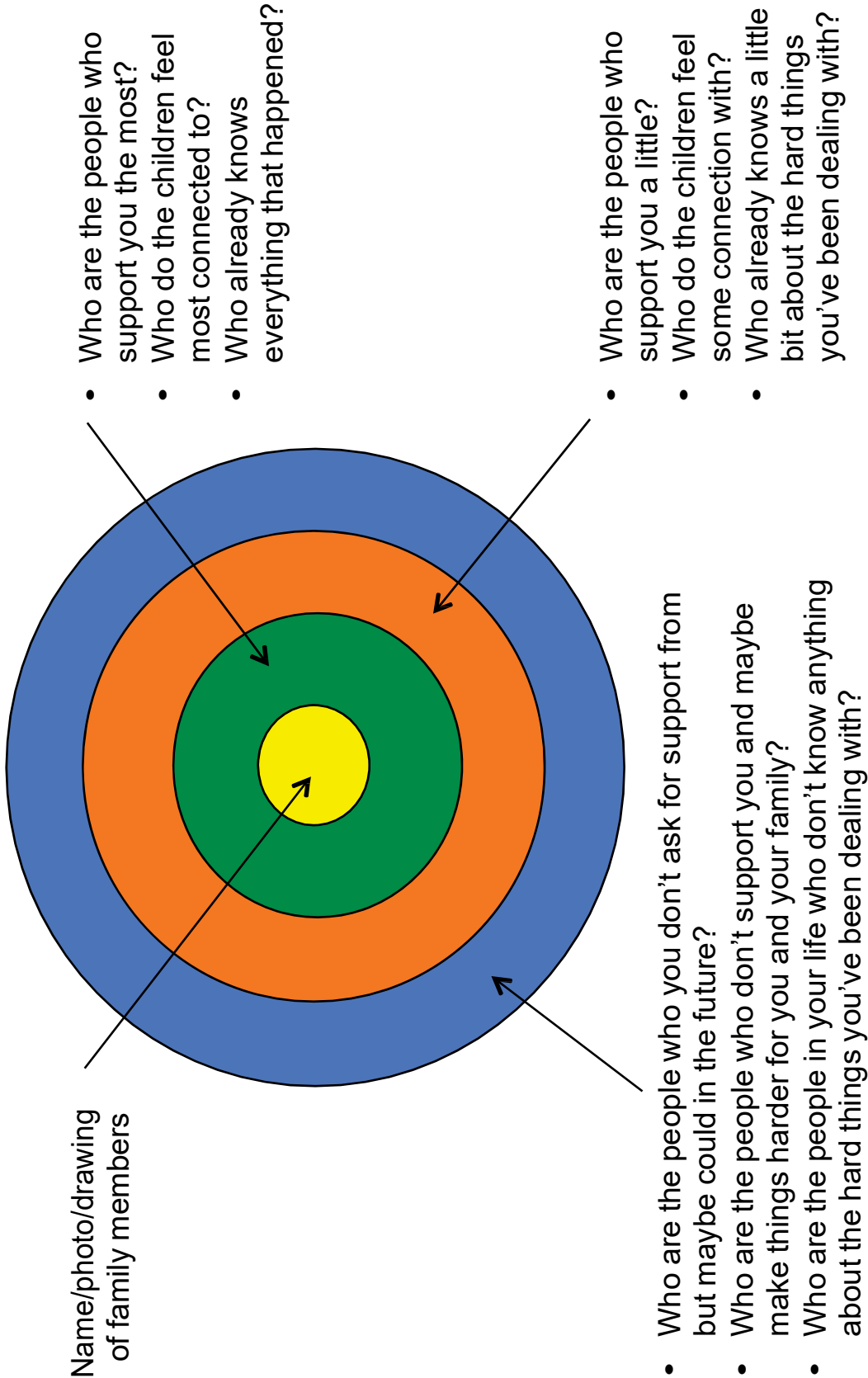
Parker, S. (2015) Collaborative Assessment and Planning Framework: A detailed exploration of how to use the framework to undertake comprehensive child protection risk assessment and planning in collaboration with families. Retrieved from https://www.communities.qld.gov.au/resources/childsafety/practice-manual/framework-collaborative-assess-planning-booklet.pdf (22 September 2017)

Training Resources Group, Inc. (2017) retrieved from http://www.trg-inc.com/our-insights/aidstar/team-decision-making-the-gradients-of-agreement/ (31 March 2017)

Attachments

Attachment 1 – Circles of Safety and Support tool

Circles of Safety & Support tool

- Who are the people who support you the most?
- Who do the children feel most connected to?
- Who already knows everything that happened?

- Who are the people who support you a little?
- Who do the children feel some connection with?
- Who already knows a little bit about the hard things you've been dealing with?

Name/photo/drawing of family members

- Who are the people who you don't ask for support from but maybe could in the future?
- Who are the people who don't support you and maybe make things harder for you and your family?
- Who are the people in your life who don't know anything about the hard things you've been dealing with?

Department of Child Safety, Youth and Women

Family name: _____
Child/ren's names: _____
Date: _____

COLLABORATIVE ASSESSMENT AND PLANNING FRAMEWORK

WHAT ARE WE WORRIED ABOUT?

HARM
Times when a child has been significantly harmed (physically, psychologically or emotionally) as a result of actions/inactions by the care giver.

COMPLICATING FACTORS
Things that contribute to greater difficulty for the family and that could make it more difficult for the family to protect and care for the children and/or for the agency and the family to work together.

PURPOSE OF CONSULTATION
What are worker, team, family and/or network looking for from this conversation?

CONSULTATION PARTICIPANTS

GENOGRAM/ECOMAP/CIRCLES OF SAFETY and SUPPORT
Who is in the family and network? Who cares about the child/family?
Who is willing to help?

CULTURAL CONSIDERATION
How does the family identify themselves culturally? Which family members/community members/agencies need to be involved in the assessment and decision making?

CURRENT SDM SAFETY AND FRE LEVELS

WHAT IS GOING WELL?

PROTECTING & BELONGING
Actions, taken by the caregivers or network, that protected the child from harm.
Actions, by the caregivers or network, that promoted enduring connections to family, community and culture.

STRENGTHS AND RESOURCES
Positive factors, resources or capacities in a child or family's life that help or could help the family to enhance the children's safety, belonging and wellbeing.

SAFETY & WELLBEING SCALE: On a scale of 0 – 10, where 10 means the children are safe enough for Child Safety to close the case and 0 means there is not enough safety for the children to live at home at the moment, where do you rate the situation? (Place each person's assessment on the scale below).

0 ←———————————————→ 10

WHAT NEEDS TO HAPPEN?

WORRY STATEMENTS
What are people worried will happen to the child if nothing changes?
Consider if statements cover:
- Safety –
- Belonging –
- Wellbeing –

ACTION STEPS
What needs to happen next, to work towards the goals (link to SMART principles)? Who has agreed to do what, when? Refer to any recommended SDM guidance.

GOAL STATEMENTS
What needs to be demonstrated, over time, to address the worry statement and to ensure the child is safe, well and connected to family, community and culture?

Queensland Government

Attachment 3 – Safety and Support Plan

SAFETY AND SUPPORT PLAN

Date	
Family Details	

Purpose of safety and support plan (eg: to support reunification, IPA safety planning, frequently absent from placement, missing child or young person upon their return)

Network members (who contributed to the development of this safety and support plan)

Worry Statements	Goal Statements

Goal Statement No.1 (add as many goal statements as needed)

What is already happening that is contributing to safety	
Action steps	
Non-negotiables	
What ifs	

Goal Statement No.2	
What is already happening that is contributing to safety	
Action steps	
Non-negotiables	
What ifs	

Personal information privacy notice: The collection of your personal information on this form is authorised under the *Child Protection Act 1999 (CP Act)*. Your personal information may be used or disclosed in the performance of functions in relation to the CP Act, for purposes related to a child's protection or wellbeing or as otherwise authorised or required by law. Your personal information will be treated in accordance with the *Information Privacy Act 2009*.