CIN Team Pathway

Within the front door of Children's services, we will pilot a specific Child In Need Team. This will not be an additional resource; a current Assessment and Intervention team will be converted into the CIN team. The rationale for making this change is following it being identified by both social workers and managers that the service can find holding CIN alongside assessments/CP and crisis a challenge, this often leads to CIN cases not being given the priority and/or time they require.

The pilot will consist of five social workers taken from the current A and I teams, this has been completed via an expression of interest. There will be skills/experience mix of workers. The start date will be 07/02/22.

The pilot for this team will be evaluated after six months (August 2022) to decide if this should continue or if the team should revert back to an Assessment and Intervention team.

During the pilot it will be considered if any additional resource such as a dedicated family support worker would be beneficial to support the team longer term.

The NSPCC suggest in their 'toolkit for working with children and young people' (NSPCC 2014) that: *"The 'solution team' is a term for describing people in the child or young person's life who support them and will be able to help them work towards achieving their best hopes"*

This is a positive term to use when communicating the reason for involvement.

- Work will be completed around how care teams are ran incorporating a strengths-based assessment.
- Unit meetings will be held to consider dilemmas, explore hypotheses, and agree which broad, creative, potential systemic explanations for the dilemma we would like to explore further and agree on next steps to achieve this.

At this time The CIN team would not have the capacity to accept Child In Need cases from other parts of Children's services, this is due to capacity. This will be reviewed after the six-month pilot.

Child In Need cases will need to have a ***clear plan of intervention*** with ***clear outcomes*** to be achieved in order to transfer into the CIN team.

Social workers should have workloads that allow them to spend sufficient time with children.

Pathway for allocation of work

1

- Cases will be allocated into the CIN team from IRT and A and I.
- If IRT & the CIN Team Manager identify that a family is likely to require longer term CIN support, then the CIN team will complete the assessment.
- Cases for example where there has been previous involvement and the same issues are being referred in. Long Term EH intervention has not led to sustained changes.

2

- When the assessment is completed within an A and I team, and it is identified that CIN support will be required for longer than 12 weeks then this will transfer to the CIN team

3

- If a case is initially identified as being short term then at the three-month CIN review it is determined that this requires longer term input then this will transfer into the CIN team with the agreement of the manager of the CIN team.
- In these circumstances the CIN team manager should be invited to the 3-month CIN review.

4

- CIN support that is required for less than 12 weeks will stay with the current allocated worker.
- This includes Edge of Care cases as the support needed should be less than 12 weeks.
- Advocate support will be provided for these cases

5

- **Cases will be reviewed under the current Child in Need framework**.
- An initial 3-month review should take place and following this, the reviews could be held within 6 months. The aim of the team however will be to keep plans focussed and avoid drift and to close within 12 months, therefore 3 monthly reviews are proposed.
- As the pilot is 6 months this will also be able to provide data around progress made within the initial 6 months

6

- **Care Team Meeting will be held 4-6 weekly**.
- Agencies will be expected to be actively working with the family and be solution focussed about their role with the family.
- Within the Care Team Meetings and within direct work with children the use of scaling exercises will be important in noticing when positive progress has been made and identifying areas of uncertainty and worry.

Pathway for cases moving from the CIN Team

1

- A review is held, and it is agreed that the intervention outlined in the plan has been achieved and the children are no longer considered children in need.
- The case will close.

2

- If a parent withdraws consent to involvement and there is no reasonable cause to believe that the child will be at significant risk, the case will close.
- Parents should be encouraged to take part in a CIN review to end involvement.
- If there is no consent for this, then agencies will be notified the case is closing and the rationale recorded on the closure.

3

- Presenting issues that do not meet level 3 threshold for social work intervention but there are support needs that are at level 2, the case will step down to Early Help.

4

- If a case has escalated to s47 enquiry and presented to ICPC and the outcome is a CP plan, then the case will transfer to SGCP on the day of conference.

5

- If a child is accommodated by the Local Authority, then CIC procedures will be followed.
- The case will transfer at the Initial 20-day Child in Care Meeting.
- Wherever possible the receiving SGCP team manager should be invited to the LGM.

Evidence of impact:

Families will have a consistent service and children's needs will be better understood, Stop/Start approach to interventions will decline and evidenced by re referral rates decreasing.

Plans will be clear and outcome focussed and time limited and there will be no drift and delay, children's needs addressed timely, promoting child focussed intervention and improved lived experiences for children.

Evidenced by reduction of the length of time children are subject to CIN plans. (need data for average times currently). Outcome focussed plans and intervention evidencing positive impact on children's lived experience.

There will be evidence of management oversight with a focus on improving quality and outcomes as well as compliance.

Evidence of reduction in CiN cases escalating to CP and LAC (need current data)

Monitor impact of intervention against workload – hypothesis would be lower caseloads would increase impact