

Quality Standards and Practice Guidance on writing a CIN Plan

Quality Standards

1. Every child/young person who has been assessed as in need under S.17 of the Children Act 1989, and is receiving services from Children's Social Care, must have a CIN Plan.
2. This Plan should be reviewed and updated at a minimum of 3 monthly intervals through a CIN Review meeting.
3. The Plan should be completed with parents/carers and child/young person where age appropriate and should be given a copy of the Plan.
4. The Plan should incorporate actions and services provided by other agencies, in consultation with them.
5. The Plan should be specific about actions to be undertaken by parents/carers and young people, where appropriate and clearly set out the expected outcomes for the child/young people as a result of these actions.

Practice Guidance

The CIN Plan follows directly on from the assessment of the child/young person's needs. The assessment 'tells the story' of the child/young person. The Plan is then a short, focused document which outlines how the identified needs are going to be met and how we will know that the Plan has led to a demonstrable difference to the child's life.

This section addresses each column of the Plan in turn.

Needs/risks identified

This column should flow from the Assessment and should be clear and specific about the needs of the child/young person that the Assessment has identified.

This is important because a clear, specific need can be addressed by SMART actions which will lead to a tangible and positive difference to the child/young person.

Particular care and thought is required when the need is focused on the emotional health and well-being of the child/young person. Where a child/young person is showing signs of deep unhappiness, the Assessment should have, at least, begun to identify what is underlying this unhappiness, and the Plan needs to reflect this.

To exaggerate the point, an **unhelpful** Plan might say;

Needs/risks identified	Actions to reduce needs/risks	By whom	By when	Outcomes (what will be different for the child/young person?)
Tommy is very unhappy	Tommy needs counselling	A counsellor	Ongoing	Tommy will be happier

A **good** Plan would say, for example:

Needs/risks identified	Actions to reduce needs/risks	By whom	By when	Outcomes (what will be different for the

				child/young person?)
Tommy becomes withdrawn and distressed when his mum and step-dad have arguments and his Mum is hit.	Mum and step-dad both need coping strategies for managing conflict calmly and safely.	Mum and step-dad to keep appointments with Pete Brown and Jane Smith at the New Way service	All appointments with New Way to be kept by 3 month review, starting next week. Review date 3 rd May 20014.	No further violent arguments between Mum and step-dad will help Tommy to feel safer and more secure at home
	Tommy needs to be able to talk about the violence he has seen and express his wishes and feelings about life at home	Individual work by Sam Jones, Specialist Family Intervention worker	Fortnightly sessions with Tommy until 3 month review, starting in two weeks.	Tommy will have learnt how to talk about things that make him unhappy. He will be able to say that he feels safe at home now and isnt worried about his mum being hurt.

Actions to reduce risks/needs

It is important that actions relate directly to the need identified. What has to happen so that this need is reduced?

It is also important that these actions are achievable. Where actions are to be undertaken by parents or young people, they will not be helped or engaged by actions that seem beyond their capacity. Involving parents and young people in writing the Plan is a really helpful way of ensuring that actions that are needed to be undertaken by them are ones that they feel they can achieve and are signed up to.

For actions that are to be undertaken by other professionals/agencies, communication with them is essential, to ensure that what is written into the Plan accurately reflects the work they will be doing with the family.

By whom?

The person or people responsible for the actions should be named. This will show clearly who, and how many, people are involved in working with the family.

Children and young people, when asked about services they have received, tell us that one of the things they find difficult is having to tell their story to different people over and over again. When they have a social worker, children/young people value being able to build a relationship with them over time.

Parents/carers report the same views. Frequent changes of social workers can often hamper progress and can lead to families being disengaged or resistant.

Naming the professionals involved in the Plan is an important way of monitoring the continuity of relationships, and conversely, alerting those working with the family to possible disruption and fragmentation of the Plan when there are a number of changes of personnel.

By when?

The starting point for completing this section is that progress should be apparent by the first CIN

review. If the tasks identified in the 'actions' column are very unlikely to have been achieved, at least in part, by the first review, then the actions are too broad or unrealistic and need to be amended.

So in this section, state when work is to start, with what frequency, (if appointments are involved) and put in the first review date.

Outcomes (what will be different for the child/young person?)

This is an essential part of the Plan and should be completed for every need identified. The question to be considered is; ' If nothing is expected to be different for the child/young person, in terms of their emotional health and well-being, their behaviour, their physical health, development and/or safety, why are the needs and actions in the Plan in the first place?'. As with the other columns, it is important to ensure that the outcomes for the child are SMART. An improvement in the child/young person's presentation, demeanour, daily life experience, needs to be seen, but expecting an overnight transformation is neither realistic nor helpful when working with families.

Identifying smaller,tangible indicators that life for the child/young person is improving within the timescale set out in the Plan is more likely to lead to positive and sustained outcomes for the child/young person over time.

However, for children/young people who are hovering on the threshold between CIN and CP, it is essential that the outcomes for the child are consistently taking them below and further away from the threshold of significant harm,and that this can be seen and evidenced. Drift is not an option and the extent of progress required over a given period of time, should take full account of acceptable timescales in the lives of the child/ren.

The review process

1. This guidance should be read in conjunction with the flowchart for the CIN Plan and Review.
2. The Review section comes after the Plan.
3. When the Plan is first completed, following an assessment, leave the progress section of the Plan, and the Review section, empty.
4. Just before the CIN Review, fill in the Progress achieved column,(or edit if second or subsequent review)
5. Print out to take to Review meeting.
6. After the Review meeting, add any new needs and actions to the Plan arising from the Review.
7. The Chair of the Review meeting fills in the Review section.
8. Finish and Save Plan and Review form.
9. Print out and send to family.
10. Open up a new Plan and Review form
11. View last and grab Plan
12. The Plan and Review form sits open until the next Review meeting

march 2014