

# Somerset CIN-ROTH Pathway

Somerset Children's Social Care

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Exploitation Team



**Somerset**  
Council

## Child In Need Risk outside the home (ROTH) plans

**What is it?** The Child in Need (Risks Outside the Home) Pathway is a way of supporting young people and their families where risks outside the home are effecting their safety and wellbeing.

The pathway is designed for young people who have been assessed as a Child in Need under Section 17 of the Children Act 1989 and where contextual risks are the primary safeguarding concern.

For children and young people who may be experiencing significant harm through risks outside the home, the usual Strategy Discussion and Section 47 route should be used.

✗ The Child in Need Risk Outside the Home plan will not replace the Section 47 and Child Protection Conference process. Where risks to the young person are significant, the Strategy Discussion and Section 47 process should be followed.

✗ Child in Need (Risk Outside the Home) plans will end if young person becomes a Child Looked after/family withdrawn consent.

## Child in need Risk outside the home (ROTH) updates so far (04.07.2024)

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**28** Children referred for CIN-ROTH triage since the pilot (September 23 and initiation of the pathway January 24) CIN-ROTH meetings have taken place, and 12 review CIN-ROTH meetings held.

**25** Children accepted upon the pathway,

**7** children currently supported by the CIN-ROTH Pathway. Of the young people currently still being supported by the pathway – 1 at risk of sexual exploitation, 6 at risk of criminal exploitation/youth violence.

**18** Children are no longer supported by the pathway, 1 child became CLA and 6 families withdrew consent. Where consent was withdrawn, exploitation concerns were no longer evidenced, 1 child moved out of county, 3 children issues identified within the home, 1 child became CP and 5 children risks reduced.

**13** Different agencies, in addition to social work teams, have attended the meetings to date.

# Key Points

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Referrals made by the social worker are considered at triage.

Aim to have an initial meeting within 15 working days.

Young person receives an introductory letter before their initial meeting.

Young person receives a therapeutic letter to reflect on the nature of discussion and plan following on from the meeting.

Professionals have the option of attending the meeting in person or virtually, to promote partnership engagement and attendance.

Expectations within the pathway are that social workers visit every 10 days, and hold ROTH catch up meetings every 4 weeks,

Meetings only proceed with family attendance. Parents are equal partners.

Invitees include professionals involved AND professionals with a specific expertise

*I think it is **important this process continues for others***

*Yes definitely, the meeting was a good opportunity for us to share updates but also share how we felt.'*  
*(Grandmother)*

***Independent Chair for me is key** and ensures that the meeting isn't led down a certain path which can sometimes happen.*

*They **taskings** set at the end have been **achievable** and have had realistic timelines set out, all with the goal of keeping people safe.*  
*(Police officer)*

*Meeting was good and felt there was a **good plan** made and the process of the **meeting went well**, however she said she was **disappointed following the meeting**...does not feel that '**anything has changed**' or promised support has not been giving. This has then left the impression that it was 'another meeting when everything is promised, and nothing then happens'.*

***Not received a social care visit** since the meeting and not had any contact .*

*Promised support for herself but has not heard anything .*  
*(Mother)*

# Support Available to Young People and Families

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**St Giles** Somerset commission 2 full time St Giles workers, priority is given to those subject to the ROTH pathway.

**CE Support Worker** Within the preventing exploitation team we have 2 full time CE young people workers.

**Speech and Language Specialist** access to a S&L specialist for assessments and ongoing support.

**Clinical Psychologist** access for all children open to PeXT and YJS.

**Parent/Carer CE Specialist** 1-1 bespoke direct work plans with parents and carers, including mediation, NVR, trauma informed and expertise in neurodiversity.