Practice Matters

Home Visits to Children

What is a successful home visit?

A successful home visit to a child, within Early Help and Safeguarding, is one where the child is seen and in person, observed and spoken to (ideally alone for part of that visit) – where they are of an age where that is appropriate. Statutory Child Protection and Child in Care visits must be undertaken by a qualified / registered social worker. A casual meeting or encounter, or seeing a child during a meeting, is not a 'visit'.

Why do we undertake visits to see children and their families?

Home visits are undertaken so we regularly have sight of any child we are working with, in their home environment, observe their family relationships/dynamics and to enable us to have assurance of their safety and well-being. They provide opportunities for us to speak to the child and routinely get their views and wishes, to develop our understanding of what life is like for them. They also enable us to gain information from the family to inform our assessment and to undertake purposeful work with them to progress the child’s plan.

How to approach and undertake a good home visit as a practitioner?

* Any child open to Early Help and Safeguarding should be visited frequently. The frequency should reflect the level of risk / need / complexity for the child, should be agreed within supervision and must adhere to the minimum timeframes for the threshold of the case.
* Planning around what you want to achieve during a visit and how you intend to achieve it will improve the purposefulness and effectiveness of any visit. Visits are a key opportunity to undertake direct work with children and their families to promote and embed change. See the [Stronger Families Safer Children Toolkit](https://proceduresonline.com/trixcms/media/7090/stronger-families-safer-children-toolkit.pdf) for some examples of tools you can use with children and their families.
* Wider checks around the home are likely to be necessary during many visits (especially statutory CP / CIC visits) – for example to understand and monitor changing home conditions, to check there is appropriate food for the family and that children have appropriate clothing, to investigate the cleanliness and dryness of beds, locks on doors, evidence of alcohol use etc. These should reflect the risks / concerns identified within the referral and/ or assessment.
* To fully assess a family / understand a child’s lived experience / progress the plan it may also be necessary to see and speak to the child outside of the home and/or parent/carers without the child present. These activities should be made alongside visits to children in the home, and not instead of.
* Whilst young children may not be able to verbalise their feelings, the recorded observations of their mobility, signs of injury, confidence in their environment, reaction to carers are all key to assessing their safety and well-being.
* Where it has not been possible to see the child alone, the reason for this must be recorded.
* When a visit is unsuccessful and a child is not seen, repeated attempts to see that child (within the necessary timeframe) should be made. It is expected that these attempts will take place at different times, planned and unplanned, perhaps even on multiple occasions in one day.
* If a family refuses to let you see the child / visit or are regular not in, despite planning visits with them and you utilising all your skills to try and establish and develop a positive working relationship with them, a discussion should take place with your line manager to consider if this changes the threshold of the case. If you are working at an Early Help or Child in Need level the family can withdraw their consent to work with us at any time, though if this increases risks to the point it is considered the child may be at risk of significant harm a strategy discussion may be needed to consider if a S47 Enquiry is necessary.