**Social Work/Practitioner Visits**

**Practical Guidance**

**June 2023**

**Introduction**

Home visits are central to social work and crucial to building and sustaining relationships with children, young people, and their families. As social workers/practitioners, being able to assess a home environment, allows an understanding of how this affects family functioning and well-being. Observations in a home environment (conditions of the home, safety concerns) can provide valuable and relevant information for assessment and case planning. Meeting a family in their home, can also enable you to “meet them where they are” and potentially reduce the power differential. Interventions and plans delivered inside the home, rather than in the office, might also be easier for families to implement, since the home is often where problems occur.

This guidance is applicable to both Early Help Practitioners and Social Workers.

**Timescales and Expectations for Recording and Visits**

* Children must be seen within **7 working days** when you commence an Early Help Assessment (EHA) or a Child and Family assessment and within **24 hours** when completing a section 47 enquiry.
* A home visit must be completed as part of an EHA/Review. Children can also be seen within their educational setting (subject to parental consent), within the Family Wellbeing Centre or within the community. Children should be seen alone during visits (with parental consent). Any critical /significant incidents should be recorded within **24 hours**. All other events should be recorded on mosaic case notes within a maximum of **5 working days**. When Early Help are working with a child/family **children should be seen at intervals of no less than 20 days**.
* In the 0-25 Team, on Shortbreak cases, visits should be conducted every **8 weeks** (Tier 1 (10 hours or more support package) and on tier 2 (10 hours or less support package), **6 monthly**.
* Shortbreak reviews should be held annually.
* A statutory visit must be a visit to the child relative to need and should include time in the family home; and, for children aged 5 and over, time alone with the child. Time alone with the child could be at their educational setting, in a private room within the home or at a mutually agreed venue that is safe and comfortable for them. **The family home should be seen at least once a month.** In cases of Neglect, more frequent home visits are required.
* Child Protection and Looked After Children visits, should be written up in **two working days** and Child in Need within **three working days** - all visits must be **recorded by the END of each month.**
* Visits to children should be as per statutory guidance as a minimum:
	+ Child Protection visits in accordance with their plan but usually **every 2 weeks (10 working days)**.
	+ Child in Need visits **every 4 weeks**.
	+ Looked After Children visits every **4-6 weeks** or **3 months** if in stable placement for more than a year (should be outlined in the plan). In instances where the placement was initially stable, but there are concerns, visit frequency should be tailored accordingly. Children and young people should be seen weekly up to the 1st LAC review.
	+ Visits following a child or young person becoming Looked After:
		- A) If placed by the allocated social worker, within **7 working days**.
		- B) If not placed by the allocated social worker (for example, with Emergency Duty Team or Police) within **3 working days** of placement.
		- C) If a child is placed with parents, they should be seen weekly up until the 1st LAC review andthen, **at intervals of no longer than 6 weeks.**

**Please note:**

* The above is the minimum guideline. Individual cases circumstances may require more frequent visits.
* If you are unable to continually see a child/young person or gain access, ensure that this is escalated to senior management.
* If a child subject to a child protection plan, goes to reside in another borough (temporary), the local authority in which the child is residing should be immediately notified.

Despite the benefits of seeing a family in their home, there are some challenges and things to keep in mind when interviewing parents and children in their home:

**Building Rapport to Get in the Door**

Upon first contact with a client, social workers/practitioners are often met with some barriers. The worker’s ability to gain entry into the home is often indicative of resistance to or compliance with intervention. Here are some suggestions for a first meeting in a client’s home:

1. Knock with authority, but not in a threatening way. It should be audible, but not deafening. Sometimes you must knock a few times before the client will answer. Try to refrain from “peeking” in windows unless you are concerned for the potential safety of children in the home after repeatedly unanswered knocks.
2. Introduce yourself using your first and last name, and agency representation (bring ID card). When possible, smile. You might say something like, “Our agency received a call from someone concerned about your children. I would like to discuss that concern with you.”
3. Prior to asking to be invited into a home, it is sometimes necessary to allow the person to process the idea of agency intervention. You may have to ask more than once.
4. Once in the home, ask permission to be seated and follow his or her instruction on where to sit. You may ask to move at some point during the visit once rapport has been established.
5. Observe obvious rules in the home (shoes by the door or feet off the furniture, for example). You might explain that you are a guest and ask them to advise you if you are breaking any of the house rules.

**WHEN THERE IS NO ANSWER WHEN YOU KNOCK:**

* If the family does not answer the door when you knock, listen to/observe any signs of people being present in the home. If you believe that somebody is in the property and it is safe to do so (beware of dogs), consider whether it is appropriate to shout through the letterbox that you are aware that the family is in the house and are waiting for them to answer the door.
* Call the family on their mobile phone to ask where they are, and to see if you can hear the phone ringing inside the home.
* If nobody answers the door, post a note with details of your next visit.
* If the purpose of your visit is to check whether there has been a breach of an agreement that a specific person does not visit the family home, it is advisable to take a second worker who can observe whether the person leaves the house from a back door whilst you are knocking at the front.

**WHEN IN THE FAMILY HOME:**

**Record details of all people present**

Record details of all people present; this includes people who live in the house as well as any visitors who are there at the time of your visit – ask the visitors for their name and relationship to the family. If the child subject to a Child Protection Plan has regular contact with them, ask for their address and DOB so that you can record them on the system. If the adult visitor regularly cares for the child or stays in the child’s family home overnight, ask for their consent for you to complete a police check on them (not applicable to Early Help). In particular, please ensure that any new partner details are recorded and/or fathers.

If any unknown person refuses to give you their details, request the details from the parents. If not established, record the description of this person.

**Establish the whereabouts of the children subject to a Child Protection Plan who are not at home**

If the child who you have come to see is not at home, ask about their exact whereabouts and who they are with. If there are concerns about their level of supervision or you have any concerns that the child might be at risk, ask for evidence of their whereabouts – for example, if the child is said to be with another adult, can you call the other adult and ask to speak to the child on the phone; can the adult who is present take you to see the child; can you call the child on their mobile phone and meet them where they are?

If you do not manage to see the child at home during your visit, arrange to see the child at home daily, until you are able to see them. If you are, however, concerned about the child’s safety or well-being on that day, ensure that you contact the child on the same day of your visit – this (depending on the level of your concerns) may be a telephone/WhatsApp video call, pre-arranged later home visit.

**Observe the child/young person**

* What’s the child’s physical presentation (appropriateness of clothes, level of hygiene, signs of injury; do they present healthy or ill)?
* What’s the child’s emotional presentation and behaviour?
* What is the child doing during the whole duration of the visit?
* How does the child respond to their family members and other people in the house?

Depending on the nature of the case and concerns, you may need to dedicate some of your visits to conduct more comprehensive observations so you can assess factors such as the child’s attachment to their main carer, the child’s level of development, the family’s functioning, the child’s daily routine etc.

You may find the following tools useful:

* [Ages & Stages Questionnaire](https://www.socialworkerstoolbox.com/ages-stages-questionnaires-asq-3/)is a child development screening tool for children aged 2 months to 5 It is widely used by health visitors when assessing children’s development, however, it makes a useful tool to support other practitioner’s observation of non-verbal and pre-school children as well. Print the relevant questionnaire depending on the child’s age and take it with you to the family – observe the child together with their parent(s) and fill it in together. Older siblings often enjoy helping fill in the questionnaire in relation to their younger children too.
* There is also Ages and Stages [Social-Emotional Development Screening Tool](https://www.socialworkerstoolbox.com/ages-stages-questionnaires-social-emotional-development-screening-tool-asqse-2/) which looks at how children are doing in areas, such as self-regulation, communication, autonomy, compliance, adaptive functioning, affect, and interaction with people.
* [Observations Checklist: Assessing Attachment and Bonding](https://www.socialworkerstoolbox.com/observations-checklist-look-assessing-attachment-bonding-tool/). The checklist outlines what behaviours in children from birth to adolescents and parents/carers an observer should look for when assessing a child’s attachment style.
* [Joanna Nicolas](https://joannanicolas.co.uk/)in her book [‘Conducting the home visit in child protection’](https://www.amazon.co.uk/Conducting-Visit-Protection-Social-Pocketbooks/dp/0335245277)(and her newer version) recommends that the assessors consider the following:



**Talk to the child/young person alone**

With pre-school children (3 & 4 years), you may first try to establish trust by playing with them in presence of their main carer, then you can ask them to show you their bedroom by themselves. There, if they feel comfortable with you, you can conduct direct work with them, adjusting it to their chronological and mental age. If the child does not feel safe to see you without their parent/carer, you should still conduct direct work in their parent’s presence.

Examples of direct work:

* When in their bedroom, ask the child to show you things in their bedroom – their bed, toys, posters etc. – try to ascertain their likes and dislikes, what they do during the day etc.
* Bring some toys which can facilitate a conversation about what their daily experience is like, for example dolls or puppets, doll house, crafts etc.
* Give the child a sheet with pictures depicting a typical daily routine and ask them to point to those they do every day – depending on their level of understanding/speech, you can then ask more questions about the pictures they point to.

With older children, conduct direct work aimed at establishing what their day-to-day life looks like as well as at ascertaining their views, wishes and feelings. In addition, focus your direct work on the area of risk/need you have identified.

In most cases, it is important that you also complete direct work with the child/young person outside the family, e.g., in their school.

**MOSAIC STEP:** There is a direct work section in the child in need and child protection step on MOSAIC. It allows you to “drag and drop” direct work. PDFs cannot be added, so you will need to print screen or use the snipping tool and save as picture. You can then drag and drop.

**See sleeping children**

You should see any sleeping child subject to a Plan. Depending on the level and nature of concerns, schedule another home visit for the following day, to ensure that you see the child awake as well.

**Ask if you can hold a baby**

Having made eye contact with and cooed at the baby, ask the primary carer if you can hold her/him. Observe how responsive the baby is, whether the baby looks for his/her primary carer for reassurance, whether the primary carer hands the baby over without a care etc. Look out for any physical injuries, e.g., observe whether the baby has a limb that hangs awkwardly or whether the baby cries out when you move him/her.

**Observe adults & children not subject to a Plan**

* What is their physical and emotional presentation?
* What are they doing during your visit?
* What is their interaction with the children subject to plan; do they respond to him/her?
* How do they respond to you and other people in the house?
* Are they co-operative, difficult, or hostile?
* Pay attention to any areas which have been identified as issues such as evidence of alcohol or drug use, mental health difficulties, domestic abuse etc.
* What is the atmosphere in the house (e.g., chaotic, calm, and positive)?
* Observe how the animals in the home look and act.

**Address any identified safeguarding concerns & planning**

Prior to your visit, you should have considered what the purpose of the visit is in terms of making progress in accordance with the Plan. Discuss the progress with the parents (and when relevant, the child) accordingly, highlighting both strengths as well as remaining outstanding needs/risks; agree next steps.

If you identify any new safeguarding concerns during your visit, be honest and inform the parents (and when relevant, the child) about them and agree a plan on how the parents/family can address them (this may be agreeing a specific task such as tiding up the kitchen by your next visit or, when more complex, arranging another appointment specifically dedicated to discussing the newly identified concerns).

If you have any immediate and significant safeguarding concerns (such as children presenting with a potential non-accidental injury), and you need to leave the child in the presence of a potentially unsafe adult (e.g., when you need to call your manager from your car or speak to each adult in the house separately), arrange for a second worker to come to the house. The second worker can stay with the child and ensure their safety while you are dealing with the issue.

**Look around the house & assess home conditions**

* See all the rooms in the home.
* Depending on the level and nature of concerns (such as missing children, a suspected person posing a risk in the family home), you may also need to look at places such as basement, garden shed, wardrobes and under beds.
* What are the home conditions like? Ask for consent to take photos to record your concerns/any progress made.
* Look for anything unusual in the physical appearance of the home (such as punch holes in walls which may indicate violence in the house; locks on doors).
* Is there evidence of food in the fridge and cupboards, clean bedding, stock of clean and appropriate children’s clothes, toiletries and toothbrushes, toys etc?
* Depending on the nature of concerns, you will need to investigate the home further– for example, in alcohol abuse cases, additional investigations of alcohol stocks, bins and cupboards will be useful.
* Assess sleeping arrangements for the child.
* If home conditions are a concern, schedule another home visit to conduct a more comprehensive assessment.

**Child answering the door/at home without a safe supervisor**

There is no legal age that a child can be left alone – it depends on the child and the circumstances. You need to make a judgement whether it is safe for the child to be left alone or be cared for by their older sibling; you need to call your manager for advice if you are unsure.

If you assess the child being at home by themselves as low risk, rearrange the appointment.

If the child is left at home without an appropriate supervisor and you assessed the child as being at risk of significant harm, you can either wait for a short period of time until their parent arrives (if safe) or call the police (if the child is in immediate danger or there is no indication what time their parent will be back home/the parent has not arrived despite you waiting).

If the child answers the door, stating the parent is in the house, ask them to go and get them while you wait on the doorstep. If they say they cannot get their parent because they are, for example, sleeping and you have concerns about the child’s well-being or safety, you need to ensure that both parent and child are OK. If you have no concerns for your personal safety, go into the home with the child, calling the parent loudly; if they are in a bedroom, knock on the door loudly, calling their name until they wake up. If you have concerns for your personal safety, ring the police and stay there with the child until the police arrive.

**Ask for evidence**

During the visit, do not rely on self-reported accounts by the family members – ask for evidence. For example, when a pregnant woman tells you that she had made all the practical preparations for the baby, ask to see them.

Remember that some parents/carers are known to have gone to great lengths to disguise their neglect and abuse of children. For example, Baby P’s (Peter Connelly) bruises were reported to be purposefully covered in chocolate by his parent/carer to avoid detection. Some parents, especially those misusing substances, are known to give their children illicit or prescribed drugs to keep their children quiet so that they are easier to look after. Co-sleeping practice, which is linked to a higher risk of death, is not uncommon.

Read up on [serious case reviews](https://learning.nspcc.org.uk/case-reviews/recently-published-case-reviews)to familiarise yourself with further examples and adjust your investigations and interventions accordingly – you need to be thorough to keep children safe by, for example, asking the adults to wash any stains from their child’s skin, ensuring that you see the child regularly awake, looking for signs of the children’s cots being actually used etc.

# **Tips for Communicating with a Nonverbal Child or Pre-Verbal Children**

When people hear that a child is nonverbal, they often think of autism (ASD). While some individuals with ASD are nonverbal, there are a variety of other conditions that cause a child to be nonverbal, pre-verbal, or have emerging or delayed verbal skills, either short-term or long-term. These include [non-verbal learning disabilities](https://www.verywellfamily.com/what-is-non-verbal-learning-disability-4137963) (NVLD), childhood [speech apraxia](https://www.verywellfamily.com/what-is-apraxia-disorder-2162502), and various speech and language disorders.

Being nonverbal or pre-verbal is not necessarily related to intelligence level—it's important to see a specialist for an accurate diagnosis. Then, seek appropriate speech therapy as part of a treatment plan.

Communication doesn’t always refer to speaking, although it’s still important to speak with your nonverbal child. Each child responds differently to various kinds of communication; find out what works best and then use it regularly.

Talk with their teachers, therapists, and providers about different techniques and strategies you might be able to utilize. When you have a system that works, let them know about it so that everyone can communicate with your child in a way that works.

## Techniques to Foster Communication with a Pre-Verbal or Nonverbal Child

If a child is pre-verbal or nonverbal, there are lots of ways to help foster communication. These techniques don’t take the place of speech therapy or other kinds of therapies unique to their needs, but they are supplemental things you can do to encourage communication in various ways.

### Keep Talking

Just because your child might not be verbalizing doesn’t mean you should stop talking to them.

Even if their [receptive language is delayed or minimal](https://www.verywellfamily.com/learning-disabilities-in-expressive-language-2162440), keep talking and narrating to them. Include them in conversations and don’t talk about them like they aren't there.

### Use Sign Language

Along with British Sign Language (BSL), Makaton sign language is used with nonverbal individuals along with speaking. Makaton uses signs and symbols and is easily adapted to different needs and communication levels.

### Pay Attention

Pay attention to nonverbal signals and behaviours, as well as facial expressions. People can communicate in a lot of different ways—spoken words are only a part of this. A child might be communicating emotions, wants, and needs to you in other ways that you might miss otherwise.

### Use Simple Language

Instead of using complicated, multi-word phrases, use one or two-word phrases to label things and give direction.

### Keep it simple. If a child can say one-word phrases, then use two-word phrases and directions to give them a little push without overwhelming them.

### Pause

After you say something or ask a question, pause for a few moments, just as you would in a conversation with a friend or someone who is [verbal](https://www.verywellfamily.com/what-is-verbal-intelligence-2162167). This allows your child some time to answer you in whatever way she or he can. It also models proper basic communication skills.

### Sit at Eye Level

Communicating with a child at eye level puts you right in their field of view and allows a child to see your hands, face, and mouth easier. This can help them interpret what you are communicating through your body language as well.

### Get Smart

There are multiple apps for smartphones and tablets that can help with communication via games and learning exercises. Some even help turn your device into an assistive communication device.

### Use Cues

You can present choices to a child. Label three different snacks A, B, and C, for instance, and have them pick what they want by pointing to a letter. Another option is to get flashcards with pictures on them and have your child show you what they want or make the choice that they want. PECS (picture exchange communication system) cards are helpful for nonverbal individuals to communicate with as well.

### Don’t Underestimate Play

Playtime can be a great time to work on communication, especially with games or toys that involve imitation or encourage cause and effect.

### Activities that encourage social interaction, like singing, dancing, or playing with dolls can all be fun ways to practice communication with your child.

### Use Alternative Methods of Communication

Children with non-verbal autism, for example, often find that they can express emotions with dancing or art or other hand movements. Try finger painting or sensory activities with them to see if that helps with their self-expression.

**FURTHER GOOD PRACTICE ADVICE:**

* Read the file before your first speak to other agencies and previous workers.
* Do an assessment of risk in relation to yourself.
* Take your **Peoplesafe** device with you and ensure that it is fully charged.
* Inform your team where you are going and what time you will be.
* Conduct both announced and unannounced home.
* If you are doing a joint visit, plan with your co-visitor before you go on who will do each task and/or take the notes.
* Before your visit, plan the purpose of your visit, always referring to the Plan.
* Find out if there are any racial/ethnicity/cultural issues and plan your visit accordingly. Book a face-to-face interpreter when required. Save details for a telephone interpreting service to your phone and find out how to use it in advance.
* Be aware of any disabilities or additional needs of the child or family members, and make necessary accommodations, such as using visual aids or providing sign language interpreters.
* Do not discuss any confidential information in front of any visitors in the family home – ask to speak to parents and children alone.
* Be aware of your own biases and attitudes and strive to remain objective and non-judgmental in your interactions with the family.
* Take notes during the visit, including any observations, concerns, or agreements made with the family, and record them.

**What to Include on Records:**

1. Purpose – why you’re visiting
2. The voice of the young person – what they said, what they felt, what they want, questions they’ve asked
3. What you did – topics you talked about
4. What you achieved – boost in self-confidence, plan of action, supporting a behaviour, giving information, helping access resources?
5. How this fits with the overall plan
6. Record the good stuff
7. What you think needs to happen next and why?

**What does good look like?**

* It’s clear – it’s not wordy, and it makes sense
* It’s short – bullet points, concise will do – (remember - notes are working records and no one wants to trawl for ages to understand something)
* It relates to the person you’re writing about
* It’s purposeful
* It records the good stuff
* It relates to the overall goal/plan/pathway plan
* You write with them in mind so that if they were to be sitting next to you, you’d be happy for them to read what you’ve written

**How do you record people’s wishes and feelings?**

* Direct quotes – he/she/they said this.
* Observations of feelings – he/she/they cried, were excited.
* Observations of behavior – he/she/they held on to the photo of their mum for the whole session.
* Record briefly info and advice you’ve shared – that’s keeping a record of you keeping young people **appropriately involved.**
* Record what’s is important **to** the young person, and record what you think is important **for** the young person.
* Record how the young person **interacts** with other people, in different settings and at different times (of day, before and after placement).
* The **difficult and painful issues** need to be recorded, along with how these issues can be addressed or how you are trying to address them.
* Record what makes a young person’s day good or not so good. What is a good start to their day? This links to their specific likes and dislikes.
* Make a record of choice for your young person. Where do they want to meet you for example?
* Feedback from the child or young person on the value of being included and involved is essential. If they told you what you did was important and why record it.
* Record achievement and attainment – this might be quitting smoking, going to bed on time, committing to going to the gym, looking for a job, making a plan to meet someone, overcoming a fear, making people laugh or managing a stressful situation – big things and small things build a picture of skills and resilience.

**Planned Revision Date:** June 2025