**Practice Note for all Practitioners,** Managers**and Staff:**

**Visits, Direct Work and Intervention**

Visits, direct work and intervention are an important part of the work we do with families when completing assessments, plans, updating plans and reviews. Undertaking visits with children and families requires practitioners to consider how they will build and maintain relationships with them based on a good understanding of their culture, identity and experience as a starting point to identifying and planning good quality direct work and interventions that are relevant and specific to their individual needs.

When undertaking visits, direct work and interventions, thinking about creative ways that we can understand the family’s experience improves the quality of the information obtained and what is more likely to help to make a difference. Opportunities to see and speak with the child and their family both within the home and other venues are also important.

This practice note will outline what we mean by visits, direct work and intervention and why completing these are an important part of our work with families. Using a case study, this note will also explore how using the Practice Framework and Model supports us to complete meaningful visits, direct work and interventions. Lastly, it will consider how supervision and reflective spaces are used to think about the quality of this work, provide practitioners with some good practice points and further reading.

**What are visits, direct work and interventions?**

**Visits:** involve spending time with children, young people and their families linked to a specific purpose such as an assessment, plan and direct work. The frequency, type of visits and where these take place will include the home, school and within their community and will depend on the level of risk or vulnerabilities for the child and the relevant practice standards. More recently due to the Covid 19 pandemic we have had to adjust how we undertake visits whilst adhering to Government guidelines.

**Direct Work:** relates to the work we undertake with each family member as part of these visits to gain an understanding of their wishes and feelings, hopes, fears, risks, concerns, relationships and experiences. This work should be generally be a planned activity with a specific purpose, linked to the reasons for our involvement and can be undertaken using a wide range of tools to inform assessments, decision making and plans. It can also involve things like observations and interactions of the quality of relationships between children, parents and carers.

Being creative helps to make the direct work interesting using resources that are unique to each family member considering their identity and needs. For example, for some families, where learning needs, emotional and mental health issues, trauma and where English is not their first language and might require support from advocacy services and/or an interpreter, as required as part of direct work sessions. Sandwell has a range of direct work resources that can be used when working with families and can be located on the Learning and Development (see link to the resources on page 7).

Direct work supports practitioners in understanding the child’s world within the context of their family home, school, relationships and other settings in a meaningful way.

**Intervention:** this term usually describes the specific help and support that we provide to families to help make a difference to their lives based on a robust assessment. Interventions provide focused support, prevent harm through effective risk management, enable children, young people and families to take an active role in making positive changes that will be sustainable longer term and ultimately promote their independence, (BASW, 2018). Usually, the intervention provided is reflected in the child and young people’s plan, but it can also be provided whilst undertaking assessment where needs and risks are identified.

Working with the family, partner agencies in an evidence-based way and applying our professional judgement will help us determine the best method of intervening whilst also considering the child or young person’s timescales for change. Using our Practice Framework and Model helps us to reflect on how these visits, direct work and intervention are undertaken and the impact.

Visits, direct work and interventions form part of our doing wheel, which shows the process that we follow in practice when working with our families. For these processes to be robust, using a child centred approach whenever we undertake an assessment or a plan, we need to also need to ensure we are completing visits, direct work and interventions alongside good management oversight and supervision, partner and partnership working and understand the family’s culture identity and wider community.

**Why are visits, direct work and interventions important**

* Robust visits, direct work and interventions help us to understand what life is like for the child or young person, their views and experiences within the context of their family and network. It means that both presenting concerns and root causes are better understood resulting in interventions that are more likely to make a difference.
* Effective direct work that is developed and planned with the family is more likely to result in enabling relationships based upon openness, honesty, empathy, strengths and resources where difficult conversations can also take place. Families are supported to have a better understanding of the reasons for professional concern, what needs to change, develop their own solutions to the issues identified, which is more likely to result in better engagement.
* Providing the right type of visits, direct work and intervention for families and carers reduces drift and delay in addressing any risks that might have long term implications for children and young people’s physical, emotional health and wellbeing.
* Child Safeguarding Practice Reviews highlight the need to understand the child’s world through communicating with them in line with their individual needs. Visits and direct work make their experience more visible and better understood. Ensuring that there is a focus upon the child or young person’s experience throughout our involvement supports us to understand whether things are improving due to the intervention being provided or whether we need to look at doing something different.
* Undertaking visits and direct work by understanding the child and family experience, culture, and identity in the context of the community and society improves the quality of the intervention provided. It also ensures that the impact of a range of other factors such as inequalities, wider social-economic factors, discrimination and any other adverse experiences to inform the help and support provided.

By applying our Practice Framework and Model we will strengthen how we complete visits, direct work and intervention, which will lead to our families receiving support and interventions that have considered their individual needs.

**How using the Practice Framework and Model strengthens Visits, Direct Work and Interventions**

Using the case study below of Katie and Amy, we will briefly illustrate how using the Practice Framework and Model supports us in strengthening the way we engage with Amy and her mother, Kate Smith whilst undertaking visits, direct work and interventions.

**Amy’s Case Study**

 Amy is 8 years old and is the daughter of Katie Smith, Mother. She also has a brother called Liam who is 3 years old. Amy’s Teacher, Ms Treadwell, the Designated Safeguard Lead (DSL) at Hillview Primary School has shared concerns that Amy is arriving to school late. Her attendance is 77% for the current term, she is often unkempt, tired and wearing clothes that are not clean. Amy gets anxious at the end of the day as she is often not collected on time. She has an EHCP plan due to emotional health difficulties and was previously subject to a CP plan for 12 months and stepped down to Early Help. She has shared with Miss Begum, Teaching Assistant,

‘*When I get up I play with my brother because he cries. He doesn’t like it when I change his nappy, but he likes when I give him crisps. Mum’s medicine makes her sleepy. I don’t wake her up anymore because she has an angry face and tells me I am a naughty girl. I want to be a good girl, so I let mummy rest’.*

Ms Smith has been struggling with her emotional and mental health for several years but over the last six months, she has lost two family members due to Covid-19. She has been prescribed a new course of medication and although she used to have a good relationship with professionals she has not been attending meetings. Despite numerous visits and calls by the other professionals, Ms Smith has only spoken to Ms Treadwell and Ms Begum. Ms Treadwell has spoken Ms Smith about the referral, the need for more support and a single assessment needing to be completed.

Prior to visiting the family, reading and considering the information already held on Amy’s file and thinking about what we know about her journey (see practice note on The Child’s Journey), the impact chronology and the cultural genogram. These help to develop a better understanding of the themes, trends and patterns of events are analysed and inform the current assessment and plan. It is essential within the work we do that we understand the trauma and adversity that has been experienced by both the child, parents/carers and the wider family. Adopting a trauma informed approach to completing visits, direct work and intervention will mean that Joanne can understand the possible responses by the family such as defence mechanisms that might present when experiencing emotions such as anxiety and fear.

Using the cultural genogram that was developed as part of the previous involvement supports, an understanding of what has changed for the family in terms of loss, changes in terms of the quality of relationships, resources as well as risks. It means that the family will not need to repeat all this information again. In doing so, Joanne begins to think about the initial meeting with Ms Smith, Amy and Liam, their needs and how it might feel for them particularly linked to their **Social GGRRAAACCEEESSS** such as their culture, identity and her own.

**Working with Ms Smith**

Joanne’s discussion with Ms Treadwell has helped her understand that Ms Smith is stressed about her visiting. Amy has also said in school today that she might go into care. Joanne has been clear with Ms Smith that although she needs to visit her, they can organise the visit together in a way to reduce her feeling worried. Ms Smith tells Joanne that her medication makes her feel tired first thing in the morning, that she struggles to concentrate for long periods of time and that she would like her mental health worker, Ms Spragg there as well. She also says that she hates it when Social Workers sit there write things down and that just makes her feel stressed.

Working in collaboration with Katie and partner agencies has helped (at the planning stage) Joanne to think about things such as; the duration of the visit, what support may be necessary for Katie during and after her visits, the impact on Amy and Liam, being aware of the language used to build a meaningful relationship with Katie, Amy and professionals. She also reflects on how she will work to maintain and sustain the relationship.

Joanne undertakes the visit, uses a relational and trauma informed approach and builds her relationship based on being open, honest and empathetic. After Ms Smith tells her what she is worried about, Joanne talks about some similarities and differences. They review the cultural genogram together and create a safety plan using felt tip pens including Ms Begum and Ms Spragg. Joanne can see that the loss experienced by the family has impacted on their emotional health and the support they were previously provided. She takes a photo of the safety plan for Amy and Liam’s file, talks about the session with them later that day and Ms Smith agrees to go to the G.P with Ms Spragg to review her medication.

Ms Smith and Joanne talk about the next visit and how she wants to talk about being worried about Amy taking on too much and that her children will be taken off her. Joanne said that she would also like to talk about Liam and the outcome of the discussion with the G.P. Although Ms Smith does not want to ‘trouble her family’ she does agree to think about a family meeting because she is struggling, and it helped last time. Ms Spragg works with Joanne to understand the impact of Ms Smith’s emotional and mental health and how this affects her care of Amy. She uses the ‘Kids Need’ resource as part of the direct work. This tool supported Joanne’s understanding of Miss Smith’s parenting capacity which will later contribute to the assessment. Trough exploring the three categories ‘Kids Need’ ‘Kids Sometimes Need’ and ‘Kids don’t Need’, Joanne have been able to have discussions around Amy and Liam’s individual needs and the impact of her mental health on meeting these.

Understanding of the family and community resources can be used to understand the strengths in the family and how these can be used to strengthen and reduce the identified worries and concerns/risks, so that things get better for Amy and Liam.

**Working with Amy**

Amy has additional learning needs and an Education, Health and Care Plan (EHCP) that describes the extra help and support she will need to overcome barriers to learning and social skills. In preparation for the visits and direct work and intervention with Amy, by understanding her individual needs and abilities, the quality of her assessments, direct work is likely to be more meaningful and make a difference to her outcomes. By contacting Miss Begum, discussing Amy’s identity and communication needs, will ensure that we can adjust our practice to ensure that our engagement with Amy is meaningful and relevant to her needs.

Joanne has arranged to meet Amy and Liam after school/ nursery at home on the same day as visiting Ms Smith. At school, Amy talked about going into care and that her Social Worker will be visiting her mum. She has been unsettled all day which another reason is why Joanne wanted to visit her on the same day. Amy has ‘adult worries’ about her mum and Liam and is a young carer. Joanne talks about her role as a Social Worker and they spend the time playing together. Joanne uses the Therapeutic Treasure Deck resource using the feelings and sentence completion direct work tool. This trauma informed direct work tool supported Joanne in encouraging Amy to articulate and make sense of her feelings, thoughts and experiences in a playful and non-threatening way.

Whilst using this direct work tool, Amy talks about what things are like at home, what being late and worried about her mum. She misses seeing her ‘nan’ after her grandad died because of an argument between her mum and Uncle. Joanne develops a safety plan with Amy which has been discussed with her mum earlier. Supporting Amy to participate by thinking about how we will apply the 4 x I’s (Inform, Involve, Invest, Influence) throughout our involvement (see practice note on Children’s Participation) means that her assessment is informed by her experience.

Regular direct work and visits support Joanne to understand just how much Amy is doing to support her mum and that Ms Smith wants support to make things better.

Following further visits and direct work sessions with Liam also, Joanne speaks to Ms Smith about them. She talks about the help and support that can be provided such as family meeting, consideration of support from a Young Carers organisation. As Joanne continues with the assessment process she reflects on how she uses the Practice Framework and Model to continue to shape the visits, direct work and intervention with the family.

**Good Practice Points**

* Be creative with families when undertaking visits and direct work. Recording our findings from our visits, direct work and intervention accurately is important and this should include the quality of the engagement. Record the purpose and context of the direct work. Some key things to include who was present, how long was visit and direct work and where it took place noting the resources and tools used.
* Scan and upload to documents any evidence i.e. photographs of the work, copies of the worksheets, drawings, letters etc and include the analysis as part of the case not of the visit.
* When considering your analysis and outcomes following direct work be clear about what child and young person has said and what is your interpretation inclusive of the carer’s response to this work.
* Be clear about the actions that come out of the work, make these SMART and include clear timescales and person responsible for visits and the completion of actions as part of the plan moving forward.
* Being aware of your role, identity and how this might influence your relationships with each family is important. Regularly reviewing and adjust your practice accordingly to ensure we are understanding family’s circumstances from their own perspective and addressing any potential bias is important.
* Where there are engagement issues, the reasons for this need to be reflected on as soon as possible. There are many reasons why families struggle to engage, and it is important to recognise the type of behaviours linked to the non-engagement issue, evaluate the impact of this and then identify the strategies to address them.

**Reflective spaces and supervision**

Using the Practice Framework and Model helps us to reflect on the meaningfulness of our visits, direct work and intervention, working towards building trusting relationships with the children and families we work with. Practitioners will work with families whose experiences are unique and different to their own and having a reflective space can support practitioners in understanding how best to work with each individual and family. Consider the impact of your visits, direct work and intervention and whether you can demonstrate progression and change for the child’s circumstances. Reflecting upon your direct work and interventions in supervision as part of your assessment, decision making, and planning supports thinking about how to achieve safe, permanent care for children and young people.

There are a several reflective questions that can be used when considering your work as a practitioner and within supervision to support workers in applying critical thinking and analysis to our interventions. These can be found within pages 29-32 of the Practice Framework and Model Booklet. Using the reflection questions will help to understand the family’s history and reflect further on the impact of previous and current interventions and whether we need to be more creative with how we engage with children and families. Part of supervision will focus on the importance of relationships and the barriers to engagement at different stages of the relationship (see practice note on Relationship Based Practice).

It also provides a safe space where we can reflect our feelings that can emerge when we work with families and provide us with a way of thinking about them and how we might relate to families for several reasons. This can be helpful when reflecting on our work with families which we sometimes refer to being ‘stuck’. Adopting this approach to supervision means that we consistently reflect on our approach, the family’s response and identify a strategy together to address it. Regular Group Supervision and Team Learning also provides reflective spaces to develop Relationship Based practice.

Using these aids as prompts with the linked reflective questions our Practice Framework and Booklet (pages 50-51)

**How can I evidence this work on the child/young person/young adults file?**

* The child’s views can be recorded on their files in blue to ensure this stands out. Records of what a child says should be in their own words where appropriate, based on their individual’s needs. If you want to record your interpretation it needs to be clear and evidenced based.
* Case notes should include an accurate account of the visits undertaken to the family, including reference to any direct work, pictures, activities and creative work completed. This can be attached to the case note or uploaded to documents on the child’s file.
* Evidence of discussions during life work sessions can be recorded on case notes, uploading any life work tools that may have been used.
* Impact chronologies and cultural genograms can be uploaded to the child’s file.
* Using Mind of My Own or Mind of My Own Express to obtain the child’s voice and upload their statements to their files, ensuring these are used to shape any interventions with them.

**Further information and reading**

* Practice notes on Child Participation, Family Culture and Identify, Partner and Partnership Working, Relationship Based Practice, and The Practice Framework and Model will support Practitioners are available on the Learning and Development page.
* The Practice Framework and Model Booklet, information relating to the Child’s Journey, relationship-based practice, strengths-based practice and trauma informed approaches. Reflective questions specifically focusing on our interventions are on pages: 29 -32.
* Direct work resources can be located on: https://www.sandwellchildrenstrust.org/intranet/18277-2/
* Access Practice learning workshops regarding the Practice Framework and Model, Voice of the Child, Direct Work and Interventions and Cultural Competence.

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