



# Derby and Derbyshire Safeguarding Children Partnership

## Multi Agency Guidance on Home Visits

The purpose of this Multi Agency Guidance is to outline key safeguarding issues that practitioner's may need to consider when carrying out home visits and should be read in conjunction with the DDSCP [Safeguarding Children procedures](#) and [Threshold document](#).

The guidance has been produced to **sit alongside individual agency guidance and procedures on home visits, including staff health and safety and specific risk assessments**. Practitioners should be mindful of any specific advice set out within their individual agency guidance and protocols about home visits or unsuccessful access to a child.

### Home visits

Home visits are an important part of the services provided to families and involve practitioners from a wide range of agencies. Most home visits take place without difficulty i.e. a positive experience for the family and practitioner. Most home visits are arranged with family members; their frequency and purpose agreed between the practitioner and family and/or specified within the multi-agency plan for the child(ren). Occasionally it may be necessary that a home visit needs to happen without the family's prior knowledge, perhaps to carry out specific tasks that safeguard children or adults. It is good practice to let families know, when we begin working with them, that unannounced visits may be necessary in some circumstances; this often encourages a better working relationship.

In all cases where practitioners are visiting the family home, there is a responsibility to be alert to any concerns that may arise about the welfare of children or adults in the home and to take proportionate and appropriate action. It is also important that we actively look for and notice what is good and working well with the families we visit. These observations will provide vital insight into capacity for change and family strengths and resilience.

### Why visit?

Every time we visit a family's home there is a purpose to that visit. In all cases practitioners should ensure that they understand the purpose of the visit, how their visit contributes to the overall plan for this family and be able to explain these things to them. Ask yourself:

- Are you expected?
- Should the visit be announced or unannounced?
- Is the visit part of an established pattern of visiting to this family?
- Is the visit in response to some new incident / circumstance or information?
- Is co-operation likely to be an issue? If so, is there anything you can do to increase the chance of cooperation by the family?
- Who do you need to see? Does the family know this? Have you asked them to try and ensure they are present?
- What do you need to achieve during this visit? Is this something the family want to happen or are willing to work with you on?

### Safeguarding Visits

If the purpose of the visit is part of a plan to safeguard a child, practitioners must be clear on a range of additional factors in preparation for the visit.

### Preparation

Each practitioner/agency undertaking such a visit must be clear about any potential risks and what to do on each occasion. Good preparation is key to the success of any visit; this should include any appropriate assessment tools such as the Graded Care Profile, CSE Toolkit or DVRIM. Practitioners also need to be prepared for any unexpected scenario which may be present whilst undertaking a visit. The following questions should be considered as part of the preparation for the home visit.

### Powers of Entry

Entry to a person's home is permissive except in very limited circumstances which apply to the police or where a specific court order has been obtained regarding entry, most usually by the police or which will involve the police in attendance if obtained by another agency e.g. Approved Mental Health Professional (AMHP).

- If you are refused entry, what action do you need to take? Is planned or emergency action needed by the Police or Children's or Adult's Social Care?
- Do you need to involve another agency to assist?

### Who might be present?

- Who are you expecting to be present in the home? Who do you need to see? What are the names and relationship of people who live/are likely to be present in the home to child/young person?
- Is there anyone who shouldn't be there? Why not and what do you need to do, if anything, if they are present? Do you know what anyone who shouldn't be there looks like?
- Does anyone likely to be there present a risk to children, workers or other adults? Would this risk require you to take any action? Are you prepared to take this action if you need to?
- If no one is present or if they are refusing to answer the door, does this affect the level of concern? What do you need to do?

### Who should be involved in the home visit?

- Are there known risks to workers and from whom or what?
- Is it safe to go alone or is there a need for a joint visit with a colleague or another practitioner? Is each of you clear about your roles during the visit? Do you have an agreed contingency plan should any difficulties arise?
- Might the police or another agency be required to assist and has this been discussed with them prior to you visiting?
- Has the plan of action been agreed, including that will be taken in the event of risks being identified arising?

### Do others present a risk?

- Are there specific adults or young people who present a risk to children associated with this family? What is this risk and the likely impact on the child? Is there a plan in place already to manage the risk that the family know about? Are court orders in place authorising this plan and who has access to a copy of the order?
- Are they in the home? Is them being there in accordance to any plan to manage that risk? If not, what action might you need to take? Does this need to be immediate? Is it safe for you to leave the home to take this action, or do you need to remain in the home to safeguard the child? If you need to stay, how can you make the situation safe for both the child and yourself?

### Safeguarding concerns before or during a visit

- What are the risks to the child or adult and from whom (including neglect and abuse)?
- How severe is the risk?
  - How likely is it to happen?
  - What are the potential consequences of the harm should it occur?
  - Is this the first time this risk has presented or is it a repeat risk?
  - What measures are in place to reduce the risk of harm?
- Would it increase the risk if you were to discuss your concerns with the family?
- Does the child need to be seen and/or spoken to (alone or in the presence of their parent/carer)? Should the child be woken if they are asleep?
- Will observations be needed of their physical wellbeing, such as a check on a baby for bruises/sores etc?
- Does the child appear clean/dirty, hungry, dressed in weather appropriate clothing?
- How does the child interact with the parent, carer/worker/other children?
- Are there any concerns regarding the child's emotional presentation?
- If **specific concerns** exist (such as Neglect, Domestic Abuse, Parental Substance Misuse, Parental Mental Health Issues or Physical Harm) are there specific areas of the home that need to be seen / specific checks needed to take place / persons needed to be spoken to? For example:
  - Do bedrooms/food cupboards and evidence of food preparation need to be seen?
  - Does the adult or child need to be spoken to separately?
  - Does the parent/carer appear under the influence of drugs or alcohol?
  - Can alcohol be smelt? Is there evidence of alcohol consumption in the rubbish/cupboards/fridge?
  - Is there evidence of drug taking in the home? Can you smell cannabis?
  - Does the home (including outside areas) present a health, hygiene or fire risk?
- Do you need to take any action to ensure a child or adult is kept safe? Do you need to take that action immediately or can it be in a more planned manner?

### “Safe and well checks”

A 'safe and well' check (also known as a 'welfare check' or 'Police check') on a vulnerable person requires the police to locate the person at risk of harm and seek to manage any safeguarding risk which may mean they contact another agency. You need to consider if a safe and well check is the most appropriate course of action to request or if another agency is better placed to assist, e.g. health care services. The police cannot force entry to someone's private premises except in very limited circumstances i.e. there are reasonable grounds to suspect their life is literally at risk or where it is necessary prevent a child suffering significant

harm and it is impractical to get an Emergency Protection Order in time. See [Derbyshire Constabulary Partners Briefing Note: Requests for Police Checks](#).

### Home alone or inappropriate carers

If a child is found to be on their own, or in the care of a person who is inappropriate, and there is no opportunity to immediately ensure that a parent or guardian is able to attend, the police should be called on 999. Unless it is unsafe for you to stay, you should remain in the home or outside until the police arrive to ensure the child isn't moved and/or no harm comes to them.

### Contingency Planning

- When must the home visit be completed by? What time should it occur?
- If you do not gain access is a return visit required and by when or is other action required?
- If concerns arise from either the home visit itself or an unsuccessful visit, what action is required and by whom, including liaison with other agencies?
- If a referral (including on open cases) is to be made to Children's Social Care/Careline, how are you going to let the family know about your concerns and the action you have taken?

### Further things to do if concerns arise during or after the visit

If concerns arise about the welfare of a child or adult, you must discuss this with the person who has responsibility for child and/or adult protection in your agency.

If no one is available, you must seek advice from Children's Social Care or Adult Social Services or the Police. If you are worried about the safety of a child or adult, you must make a referral and follow up your referral in writing.

If you remain worried that the concerns have not been resolved, you should discuss this with your manager and further action should be taken to seek to resolve any difference in practitioner opinions. The [DSCBs' Escalation policy](#) should be used if necessary.

If concerns arise that visiting this address may pose a risk/is dangerous that information **must** be relayed to others working with the child, adult or family, who may need to visit in the future. Any risk assessment, held by any agency, should then be updated to reflect these concerns.

### Follow up action

- Who needs to know about your visit today and the actions taken?
- Who is responsible for feeding back the outcome of the visit to other practitioners involved in the case? How quickly does this need to happen?
- Who is responsible for recording all details of the home visit, managerial discussions and decisions in line with individual agency requirements?

### Recording

Whatever the purpose of the visit, the details should be recorded accurately and in a timely manner; ensuring appropriate weight is given to concerns according to the evidence. It is important to reflect on what has been seen, spoken or achieved and records should be kept in accordance with current agency regulations and guidance.

<b>Guidance to be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures</b>					
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1.	Multi Agency Task & Finish Group	-	DSCB Policy and Procedures Group	Oct 2012	Oct 2013
2.	-	DCC Principal Social Worker	DSCB Policy and Procedures Group	April 2017	April 2020
3.			DDSCP Policy and Procedures Group	November 2020	

**HOME VISIT: Why?**

**Routine visit** What is the purpose? Who will you see and what will be the outcome?

**A Specific Safeguarding Task is needed** What is the agreed plan for the visit? Single or joint agency? What action will be taken in the event of risks being identified? What is the contingency plan?

**The Visit**

**Planning**

- When must the home visit be completed by?
- What time should it occur?
- If no one is present is a return visit required and by when?
- If the visit was unsuccessful is emergency action needed?

**What is the specific concern about the child or adult?**

- What are the risks to the child and from whom?
- Should the child be seen (alone or not)?
- Which areas of the home should be seen?

**What is the legal basis for the home visit?**

- Is the home visit part of a Child Protection Plan?
- Are powers of entry required, might emergency action be needed?

**Arrangements for the visit with the family**

- Does the family know about the purpose of the home visit?
- Are there specific people who a risk to the children?
- Is it announced or unannounced? What difference does this make?

**Concerns - during or after the visit**

**Discuss them with the person who has responsibility for child or adult protection**

**Safeguarding Action**

**The Visit**

**Follow up action**  
What action is needed and by whom? How will outcome be fed back to other professionals? Who will record all details of the home visit, managerial discussions and decisions?

**Recording**

Include what has been seen, said or been achieved. Recording should be contemporaneous and accurate and kept in accordance with agency regulations.