

Stronger and More Consistent Approach to Home Visits During the Pandemic

January 2021

Our agreed position for working with vulnerable children and families during home visits is described in this note. There are four agreed scenarios to improve consistency of practice across Birmingham. All partners are adjusting their procedures to support the changes.

The basic principle: **where a visit would normally take place, if the risk of *not visiting* (for the child) is greater than the risk of *visiting*, then visits should take place with appropriate safety measures in place so far as is practicable** (PPE, hand-washing, social distancing, etc).

Four scenarios

The following four scenarios illustrate this minimum standard, home visits should take place in *at least* the following circumstances, where:

1. An agency has a **safeguarding concern** about a child, before referral to CASS / MASH.
2. A **joint visit** between any two agencies is agreed in a **strategy meeting** which is only held when a risk of significant harm to a child has been identified.
3. There is a **child protection plan**, in **pre-proceedings** (the stage before an application to court for potential removal) or **care proceedings**. This represents the cohort of children in the community identified by all agencies as at greatest risk of harm. All partners should maintain face-to-face contact, as indicated in the multi-agency plan for each child.
4. An agency **refers** a child / family to another agency, and there is a request for an **initial joint visit** to smooth the introduction and / or transition to a new worker or agency.

These visits should be for an appropriate length of time to establish rapport, explore the issue with family member(s) and establish the necessary course of action.

Busting myths

- There are some exceptions to the four scenarios, e.g. it's not normal practice to complete a home visit before a safeguarding referral for a presentation in an acute setting.
- There is no time-limit for the duration of a visit.
- Due to personal risk from Covid-19 some individual professionals will exercise different thresholds. Partner agencies will ensure home visits are supported by another professional.
- All Birmingham partners are continuing to visit families, with the exception of probation services following national guidance from the Ministry of Justice.
- Referrals and Family Connections take longer when they are missing data, e.g. dates of birth, full address, names of parents, ethnicity, whether interpreting services are required.

Practice Guidance for professionals undertaking Home Visits to vulnerable children and families during Covid-19 pandemic

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Assessing children and families' needs and risks

What would be the risks if no professional was able to have face-to-face contact with the child or young person and their family or carers?

How worried you would be:

- if visits to the family were not possible and the child or young person could not be seen by any professionals for the next 2 weeks?
- if a review meeting (e.g. Child in Need, Core Group, Child Protection Conference) could not be held or the family cannot attend the review or the group meeting for the next four weeks?

Think about the impact of Covid-19 on the child and family. Think critically and analytically about the situation and how the risks associated with Covid-19 (for example, self-isolation) affect the existing risks and their impact for the child and family. Your response to these questions may be informed by your existing knowledge of the child and their family, previous assessments and analysis of the child's lived experiences, environment and networks:

In your professional view:

- What would be the impact for the child and family if they are self-isolating?
- What measures are in place and how does the family plan to keep the child safe?
- What help does the family need to manage the situation and keep the child safe?
- What help do they need to be able to do so, and to manage the situation?
- Does the family appreciate and acknowledge the risks and their impact for the child?
- How worried is the family about the child? How does the family manage these worries?
- How does the family manage stress and what are their coping strategies?

Identifying protective factors and safeguarding needs

Consider any protective factors, support and safeguarding measures that are in place or that need to be in place to ensure the safety and well-being of the child and family. For example,

1. What are the existing protective factors for the child or young person and what are the existing safety and well-being plans for the child and family? How are these impacted by the Covid-19 pandemic and its associated risks?
2. Are there any other professionals who have seen or are seeing the child regularly (either in-person or virtually)? Are you able to contact this professional and could contact information be shared by them?
3. When was the last time the child or the young person was seen in-person by a professional? What was the context and what were the concerns? Was there any further contact with child after that? For example, via phone or virtual/digital visit?
4. Is there is an existing safety plan? Have you contributed to or seen the safety plan? How will this be affected by self-isolation or reductions in workforce capacity or services?
5. Are there any concerns about the child or young person's household or placement with regards to domestic abuse, sexual abuse, violence or coercive control, substance misuse, mental health, vulnerability to online grooming and sexual or criminal exploitation or radicalisation, or history of the young person going missing? How are these factors influenced by the confinement of the young person and/or their family in their current home or placement?
6. What activities will take place over the coming 4 weeks to support and safeguard the child and family? Planned activities could vary widely ranging from a physical in-person contact to phone conversation to video communication, virtual/digital home visit, online support groups, digital/virtual home visit, digital virtual review or CPD, online activities and support provided by other agencies and organisations (e.g. schools, children centres, etc.).
7. Does the child or young person have an identified network of trusted adults - are school or other support agencies still in contact? If yes, are you able to contact any of the trusted adults or contact and receive the information from other agencies?

Planning a visit

Identify if the purpose of the visit is essential at this time (in accordance with the Birmingham Children's Partnership agreed criteria for prioritising home visits)

Can the visit be conducted with a professional from another agency?

Liaise with other agencies (potentially) involved in the visit (e.g. police or health colleagues). If this visit will be multi-professional, use this guidance and the principles within it to plan:

- a 'team' approach to the visit
- who will do what and who will be in what proximity to the person/family
- what Personal Protective Equipment (PPE) each might use (see section on PPE below) to ensure all members of the multi-professional group are protected throughout and know what each other are doing

Identify how the purpose of the visit could be achieved while maintaining recommended physical distance of 2 metres.

If appropriate, contact the person that you are visiting (or their family member/carer if appropriate) to seek information about the environment, available space and their health status to help you manage the risk.

When you cannot contact/speak to the household before the visit

There will be occasions when you are required to make a visit and prior contact to gather information from the person or family is not possible (for a variety of reasons).

If that is the case, you (and other professionals involved) should treat the situation as a Covid-19 high risk situation (for practitioners and/or people visited) and take protective infection-prevention precautions as necessary according to Public Health advice.

When you contact the person/family before the visit:

Explain about coronavirus and why special precautions are needed at this time: to protect them, to protect visiting professionals and protect the community

- Provide information in a form they can understand and check their understanding
- Answer their questions and reassure as appropriate
- Repeat the call another time if necessary to help their understanding
- Involve family/carers as appropriate to assist and determine if questions can legitimately be answered by another on behalf of the person

Ask about their health status,

- Do they or anyone in the household have confirmed Covid-19?
- Do they or anyone in the household have any Covid-19 symptoms? (a dry persistent cough; raised temperature; sore throat; loss of smell and taste or other symptoms)
- Are they or anyone in the household in a higher risk group/shielding (e.g. have cancer or an immune-suppressing condition)?
- Are they or anyone else in the household in self isolation due to exposure to COVID-19?
- Have they and/or others in their household completed a course of vaccination?

Explain about social distancing and why it will be needed during the visit,

- Seek their agreement to maintain distance and explain the benefits for them
- Explore whether technology could be used instead of a visit to achieve its aims and reduce risk to the person and the social worker

Seek the person's (or relevant carer's/family member's view) on how to minimise risk,

- If there are known risks of infection or higher risks to health that indicate the person should not have visitors, seek advice from your line manager.
- If the person or family is likely not to comply with social distancing, consider whether other colleagues should be involved, the use of PPE and whether the visit can be undertaken safely.

Ensure the person or their family/carer understands (as much as possible) the purpose of the visit and the plan for the visit.

Consider sending information to them in advance including in easy read or other formats if required.

- Where a person may lack capacity (as defined in the Mental Capacity legislation depending on country), ensure that a person's best interests and support needs are considered by those who are responsible or have relevant legal authority to decide on their behalf.
- Provide an opportunity for the person to challenge the organisation's decision if needed and possible.

Create a risk plan for the visit to include:

- Identify and minimise who will be present in the room/household
- Plan entry and use of space in the home
- Identify and secure Personal Protective Equipment (PPE) if indicated: i.e. hand sanitiser, gloves, masks, protective clothing. See section on PPE below.
- Plan how you will carry out the purpose of the visit whilst minimising the risks of infection.
- The risks and safety of transport such as infection risks of public transport and sharing cars with colleagues or others. Travelling alone in cars is safest.

Identify the equipment you will need during the visit so that you can easily find this.

- Subject to the guidance on PPE above, identify any protective equipment that is recommended by public health, for example use of soap, hand gel, gloves, apron, face mask and make sure that you have access to this.
- Make sure you know how to use PPE to make it effective and avoid unintended risks
- If you intend to use PPE that obstructs your face, explain why you are using it to the person/family before you arrive if possible, or upon arrival if necessary
- Ensure that you have a way of disposing of any protective equipment after the visit in line with public health guidance.
- Ensure that you have a way of washing your hands prior to and immediately after the visit, for example using hand sanitiser that is easy to access. Check public health guidance.
- In the absence of necessary equipment to minimise the risk of infection, for example to ensure you can wash your hands, you should review the risk assessment about the balance

of risk to yourself and the vulnerability of the person or persons you are planning to visit with your line manager. Seek advice from your line manager.

Ensure you follow your organisation's lone working policy and have someone you can contact during a visit if you need advice.

- You will also need the means to contact that person or persons such as a mobile phone.
- Ensure that your line manager and team are aware of your whereabouts and contact arrangements if someone is late returning.

Review the plan with your line manager/ duty colleagues to ensure it is practical and ethical, and that risks are reasonably managed.

Practice Summary: Purposeful Visits

Be clear about why you need to undertake a home visit:

What is the purpose?

Who do you need to see and talk to on their own?

To what extent do you need to see the whole home conditions?

What are the desired outcomes?

Be professionally curious; exercise respectful and authoritative practice

During the visit

Before going into the home, check your information.

- Confirm who is in the house and the health status of the person you are visiting and any other household members.
- Speak to the person you are planning to visit to remind them to follow public health guidance to minimise risk.
- Explain the risk mitigation approach you are taking and why, and explain it is to protect them and you

Follow public health guidance during the visit.

- Ensure that you have a way of washing your hands prior to and immediately after the visit, for example using hand sanitiser that is easy to access.
- If public health guidance does not state that you need to wear gloves, wash your hands before going into the home / place of visit for 20 seconds with soap in line with public health guidance or sanitise them.
- During the visit, minimise the surfaces that you touch, do not put your personal items down on any surfaces, try not to touch your face, ask for the room to be ventilated (e.g. through an open window and door), keep 2 metres or more away from other people and follow any other public health guidance about minimising infection.

Keep the visit focused and as concise as possible. If you consider that the risks are not proportionate or being managed, explain why you need to end the visit and how you will plan to follow up.

After the visit

Follow public health guidance immediately after the visit.

- Sanitise any equipment that you have brought out of the home in line with public health guidance, for example by using disinfectant wipes including phones, laptops etc.
- Dispose of any protective equipment in line with public health guidance.
- Wash your hands in line with public health guidance before touching other items, for example using hand sanitiser.
- Wash your hands before going into another building for 20 seconds with soap in line with public health guidance or sanitise them. Check public health guidance.
- At the end of the day, remove and wash clothes that may have been exposed to the virus.

Inform your organisation of any concerns or risks that you have identified. Report back to your colleagues, or line manager about the visit.

- Your organisation should ensure there is an option for an immediate debrief. Share any learning that can support practice and your organisation.

Record the visit.

- Include any amendments to practice that were necessary due to the pandemic.
- Record any information that is needed to support practice and your organisation.
- Make sure you provide any relevant guidance for others who may be visiting or planning a face to face meeting at a future date.

Seek support for any professional or personal concerns.

Practice Summary: Purposeful Visits

Be clear about the outcomes of the home visit:

Did it fulfil the purpose, did you achieve what you set out to achieve?

Do there remain gaps in your knowledge and information? How will these now be filled?

What relevant information do you need to share with other professionals?

What are the next steps to ensure that child is safe and his/her welfare is being promoted?