

HOME VISITING IN CHILD PROTECTION CASES

It is a common finding from serious case reviews¹ that professionals have not understood the child's world and their day-to-day life².

Visiting the family home gives you the golden opportunity to see a little, and sometimes a lot, of what the child's life is like from day to day, and is an essential element of any safeguarding, or child protection, assessment.

It is in the home that professionals can gain real insight as to what life is like for that child and every minute spent there should be used to help you build that picture. If professionals are to make accurate assessments, they need to understand exactly what the child's situation is, and the more time you spend in the family home, the more you will understand what the world is like from the child's perspective.

Evidence is often in front of the professional's eyes, when they are in a family home, but that evidence is sometimes missed. As Professor Harry Ferguson (2011) observes in his book, *Child Protection Practice*³, in some of our most high profile child deaths, Jasmine Beckford (London Borough of Brent 1985), Victoria Climbié¹ and Peter Connelly², the signs were there but they were missed.

Five-year-old Jasmine Beckford was seen by a social worker during a home visit but she was watching television and only stood up when her mother and the social worker entered the room. The social worker was in the room for 20 minutes and described Jasmine and her sisters as 'well and happy'.

We now know that, at that time, Jasmine was recovering from a fracture to her thigh, which had happened as a result of abuse. Jasmine was battered to death by her step-father Maurice Beckford on 5 July 1984. She had been locked in a bedroom with bodybuilding weights tied to her broken legs to stop her moving. When she died, she was emaciated and deformed, and weighed just 23 pounds. She had 40 injuries to her face and body – her ribs were also broken and she had ulcers, burns and cuts to her leg.

During one of the social work visits to Victoria Climbié, she was sitting on the floor throughout the visit. The social worker's recording said that Victoria was clean, well-dressed and playing with a doll. We later learned that that was the time when Victoria was being kept tied up in the bath. She was doubly incontinent because she was so frightened and she was kept in a bin bag because of her incontinence. The reason why she was sitting on the floor during the visit was because she could not stand up straight, as most of the time she was tied up.

Victoria died of hypothermia because the bathroom she was kept in was freezing. She had 128 injuries on her body when she died on 25 February 2000.

In the case of Peter Connelly, it is well documented that a considerable number of home visits were made by social workers and other professionals. It was noted that the home was in a poor state, that Peter often had bruises, and on one occasion his face was smeared with chocolate and he had cream on his head.

During that visit it is understood the social worker asked the mother to clean his face, a friend took him out of the room but did not return him. It is now thought the

chocolate was used to cover up bruises on Peter's face. Those home visits could certainly have been put to better use in the efforts to protect Peter. He had more than 50 injuries on his body when he died on 3 August 2007.

What emerged in the serious case review for Hamzah Khan, the little boy whose body was found mummified, was the following "It is now known that five children lived with awful physical and emotional conditions for many months as their mother's emotional and mental well-being was severely impaired and deteriorated"⁴.

Many of you will remember the photographs of the inside of the house, the kitchen, corridor, bathroom and bedrooms piled high with plastic bags and rubbish, not a surface visible and virtually no floor space. It is hard to conceive that six people lived in that home.

The serious case review makes this point "The author of the social care report makes an important observation that on the three first visits to the house the various staff only saw the living room. They never saw any child on their own and they never visited bedrooms". This was five years before the home had deteriorated to the state it had, by the time of Hamzah's death. We know from home visits that were undertaken by other professionals that the state of the home deteriorated over time.

The serious case review for Keanu Williams⁵, the little boy who was beaten to death by his mother, Rebecca Shuttleworth, after months of horrific cruelty found that "There was no evidence of a child-focused process where the Keyworker had been observing the interactions between Rebecca Shuttleworth and the children, or the children in their home environment, to reach an understanding of the children's experience, particularly as they were not able, due to their young ages, to express their views and wishes verbally".

Over a four-month period during which Keanu and his siblings were the subjects of child protection plans due to neglect, there were eight failed home visits.

We have to see the home environment and we have to see the children in their home environment, with the parents/carers, if we are to have the best chance of making an accurate assessment of risk.

These are just five of the terrible tragedies that have occurred when a child has died of abuse or neglect. As these cases highlight, the signs were there, but professionals missed them.

Having said all of that, it is very easy to be wise with hindsight and when I use examples from serious case reviews it is never a case of pointing fingers at other professionals in disbelief that they did/did not do whatever it was that reviews may have identified.

Despite what you may read in the popular press, professionals do not kill children, but we can all miss important evidence of abuse and there is always more that we can do to try to protect children. Serious case reviews are a very useful form of learning, because they look at what has happened in such great detail.

The other really important thing to say at this stage is never forget that you are in a privileged position if the family is allowing you into their home. Most of us would not choose to have professionals coming into our homes on a regular basis and we must always be mindful of that, and respectful of the family and their home.

Home visiting is one of the most challenging aspects of work because so often professionals are met with hostility and aggression and sometimes you fear for your own personal safety.

What I would say to that is, if that is how you are feeling, what does it feel like for the child, who is living in that atmosphere all the time? Do not feel reassured if the child appears to be indifferent to what is going on in the home. That is more concerning because it so clearly demonstrates how used that child is to the environment. Children think that whatever is happening in their home is happening in every home and so in their minds it is normal, however terrible their normal is.

I recognise that much of what follows in this report may seem common-sense, or already understood, but things are not always that simple, in real-life, and the cases above illustrate where things can go wrong. So see the following paragraphs as reminders, that I also use myself, to reassure you that you have considered all the options, when you plan, and carry out, your visits.

I also realise that my focus is entirely on the assessment purposes of home visiting. Working positively with families and supporting them to make changes, and ensure their children's wellbeing, are other essential elements of home visiting practice but they demand separate and significant additional consideration.

The purpose of the visit

The first element to consider for any visit is to ask: why are you going? What is the purpose of the visit?

Children who are the subject of child protection plans, for example, must be seen by their allocated social worker at least once every two weeks. It would be very easy to pay the visit to the home, see the child and tick the box saying "child seen" but where is the value in that?

Make sure you are absolutely clear why you are undertaking the visit, what the purpose is and what you hope to achieve from your visit. It is always good to go with a clear plan in your head. The clearer you are about why you are visiting, the less likely you are to become side-tracked by whatever issues you are faced with when you are in the home.

Planning the visit

There is always a certain amount of preparation that needs to be undertaken before a home visit. Think about how you are going to contact the family to arrange the visit. Is there domestic abuse in the home? Do you have to be mindful of that? Is there an issue of your personal safety? Does the family speak English? Do they read and write? Is it better to write a letter, or telephone to arrange the visit? Does anyone in the family have a learning disability you need to be aware of? These are some examples of the sort of things that you will need to think about when you are planning your visit.

Make sure that you are as prepared as you can be before you make the visit. Read the file. This is essential. Time will always be an issue for all professionals but if you visit someone's house and you have not read the file you may have missed some

vital information that may impact on your safety, as well as the child's. It may also mean you having to return because there were things you did not know before you visited, and therefore did not ask about. Also, speak to other agencies to get as much information as you can before you make the visit and think about whether you need to take any paperwork with you.

Think about race/ethnicity/cultural issues. Is the family from a black and minority ethnic community? Make sure you have some understanding of that family's ethnicity or wider cultural background. This must never lead to generalised assumptions, particularly about behaviour, but is an important part of beginning to understand what may affect the family and its life.

Think about anything else, apart from paperwork, that it might be useful to take with you. Perhaps one or two toys or paper and coloured pencils? Play is the very best way to build a rapport with a child.

Sometimes there is merit in visiting with a colleague from a different agency, or with someone else from your own agency. It can be extremely helpful to have another person, or another agency's, perspective. And, remember, sometimes there is a safety in numbers.

It may sound unimportant but think about what you are going to wear. Some of the homes you go into will be in an extremely poor state. Do not wear your best dry-clean-only coat and remember in some homes you will be asked to remove your shoes, so make sure you are not wearing your son's Batman socks under your boots, as happened to me.

Keeping Yourself Safe

Different employers have different policies on lone working and staff safety. As a general rule, if you are concerned about your safety, discuss it with your manager. Everyone should have adequate support if they are visiting a home in which they may feel frightened.

In the child protection arena you will often be working with families who are hostile or aggressive and you will also be visiting their homes. It is essential that you do everything you can to keep yourself safe. Never feel pressurised by a manager, or a colleague, to make a visit, alone, if you are worried about your personal safety.

Personal safety is one of the reasons why preparing for a visit is so important. Find out everything you can about who lives in the home and whether any other agencies have had concerns. If you have good connections with your local housing department, they can often be a very useful source of information and will tell you if there have been any reported incidents of antisocial behaviour at that address.

Make sure your team has a good system for checking in. Is there something in the office that shows where everyone is when they are out and on home visits? Is there a mechanism for checking if someone is alright if they do not return to the office when they have said they will? If you do not have any of these systems in place, you could be the one to suggest them, to get them going in your team. Every team benefits from people who are proactive.

Make sure you have charged your mobile and if you are that concerned, have 999 on speed dial. Think about what you might do if there is no mobile signal. If you are concerned about the area you are going to make sure you visit during daylight hours. If you are visiting a big estate try to find out exactly where you are going before the visit, rather than wandering around looking lost. Large estates can be intimidating places to go to you and you will always feel better if you know where you are going.

If you know there is domestic abuse it may be helpful to find out when the perpetrator is not there, in the first instance. It will be much more likely that you will have an open and honest conversation if the controlling partner is not there and then going forwards, think about how you can work safely with that perpetrator.

Think about what you are wearing. If you needed to, could you run in the clothes and shoes you have chosen to wear?

Once you are in the home, think about where you will sit. Would you be able to make a quick exit, if necessary? If there are two of you agree a word that you will use if one of you is feeling you need to leave quickly.

If somebody becomes extremely hostile, or aggressive, my view would be the best way of handling that is to deal with it head-on. I would suggest you are honest and straightforward and address any threatening behaviour straight away. Keep it very simple and say something like "I can see you are very angry but we cannot carry on with this meeting while you are so cross. I am not prepared to be shouted at. I am going to leave now and I will telephone you later, when you have had a chance to calm down and we can then discuss what is going to happen next." Do not be confrontational and try to remain very calm but also be firm and clearly state that you will not put up with unacceptable behaviour.

Remember, leaving is always an option. In some cases you may feel you have to leave under false pretences, saying you need something out of the car, for example. Safety has to be your greatest priority.

Getting in the Door

This is not always as simple as it sounds. We will start off by looking at this from the perspective of a family who you think will be willing to let you in. The first thing you do, when the door is opened is introduce yourself but only give your first name until you have established to whom you are speaking. I would advise against showing your ID, until you know this.

Ask for the person it is you have come to see, giving their first and second name, so there can be no confusion, for example, if there are two Ms Peters in the home. If you are told they are not there and you are being asked who you are, all you need to do is say "My name is Joanna, I'm from the council, here is my number. Please would you ask her to give me a ring".

If they ask you what you want, be very polite but say "I'm here to speak to X, so if you wouldn't mind giving her my message, that would be really helpful" but do not be drawn on why you are there and definitely do not say what your professional role is.

If you do establish that the person you want to speak to is there and you are speaking to them, explain who you are and who you work for but in jargon-free terms. Plain English is always best.

Sometimes you visit a home and there are eight people sitting in the kitchen and several others milling around. It is the service user's choice whether other people are present when you speak to him/her but ideally you should speak to the service user alone.

In some situations it feels as if the service user is intimidated by those around them and even if they are saying that they do not mind you talking about whatever it is, in front of the other people, you may judge that that would not be right, and in that case you should ask the service user if you could make an appointment to see them in your office.

If, before the visit, you get a sense that this family is quite likely not to let you in, I would advise you not to make a grand arrival but arrive unnoticed and listen to see if anyone is there before you knock on the door. If it all goes quiet, you will be building evidence that that family is avoiding you. I have had several conversations through letterboxes, telling the family that I am not going to go away, so they might as well let me in and I am sure they do not want all their neighbours hearing their private business. That usually works, but not always.

Once in the Home

There can be many distractions in a family home, it might be the loud television, it might be the number of people, it may be a pet. Of course you have to remember that you are in someone else's home but it is entirely reasonable to ask them to turn the television off, to put the dog away when you are there or to ask where you can speak to the person you have come to see in private. It is the family's choice whether they acquiesce but it is fine to ask the question.

Again, if they refuse to put the snarling dog away and you do not feel safe then it is perfectly within your rights to say that actually it is not possible to have this meeting in these circumstances and you will have to leave and then, as a team, you will be considering what will happen next. The balance between being seen as assertive or arrogant can be a fine one. At times you will have to be assertive but no one should ever be arrogant.

If you are invited to sit down position yourself somewhere where, if it was necessary, you could make a quick exit.

Where you go in the home will depend on who you are. Social workers should be seeing every room in the house. For other professionals that may not be true but if, for example, you are a health visitor, you should be seeing where the baby is sleeping, if you have any concerns at all.

If you are a social worker you should be spending at least as much time with the children, as you do with the adults. Adults will often tell you the things they think you want to hear, children may tell you all sorts of things and have no idea what they are telling you.

If at all possible, make sure you spend time with children on their own, this will often be in their bedroom. You cannot insist on seeing the child alone but you should always ask yourself why the parent is preventing you from seeing the child alone, if they have nothing to hide?

What to Look Out For

This is really the most important section because you are there now, you are in the home and now the work can really begin.

First of all, what is the physical environment like, both in the home and in the garden, or on the balcony, if there is one? As I said earlier, social workers should be seeing every room in the home. Of course I would not suggest that the moment you walk in you ask to see all around the house but when you have been there for a period of time you need to say that part of your job is to see what the child's home is like and that will include seeing all the rooms in the home.

If there are concerns of neglect, ask to see the contents of the fridge, the kitchen cupboards etc. This is a huge invasion of privacy and you need to be mindful of that, but you should not shy away from your responsibility. You should, however, acknowledge to the family that you understand this is extremely invasive.

You need to see where the children sleep, the state of their bedrooms, the state of the bathroom and all the other rooms. Ideally ask the child to show you their bedroom. Do not make assumptions about anything. It has been known that some families have kept empty tins and food packets, to show professionals, some children have beds but never sleep in them, so as well as seeing their bedroom ask the child where they sleep.

When you see the bedrooms, do the children have beds? Do they have bedding? Do any of the children wet the bed and is the bedding clean? Can the child show you their toothbrush? Dental decay is the primary reason for children up to the age of nine being admitted to hospital in England, at the moment.

Your observation skills will be extremely important. In some cases the mother, as the primary carer, may have agreed that she will have no contact with the child's father, or another partner. Ostensibly she is living alone with her children and no other adults. Think about whether there is any evidence of a man being there, in the home.

The expectation is not that you go looking under the beds and in cupboards but in some cases you will see a size 10 pair of shoes sitting by the front door, or aftershave in the bathroom. It is things like that that you need to be thinking about.

You also need to be thinking about the relationships of those who are in their home. How do the adults interact with each other? How do the adults interact with the child? How do the children interact with each other? How do they all interact with you?

As you spend more and more time with the child, they may feel they can start to trust you and talk to you about what their life is really like but remember what I said earlier, children think what is happening in their home happens in every other home, so to them it is just normal. It is up to you to build up that relationship.

Do you see evidence of neglect? Does the baby lie quiet and undemanding in a pram during your hour-long visit? It is important to note that some developmental delay may be organically determined. For example, the child may have some sort of learning disability. If that is believed to be the case, confirmation should be sought with medical colleagues.

Everything you see has to be seen within its context. For example if a baby receives no stimulation during your visit and you see that two or three times and that baby asks for nothing, this may be evidence of neglect. Babies learn very quickly that there is no point asking for anything, through crying or other ways, if the adults around them do not respond. That is simply a waste of energy and they need to conserve their energy.

Do you see evidence of physical abuse, or emotional abuse? Does the child flinch every time the mother walks towards them quickly? Do they start rocking or crying silently when the man in the house becomes very angry?

What do you see?

Unannounced visits

Unannounced visits are an essential part of the child protection process. It will not be necessary with every family you work with but sometimes it is invaluable to visit at a time when the family is not expecting you. You will often see things at those times that you would never have been allowed to see if you had only visited the family at agreed times. It is very intrusive for families and therefore there has to be a good reason to do it but, as with everything you do, the welfare of the child is paramount and sometimes there will be a requirement to undertake unannounced visits.

In the second serious case review in the case of Peter Connelly the review states that “the value of an unannounced visit by the social worker was demonstrated in bringing the injuries to Peter to light”. Whilst it would be wrong to encourage workers to be devious, at times there is certainly an argument for listening at the door before it is answered, or not letting yourself be seen before you knock on the door.

In the case of Peter Connelly, professionals were unaware of who was living in the home and yet Peter and his siblings were subject to child protection plans and were considered to be at risk of physical abuse and neglect. Following Peter’s death it transpired that along with his mother, Tracy Connolly, her boyfriend, Steven Barker was also living there and her lodger, Mr Barker’s brother Jason Owen, both of whom were convicted of causing or allowing the death of a child along with Tracy Connelly. Also living in the home at that time was Mr Owen’s girlfriend and his children and none of that was known by professionals working with the family during Peter’s lifetime.

Recording your visit

How you record your visit is as important as what you do when you are actually in the home. I always say that if I could ban five words from the English language, they would be the words appropriate, inappropriate, attachment, bond and love. Almost

every single recording and report I read includes most of those words, particularly “inappropriate”.

The words inappropriate and/or appropriate are judgement words. What one person considers inappropriate another may consider to be absolutely fine and therefore by writing “the child was inappropriately dressed” or “the child was using inappropriate language”, that is your view, but it means nothing, beyond that. As with all recording you really have to spell out what the child and/or the adult was actually doing.

Similarly, most people who make reference to “attachment” or “bond” in their recording do not have the expertise to use that language and those that do, say they do not use such words because they have no meaning, outside of the clinical setting. Again, what you need to do is actually spell out what you are seeing: what it is that is concerning you, what you think is positive.

So often I read in a recording, or in the report, that the mother loves her child and that is written as a strength. The relevance is not whether the mother, or the father, loves their child; it is whether they are able to prioritise the child’s needs above their own. That is the question you should be asking.

Whatever you write, you will have to be extremely descriptive about your visit. You will have to take the smell of that house to your manager, or to the court. You will have to describe whatever that home is like, whether it is chaos, fear, noise, or calm, tranquil, or silence, when there should be children chattering.

Summary

So in summary, remember that for every visit you should be prepared, you should make the most of every minute you have in the home, observe everything that you can about the home and about the child within their home and then write it all up in a way that gives the reader a very clear picture of what that visit was like and what life might be like for that child living in that home.

And remember that safety is the greatest priority, both the child’s and your own.

References

¹ As set out in *Working Together to Safeguard Children, 2015*, a serious case review must take place for every case where abuse or neglect is known or suspected and either a child dies; or a child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/331658/RR340.pdf

³ Harry Ferguson. *Child Protection Practice*. Palgrave Macmillan. 2011.

⁴ http://www.bradford-scb.org.uk/scr/hamzah_khan_scr/Serious%20Case%20Reveiw%20Overview%20Report%20November%202013.pdf

⁵ http://www.lscbbirmingham.org.uk/images/stories/downloads/executive-summaries/Case_25_Final_Overview_Report_02.10.13.pdf

About the author

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Joanna has worked in social care since 1991. She graduated from The University of North London in 1995 with the DipSW.

Between 1995 and 2008 Joanna worked for different London Boroughs and Local Authorities as a child protection social worker, specialising in the most complex child abuse cases and care proceedings. Joanna's preference was always to continue in front line work.

Since September 2008 Joanna has been an independent social worker. She is employed by Local Authorities and private agencies to do specific pieces of work, assessments and court reports. Joanna is also able to work through the courts.

Additional reading

CareKnowledge has [a page dedicated to Serious Case Reviews](#), which highlights our own summaries of SCR findings, and those produced by the NSPCC and other agencies.

Joanna Nicolas has previously written a Practice Guide for CareKnowledge, entitled '[Identifying and working with disguised compliance in child protection](#)'.