

PRACTICE GUIDE

Home visits to families

Regular home visits to families where the child is residing at home are vital to support ongoing engagement and enable the CSO to assess and review the progress of safety plans and towards the case plan goal. Children and parents must be visited, and the home must be seen, on a regular basis. Child Safety may be working with a family on intervention with parental agreement, or on a directive and supervision order, or when a child has been reunified. Refer to [Face-to-face contact requirements for in-home cases](#) to determine the frequency of home visits to families.

Home visits enable the CSO to build a relationship with the child's parents and the child and obtain important information to assess and monitor the child's safety, belonging and wellbeing. Contact is to be meaningful, purposeful and goal directed, and focused on supporting the family in achieving the case plan goal.

Home visit preparation

When undertaking a home visit, it is important to have discussions with the child and the child's parents to help determine that the child's safety, belonging and wellbeing needs are being met. Regular home visits provide an opportunity to build a transparent and collaborative relationship with the parents and to provide information and support to help them work towards meeting the case plan goal.


Before the home visit, consider the information that may need to be discussed or obtained during the visit. Consider the existing sources of information relevant to the case plan, and what might be needed to be obtained from the child and the child's parents inform or assist with the following:

- the child strengths and needs assessment
- the parental strengths and needs assessment
- an immediate safety plan for the child, if applicable
- how the child and parents have been engaging with other stakeholders and services (including child health appointments, if identified), and what ongoing engagement may be required.

Consider what information may be helpful to provide to the child and the child's parents during the visit that is relevant to the case plan, including where relevant, information about:

- housing services or supports – refer to [Assist with social housing](#)
- support funding needs – refer to [In-home support funding](#)
- cultural connections – refer to [The Aboriginal and Torres Strait Islander Child Placement Principle—what it means for practice](#) for cultural connections (Consider including the cultural practice advisor.)
- alcohol and other drug testing results or compliance, if applicable – refer to the practice kit [Alcohol and other drugs](#).

Also consider whether there may be specific safety issues and, where applicable, identify and implement additional measures or precautions to ensure staff safety – refer to the [Staff safety guide for mindful practice](#).



Contact the parents to arrange a time for the visit, or to confirm a scheduled visit. Ensure the time of the visit takes into consideration when everyone will be home, including school age children or children who attend childcare and parents' work hours. This ensures that all members of the family and household have an opportunity to take part in ongoing conversations and engagement.

Consider whether another person should be present at the visit, to support culturally appropriate engagement (for example, the cultural practice advisor), to provide specific or specialised information about a service or topic or to mitigate safety concerns. Let the family know if someone else is coming.

Visits may be made jointly with other service providers if they and the family are agreeable, for example, a Family Intervention Service, a Family Wellbeing Service or Child Health.

During the home visit

Observations

When undertaking a home visit with a family, be aware of the environment and factors that may affect your safety, the safety of any children in the home and any other person in the household. If safety risks are apparent on or after arrival, do not proceed with the visit or discontinue the visit, as applicable and seek advice from a senior team leader or other senior staff member unless it is an emergency. In an emergency, immediately contact Queensland Police Service.

During home visits observe the nature and quality of interactions between the child and members of the child's family and other members, if applicable.

These observations will provide important information about the extent to which the case plan goal has been, or is being, met and for assessing the immediate safety of the child. Conversations with parents, parents and children, and children on their own, will provide information required to assess the safety, belonging and wellbeing of the child or children.

Engagement with families

The values, principles, knowledge and skills identified in the Framework for Practice underpin the importance of effective positive engagement. Effective working relationships are a critical component of any intervention with families and children.

To build effective working relationships with the child and the parents, apply the following principles of the framework for practice when engaging with the family and providing services to the family:

- focus on the child's safety, belonging and wellbeing
- recognise that cultural knowledge and understanding is central to children's safety, belonging and wellbeing
- build collaborative working relationships and use authority respectfully and thoughtfully
- listen to the views of children, families and communities and involve them in planning and decision making
- build and strengthen networks to increase safety and support for children, young people and families
- seek to understand the impact of the past, but stay focused on the present and the future
- be rigorous and hopeful in the search for strengths and solutions
- critically reflect on work and continue to grow and develop practice.

Conversations with parents

The purpose of engaging parents in conversations during home visits is to assess risk and provide support to parents to make necessary changes to keep their child safe.

In all conversations with parents, it is important that practitioners remember to:

- keep a focus on the child
- maintain awareness of parental deceptive behaviour and false compliance and address or challenge these
- recognise their own vulnerability to cognitive biases.

These skills are essential when encouraging parents to make or sustain change and for ensuring risk is assessed accurately.

In addition, each person Child Safety engages with, including parents, are to be treated fairly, respectfully, professionally, courteously and without bias. Refer to [Let's treat each other with respect](#).

When engaging with parents, the conversation should focus on the current circumstances of the case which may include, but is not limited to:


- the case plan goal and the progress made
- the parent's engagement with services and supports, including:
 - barriers or successes with engagement
 - the accessibility of services
- changes within the household, including
 - changes to who is living in the household
 - increased worries or stresses within the household
 - any supports or resources needed in the home
- parenting strengths and any concerns about their parenting capacity
- reviewing the immediate safety plan, if applicable
- how the safety and support network for the child or parents is functioning, including
 - Have the network members changed?
 - Are there barriers to the network members assisting the family?
 - Have the network members been assisting the family? How?
 - Do the parents want any of the network members included in the home visits?
- the child's safety and wellbeing, including:
 - how the parent is meeting the child's emotional and physical needs
 - the child's attendance at school or child care
 - any medical or therapeutic appointments
- a child's disability, including:
 - their NDIS plan, if applicable (Refer to the [NDIS](#) website.)
 - any recent changes that have impacted on the parents' capacity to manage the care needs of the child or engagement with specialists
 - equipment the child may need to perform everyday tasks, such as a wheelchair or toileting or bathing supports – equipment that is functional and age appropriate
- negotiating the time of the next visit.

To support conversations with parents, consider using tools such as the [Collaborative assessment planning framework](#), [The Future House](#), [Circles of Safety and Support Network](#), or [The Family Roadmap](#).

These tools support transparent engagement which focusses on the assessed concerns and the parents' progress with the case plan goal.

The following practice kits have information on working with parents on a range of different issues:

- [Alcohol and other drugs](#)
- [Domestic and family violence](#)
- [Disability](#)

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- [Mental health](#)
 - [Child sexual abuse.](#)

Conversations with children

Having conversations with children of all ages on their own, allows them the opportunity to talk honestly about how things are going in the home, how safe they feel in their parents' care and in the care of other members of the household, and whether their needs are being met.

Ensuring that children are provided opportunities to speak on their own about what is happening in the home, the care they are receiving and their experiences since returning home, where relevant, is vital to ensure their voice is heard in planning and informs decision making. These conversations and observations assist the assessment of the child's safety, wellbeing and belonging.

Tools to use to assist with engaging with children include [The Three Houses Tool](#), [The Future House](#) and [The Safety House Tool](#).

0 - 4 years

Children who are non-verbal can still engage and demonstrate whether or not they are feeling safe and supported. Spending time engaging with children assists practitioners to develop rapport, while allowing observations of their play, emerging language and skills. This can assist with assessing their development.

Children with developing language skills will respond to simple questions or directions whilst engaging in play. These observations of their engagement and play as well as how they interact with parents, siblings and other children in the home will assist with an up to date assessment of their safety, wellbeing and belonging within the household.

5 - 15+ years

Engaging with older children and young people will support the relationship and provide an opportunity for them to provide feedback on their views and wishes on topics including, but not limited to:

- what is happening in the home
- their relationship with parents, siblings and any other people in the household
- significant events – court proceedings, school changes, new household members or changes within the household
- worries or issues that may be impacting on them within or outside of the home
- the current home visiting schedule
- any physical or mental health issues
- educational issues or challenges including attendance and any vocational interests,
- progress on the case plan goal and the cultural support plan, where applicable, and age appropriate
- current safety assessments and plans.

Children with a disability

The CSO needs to ensure children with a disability are provided with the opportunity to have one-to-one conversations, however, a support person can be present if requested by the child or if recommended to facilitate the child's participation by the child's disability support worker.

It is important to have an understanding of the child's disability so that enough time is allowed for them to effectively participate and any communication support needed is provided. To do this effectively, take the time to arrange support from interpreters if required and ensure updated



assessments on function or development have been read and understood. By pre-planning, the child's needs can be identified, and arrangements made to enhance engagement and communication opportunities. Ensure that every child has an opportunity to participate and articulate their thoughts, feelings and views, irrespective of physical, sensory or communication needs. Refer to [Engage with a child with disability](#) in the Disability practice kit.

If a child does not have capacity to express their views, the practitioner can engage with the child to the extent possible and with support required, to obtain information or form a general impression about the child's safety, belonging and wellbeing. Where possible, interaction through play or other unstructured activity can help form an impression about how settled the child is in the family home, how comfortable the child feels with the parents and/or other members of the household and other matters.

After the home visit

Following each home visit information about the home visit is to be recorded in a 'prescribed home visit' case note in ICMS as soon as possible. The case note will record details of those present during the visits, key topics of conversation and observations and any commitments made or actions agreed to by Child Safety, the child or carer during the home visit. It is important that practitioners follow through with any commitments made to the child or carers during the visit.

The information recorded in the case note will help inform the review and updating of the child strengths and needs assessment, parental strengths and needs assessment, safety assessment and will assist in reviewing progress of the case plan goal. Refer to the SDM Policy and Procedures Manual.

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