

PRACTICE GUIDE

Home visits to children in care

Regularly visiting a child in care is critical for ensuring the child's safety, belonging and wellbeing. Visiting the child in their home environment enables the CSO to develop a relationship with the child and make observations of their behaviour, development and functioning, as well as their interactions with household members and other children in the home. It also assists with making ongoing assessments about the child's emotional, physical, therapeutic, cultural and educational support needs.

Visiting a child in their care arrangement is part of the implementation phase of the case plan cycle. It provides an opportunity to hear a child's views and wishes about case plan goals and progress and enables them to participate in decisions affecting their lives.

Home visit preparation

Preparing for home visits to children in care arrangements is an important way to ensure that the visits are meaningful and purposeful. Before visiting, consider the existing sources of information and what other information might need to be gathered or discussed at the visit to inform or assist with the following:

- completing the child strengths and needs assessment
- developing, implementing or reviewing the case plan, including how the cultural support plan can meet the child's cultural needs
- understanding who is in the child's family, who is important to the child and the child's experience of family contact
- monitoring the stability of the care arrangement (Refer to the [Foster care matching tool](#) or the [Placement risk assessment](#) tool.)
- assessing the effect that changes in care arrangements may have on the child, including the movement of other children into or out of the care arrangement
- responding to the child's health needs and updating their child health passport
- planning for the child's participation in family celebrations or providing updates about family events
- supporting the child's cultural connections – for an Aboriginal or Torres Strait Islander child, consider including the cultural practice advisor in the home visit, where possible

Contact the carer to negotiate a time for the visit. Take into account school or child care attendance and if there is a secondary carer who may be at work. It is important to schedule visits so that both carers are available to participate in at least some of the visits. Refer to the [Statement of Commitment](#) for information about how Child Safety, partner agencies and foster and kinship carers work together to ensure the safety, wellbeing and best interests of a child.

During the home visit

During the home visit, it is vital for the CSO to see the child and speak with the child independently to seek their views and wishes and to monitor their safety, belonging and wellbeing.

When visiting a child in care keep in mind the standards of care (Refer to the *Child Protection Act 1999*, [section 122](#).) and observe:

- the physical environment to ensure it is meeting the child's physical care and safety needs
- the interactions between household members, including with the child, to assist with determining how these relationships are supporting the child
- the child's interaction with the carers and household members and whether these are positive.

Observations of the nature and quality of interaction provide important information for updating and reviewing the child strengths and needs assessment and the placement agreement. This information is also relevant to assessing the suitability of the care arrangement in the short and long term, including assessing the carers as potential guardians.

Home visits must include a conversation with the child on their own (where they are old enough and have the capacity to talk or can communicate with support). For younger children, engage them in play or activities suited to their age and stage of development.

Engagement

The values outlined in the Framework for Practice underpin positive engagement strategies that support effective working relationships with children, families and carers. The values are:

- family and community connection
- participation
- partnership
- cultural integrity
- strengths and solutions
- fairness
- curiosity and learning.

Rigorous and balanced assessment and planning processes occur with carers and children when collaboration is strengths-based and safety oriented. It is through collaboration that sustainable and positive engagement is achieved.

Conversations with children

It is important for the CSO to help a child feel safe and comfortable when engaging with them. Ensure enough time is scheduled for the visit so that the child feels they are being listened to and are not being rushed or pressured during the interaction. As well as engaging in general conversation and asking questions to obtain and provide information, the CSO may find providing developmentally appropriate activities (such as drawing, colouring in or play dough) while talking helps create a comfortable environment for the child.

The use of [The Three Houses Tool](#), [The Future House](#) and [The Safety House Tool](#) will assist with engaging children of all ages and supports them to express their views and wishes.

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 whilst allowing observations of their play, emerging language and skills can support 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, carers, siblings and other children in the home will assist with an up to date assessment of their safety, belonging and wellbeing within the household.

5 - 15+ years

Engaging with children 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:

- family connection time
- their relationship with parents, carers, siblings and any other children in the household
- significant events, such as court proceedings, school changes and changes within the household
- worries or issues that may be impacting on them in or out of the household
- the current home visiting schedule
- any health issues including:
 - risk of suicide or non-suicidal self-injury
 - sleeping or eating worries
 - experimentation with drugs or alcohol
- education, including:
 - the strengths of the child at school
 - areas where more support is needed
 - any worries the child has about school or with their learning
 - their goals for the future, including possible education or vocational options to their support goals
- case plan and cultural support plan progress (where applicable and age appropriate).

Refer to [Participation of young people](#) in the Care arrangements practice kit.

Children with disability

It is important that children with a disability are provided with an opportunity to have one to one conversation, 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 in the conversation. To do this effectively, take the time to arrange support from interpreters, if required and any communication support needed. Ensure updated assessments on function or development have been read and understood. By pre-planning, the child's needs can be prioritised and arrangements made to enhance engagement and communication opportunities. Ensure that children's voices are heard and that each and 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, engaging with the child to the extent possible and with the support required, will provide information to 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 care arrangement, how comfortable the child feels with the carers, when having contact with family members and other matters.

Conversations with carers

During the home visit, ask the carer for information about the child's current wellbeing and discuss any issues the carer wishes to raise, if it is appropriate to do so. Be mindful that the purpose of the home visit is to sight, observe and engage with the child. If appropriate, consider involving the child in the discussion with the carer (as well as speaking to the child independently), or having the discussion with the carer at another time.

If appropriate during a home visit to a child, conversations with the carer are to include, but not be limited to:

- supports that are in place, or may be needed to meet the needs of the child
- arrangements regarding family contact for the child (Refer to [Family contact expectations](#) in the Care arrangements practice kit), including:
 - transportation to and from family contact
 - the child's emotional responses before or after family contact
 - interactions between the child and the parents (Refer to [Parents partnering with carers](#) in the Care arrangements practice kit.)
- how the carer is managing financially and whether other financial support may need to be considered to respond to specific needs of the child,
- how the [Carer Connect](#) app can assist them
- the child's health, education and emotional wellbeing, including:
 - their school or child care attendance
 - their education support plan, if relevant
 - recent medical or therapeutic appointments
 - the child's behaviour and appropriate strategies for managing challenging behaviour
- how an Aboriginal or Torres Strait Islander child is being supported to develop or maintain their cultural connections, including:
 - supports needed by the carer to support a child's cultural connections if the carer is not Aboriginal or Torres Strait Islander
 - the active efforts being made to apply the five core elements of the Aboriginal and Torres Strait Islander Child Placement Principle (Refer to [The Aboriginal and Torres Strait Islander Child Placement Principle](#) in the Safe care and connection practice kit.)
 - the child's cultural support plan (Refer to [Cultural support plans](#) in the Safe care and connection practice kit.)
- household stability or changes to the household that may impact on the child

- the child’s disability support needs, if applicable (Refer to the [Disability](#) practice kit) such as:
 - the child’s NDIS plan (Refer to the child’s [NDIS](#) website.)
 - any recent changes or issues that have arisen that impacted on the carer’s capacity to manage the care needs of the child
 - equipment that the child may need to manage everyday tasks – wheelchair, toileting/bathing supports – equipment that is functional and age appropriate
 - any current Specialist Services engagement or need for referral (Refer to [About Specialist Services Clinicians](#) on the Child Safety intranet.)
- an informal review of the placement agreement, including:
 - the strengths of the care arrangement
 - any worries for the care arrangement
 - whether the agreed support and services to be provided to the carers are sufficient
- negotiating the time of the next home visit.

When engaging with carers during visits, keep in mind the standards of care and whether there is information or support that can be provided to assist carers to respond to the child and the child’s care needs.

After the home visit

Following each home visit, where the home visit met the requirements of a face-to-face contact, record a ‘prescribed home visit’ case note in Unify 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. Ensure that the child is ‘visible’ in the documentation of the home visit. It is important that practitioners follow through with any commitments made to the child or carers during the visit.

It is recommended that headings, similar to the section headings in the placement agreement, be used so that important information is easily identified when reviewing and updating the child strengths and needs assessment, parental strengths and needs assessment, case plan or placement agreement.

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