

## CHILD PROTECTION STATUTORY VISITS – GUIDANCE

### 1. REMIT OF THE GUIDANCE

This procedure relates to statutory requirements for visiting children who have a child protection plan.

### 2. PURPOSE OF VISITS

The purpose of a statutory visit is to ensure that children are safe and that their needs are appropriately met within their family home. It provides an opportunity to assess and challenge any safeguarding concerns, as well as providing praise and encouragement for any positive changes and successes. Statutory visits are to formally gather and record the views of the child and complete direct work. They also provide an opportunity to discuss and record the views of the carers and their network. Seeing the child within their home provides an assessment of their home environment, and seeing the child's bedroom is an opportunity to ensure that they have a bed/cot/Moses basket and appropriate bedding. The information gathered and analysed informs the planning for the child.

Therefore when undertaking a statutory visiting a worker should be:

- Observing how the child/young person interacts with their caregivers
- Gathering the views of the child and completing direct work
- Gaining the views of the caregiver and observing their parenting skills
- Challenging any presenting safeguarding concerns
- Assessing the stability of the home environment
- Reviewing the actions from the care plan and the progress made

There may also be other actions to be completed during statutory visits detailed within the Child Protection Plan.

### 3. FREQUENCY

Statutory visits must be undertaken for children on a Child Protection Plan at a **minimum** frequency of every 4 weeks. Children are likely to need more frequent visits, especially during the early stages of the Child Protection Plan. The frequency of the statutory visits should be discussed and agreed on within Core Groups and written into the plan. Families have a right to know when visits are taking place and therefore there should be agreed dates and times set in advance and written into the Child Protection Plan. There are of course occasions when these planned visits need to be changed, but this should be the exception rather than the rule. A statutory visit should also be meaningful and not because you were passing the door and therefore decided to see the children.

There are some children where in order to safeguard them and assess change we need to know what is going on when families don't expect us to visit. We therefore need to complete unannounced visits at times. The need for unannounced visits

should also be discussed in the core group, and the frequency of unannounced visits, such as one per week or one per month, should be discussed and written into the child's plan as well. Whilst the date and time should be unknown to the family, unannounced visits should not come as a surprise to a family, except where on receipt of new information an unannounced visit is needed to assess the welfare of a child's immediate situation.

#### 4. CONDUCTING THE VISIT

Given the purpose of the visit, statutory visits should be to the child's family home. There however may be good reason to see a child at school or another venue where there has been no access, or when discussion away from the family home is needed or the child is assessed in another setting. This should be the exception rather than the rule, and where possible this should be in addition to a statutory visit to the child within the family home within the last four weeks.

#### 5. GUIDANCE: COMPLETING THE TEMPLATE ON ICS

Ensure that the boxes are ticked as to whether the child has been seen, seen alone and whether the bedroom has been seen. If the bedroom has not been seen, the record must detail the reason for this

##### Reason for Contact:

**Statutory visit** – then add a headline for the reader such as any key information, any significant issue or direct work undertaken e.g.

- Statutory visit – Joe seen looking grubby; other children fine
- Statutory visit – direct work My 3 houses completed
- Statutory visit – clear evidence of safety plan working

##### Detailed Notes:

**Who was present on the visit** – name and relationship to the child/young person

This can be a free flowing narrative, but the primary recording should be around observations and discussions. The following may be helpful for prompts:

- Observations of how the child/young person interacts with their caregivers
- The views of the child, which should be clearly recorded in bold and italic
- Views of the caregiver
- Challenge safeguarding concerns
- Assess stability of home environment
- Review of the actions from the care plan and progress made
- Significant events since the last visit

**Direct work:**

- Any direct work being undertaken and progress of the work. The case note must include an analysis of the work and the direct work must be uploaded to ICS in the document section

**Analysis:****What's working well:**

- The record must not be brief lists of issues, but needs to contain a narrative and analysis of the issues discussed
- Include what is adding safety for the child, add what progress is being made towards the safety goal and what progress is being made against the actions in the Child Protection Plan
- Any new strengths identified or positive actions by the safety network, including where things haven't gone to plan, but where the network and safety plan worked well in response

**What are we worried about:**

- Again, it should not be a brief list of issues, but needs to contain a narrative and analysis of the issues
- Should consider this against the actions in the Child Protection Plan
- Any evidence of new harm to be recorded

**Action:****What needs to happen – next steps:**

- Any changes to plan and intervention following visit.

**Date of next statutory visit:**

- The family should be clear about the date of the next visit

**Recording visits:**

Statutory visits must be fully recorded on ICS within 48 hours and an alert sent to your Team Manager if there is a significant event.

## Child protection statutory visit example

### Reason for Contact:

**Statutory visit – to Hospital to observe contact between baby and potential adopters**

### Detailed Notes:

Child A was visited in hospital by the SW; A's potential adoptive mum and dad and sibling also attended the visit.

Baby was asleep when we arrived, Hospital staff advised he was still suffering from drug withdrawal. He is requiring 6 hourly Paracetamol due to his physical symptoms and high temperature. He continues to be unsettled and requires a dark room to sleep in.

Adopters were holding their son and showing him his baby brother. They told him it was the baby, and their son would copy saying "Baby". He had a t-shirt on saying big brother and they had brought a smaller one for when Baby is a bit older saying little brother. This is positive that they are making Baby part of their family unit.

Adopters changed Baby's bottom as he was ready for a feed, Adopters encouraged sibling to be a part of this to help him feel included, by asking him to hold the nappy. This will help him to get used to having someone to share his Mummy and Daddy's attention with, but also help him so he still has their attention. Adopters expressed their sympathy for him at how red and sore his bottom was. It was clearly uncomfortable for Baby and she continued to speak to him soothingly to give him some comfort. Adopters reflected upon what specialist midwife had advised her the other week and shared how she felt holding her hand on his stomach helped to settle him knowing he was with someone even when he wasn't wanting cuddles.

Adopters shared she was shocked how Baby likes cuddles, compared to what his sibling was like when he was placed with them and didn't like cuddles.

After Baby had his bottom changed, Adopter said it was his turn and he was clearly keen to spend some 1:1 time with Baby. He washed his hands appropriately and sat down with Baby to give him his bottle, saying to him "come on little man" as they got comfortable.

It was positive to see such warm interactions between both Adopters with Baby.

Adopters encouraged sibling to be gentle with Baby and give him a "AWW" like he does with his baby at home. This meant sibling would lean over and give a cuddle.

The care plan is that baby should be discharged from hospital into adopters care, following foster to adopt approval. Birth parents are not engaging with contact, but this needs to be encouraged so baby has pictures with them for his life story. Adoption introductions are going positively.

**Direct Work:**

No direct work tools were used, observations were taking place around interactions and also discussions around how adopters would manage a baby suffering from drug withdrawal, alongside his sibling with developmental delay.

**Analysis:****What's working well:**

- Baby continues to remain in Hospital, where he is being supported through the drug withdrawal and his health needs met
- Adopters were able to see how life would be like for them caring for baby whilst he is suffering from drug withdrawal, requiring quiet time and also with his older sibling alongside. This will have helped them both to identify the challenges that they may face
- Adopters were keen for the older sibling to spend time with baby, whilst also appreciating he is very young to understand, and let him play and explore within the hospital.
- Adopters appeared conscious about how older sibling may feel seeing his Mummy and Daddy holding another baby, so were asking him to come over and be involved.
- Adopters are clearly making attachments to baby and this was clear through their interactions. They were both keen to spend equal time with baby and would take in turns entertaining his older sibling.
- Adopter recognised that with her being back at work and being at Adoption Panel, she wouldn't be able to see baby for several days, which she said felt too long. This again is showing positive signs of attachment.

**What are we worried about:**

- Adopters have an 18month old son who has developmental delay and requires support from professional intervention for his delay and sensory issues, linked to the drug abuse he was exposed to during pregnancy. They are also going to care for a new-born baby who is suffering from drug withdrawal. This will be a demanding role for them and could potentially destabilise the adoptive placement if the right support isn't in place.

**Action:****What needs to happen – next steps:**

- Daily feedback from hospital regarding progress of baby
- Adopters to continue having frequent contact with baby to help form bonds and attachments
- Life story referral to be made

**Date of next statutory visit:** 2 weeks