

Rapid Review: Home Visits and Remote Social Work

25.06.2020

Remote Social Work:

How can children's social workers safely conduct necessary home visits during the Covid-19 epidemic?

Context:

Government Coronavirus (Covid-19) guidance on vulnerable children and young people (April, 2020) outlines that children who have a social worker will still be visited and/or monitored as frequently as possible. Furthermore, the guidance stipulates that 'local authorities will be expected to prioritise support to the most vulnerable, including necessary visits while taking appropriate infection control measures'.

Findings

"Home visiting is the most fundamental act or step that child protection workers have always taken, yet is the least well understood aspect of its practices" (Ferguson, 2009, p.478).

There is a limited body of research on home visiting in social work, however Harry Ferguson (2009; 2018) has particular expertise on this subject. Using an ethnographic approach, Ferguson (2018) found that 'home visiting is shown to be a deeply embodied practice in which

all the senses and emotions come into play and movement is central' (p.65).

It is therefore an active question how the goals of home visits, and other forms of contact, can be achieved in these times.

Other fields have also been interested in tele-working in sensitive areas, largely in countries with dispersed populations, and/or where client groups have low mobility. A 2008 [systematic review](#) by Bee et al found only 13 studies looking at remote working in psychotherapy, but found that the evidence was on average encouraging, particularly for telephone communication, which was the most widely tested, suggesting a place for remote communication for therapeutic work.

[Bryant et al \(2018\)](#), review the literature on the use of Information and Communication Technologies (ICT) in social work in rural Australia, and found evidence of both challenge and promise. An important component of this, noted by [Liaw and Humphreys \(2006\)](#), is that technology 'cannot simply be inserted' into an environment and expected to 'work'. Relationships, both those pre-existing and commenced over technology, remain core to social work.

Work in [Australia](#) focusing on how best to deliver social services in a desert context gives several recommendations for adapting to context, some of which are relevant for social work in Britain during a lockdown. In particular, having clear decision points, which both protect



workers from risk of harm, and acknowledge the need for potentially greater autonomy; the involvement of trusted other agencies; and the stability of a policy environment.

On the basis of these recommendations, rapidly arriving at processes which allow social workers and families to know what to expect, and who can make decisions, is key - as is this remaining consistent wherever possible, so that neither professionals nor the families they work with face confusion and delay. In the absence of an ability for managers or senior practitioners to travel to families' houses, and the increased risk of infection with each interaction, social workers should arguably be granted greater autonomy and decision-making powers than usual.

One concern for local authorities with short staff is to prioritise home visits where possible, with many engaging in RAG rating systems, based on current need, and regularly updated. This is borne out by recent polling conducted by What Works for Children's Social Care.

Research by [Simpson \(2005\)](#) and [Crotty \(2012\)](#), suggests that the quality of a pre-existing relationship is important to factor into this rating process. Where relationships are strong, both find that the quality of interaction over technology can be the same as it would be face to face, whereas where relationships are weaker, technology can impede building stronger relationships, in part because of the [large proportion of interactions that are non-verbal](#), and may be lost over the phone or even a video link.

The use of digital technology for communication brings both opportunities and risks in terms of disclosure. Although the absence of a 'human' connection with a social worker is identified as a [challenge](#),

[one study reviewed](#) found that disclosure rates over digital interfaces were higher, with the medium reducing the emotional burden of sharing. [Mishna et al \(2012\)](#), reviewing the use of technology in social work, expressed concern that both professionals and families might become *too* disclosive, and that professional boundaries might be weakened as a consequence, with ethical implications.

Implications

Having rapidly reviewed the available evidence, we believe there are several implications. These are listed below, although we note that these studies were not intended to answer questions relating to a pandemic, and are mainly from overseas.

- Therapeutic work can be conducted effectively remotely, but this is skilled work requiring training
- Relationship quality is an important determinant of the success of online work, and so should be considered alongside other risk/protective factors.
- Video communication is likely to be more successful where possible than telephone conversations, as fewer non-verbal cues are lost.
- Where home visits occur, they will be improved by clear decision making and the empowerment of social workers.
- Professional boundaries and standards may be challenged by remote working with families, and supervision by managers should consider this.