

## Deaf Choices UK (DCUK)

### Safeguarding Protocol: Lone Working and Home Visiting

*(Early Help–Aligned)*

#### 1. Purpose and Policy Context

This protocol supports DCUK's role within the **Early Help framework**, recognising that early, supportive engagement with families helps prevent escalation of need and improves outcomes for deaf children.

This protocol must be read alongside:

- **DCUK Safeguarding Policy**
- **DCUK Code of Conduct**
- **DCUK Information Sharing and Confidentiality procedures**

It sets out how lone working and home visiting are carried out **safely, transparently, and professionally**, in line with Local Authority safeguarding and Early Help expectations.

#### 2. Scope

This protocol applies to DCUK practitioners, staff, volunteers, and sessional workers who:

- Undertake **home visits**
- Work alone with families
- Provide early support, advice, or guidance to parents and carers

Practitioners are primarily visiting **parents or carers**, with children present as part of family life. DCUK does not provide childcare or unsupervised one-to-one work with children.

#### 3. Early Help Safeguarding Principles

In line with LA Early Help guidance and DCUK safeguarding principles:

- The **child's welfare is paramount**
- Safeguarding is **everyone's responsibility**
- Risks should be **identified early and managed proportionately**
- Practitioners should work in ways that are:
  - Preventative
  - Strengths-based
  - Transparent and accountable

- Safe practice protects **children, families, and practitioners**

#### **4. Planning and Risk Assessment Before Home Visits**

Before a lone-working home visit takes place, practitioners must:

- Be clear about:
  - Purpose of the visit
  - Expected outcomes
- Confirm:
  - Address
  - Who will be present
  - Duration of the visit
- Share visit details with a designated DCUK contact
- Consider known risks or vulnerabilities, including:
  - Previous safeguarding concerns
  - Domestic abuse
  - Substance misuse
  - Mental health concerns

Where risk is identified:

- Additional safeguards should be put in place, such as:
  - Joint visits
  - Adjusted timings
  - Alternative venues

This reflects Early Help expectations for **proportionate risk management**.

#### **5. Safe Practice During Home Visits**

Practitioners must follow DCUK's Code of Conduct and Early Help safe-working guidance by:

- Maintaining clear professional boundaries
- Working openly and respectfully with families
- Ensuring interactions with children are:
  - Appropriate
  - Observed by a parent or carer
- Using accessible communication appropriate for deaf children and families

Practitioners should:

- Work in shared, visible areas of the home

- Avoid entering bedrooms or private spaces unless necessary and appropriate
- Avoid physical contact unless:
  - It is appropriate
  - It is clearly understood and agreed by the parent/carer

Practitioners must not:

- Be left alone with a child
- Transport children
- Provide childcare

unless explicitly authorised, risk assessed, and agreed by DCUK.

## **6. Identifying and Responding to Safeguarding Concerns**

In line with Early Help guidance:

- Practitioners should remain alert to indicators of need or harm
- Concerns must be:
  - Recorded factually
  - Shared promptly with the DCUK Safeguarding Lead
- Practitioners must not promise confidentiality

Where a child may be at risk of significant harm:

- DCUK safeguarding procedures will be followed
- Information may be shared with LA safeguarding partners in line with statutory guidance

## **7. Practitioner Safety and Professional Support**

DCUK recognises that practitioner safety is a core part of safeguarding.

Practitioners should:

- End visits early if they feel unsafe
- Report incidents, near misses, or concerns
- Seek advice and supervision where needed

DCUK will:

- Review risks
- Adjust arrangements

- Provide guidance and support

## **8. Recording, Accountability and Review**

In line with LA Early Help standards:

- Visits and concerns must be recorded appropriately
  - Records will be:
    - Accurate
    - Timely
    - Stored securely
  - This protocol will be reviewed regularly and updated as practice develops
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## **2. Lone Working & Home Visiting Checklist**

*(Appendix – for Practitioners)*

You can title this:

**Appendix X: Lone Working & Home Visiting Checklist**

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### **DCUK Lone Working & Home Visiting Checklist**

#### **Before the Visit**

- Purpose of visit is clear
- Address and contact details confirmed
- Who will be present confirmed
- Visit logged with DCUK contact
- Risks considered (e.g. safeguarding history, household risks)
- Mobile phone charged and accessible

#### **During the Visit**

- Professional boundaries maintained
- Child not left alone with practitioner
- Work carried out in shared/visible areas
- Communication accessible and respectful
- Concerns noted factually
- Visit ended early if safety concerns arose

### **Safeguarding**

- Any concerns shared with Safeguarding Lead
- No promises of confidentiality given
- Immediate risks escalated appropriately

### **After the Visit**

- Visit recorded in line with DCUK procedures
- Any incidents or near misses reported
- Follow-up actions agreed or logged

**If in doubt: pause, seek advice, and prioritise safety.**