

# FIRST STEPS INSIDE

## *Practices for Case Workers During Preliminary Home Visits*



*This document is an account by a Social Work Intern based on her experiences of accompanying the Social Case Workers for casework visits and insights collected from interviews of Prerana's Case Workers. It pertains specifically to home visits conducted in furtherance to the Orders issued by the CWC under the JJ Act, 2015.*

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# Introduction

Pithouse (1998) has termed social case work as 'an invisible trade', as it requires critical intervention within the privacy of the service user's home. It allows case workers to witness, first-hand, the environments where their clients live. Yet, this access comes with responsibility for the case worker.

**Home visits** are one part of the social investigation on the basis of which a **report** is generated as per the Order passed by the **Child Welfare Committee (CWC)** under the Juvenile Justice (Care and protection) Act 2015.

## Context

This document pertains specifically to home visits conducted in furtherance to the Orders issued by the CWC under the JJ Act, 2015. While these experiences are drawn mostly from **preliminary assessment visits**, some of these observations have also been gathered during the **follow up visits**. All of these case work visits assess the child's safety, well-being, and suitability of the child's environment.

This document is developed based on qualitative inputs gathered through interviews with **Case Workers** at Prerana and observations of field practices by the Social Work Intern. This document is a culmination of **on-field practices** that aim to ensure child-centred, rights-based and are aligned with **JJ Act, 2015**.

The guide is divided into three stages:



**Pre-Visit  
Preparation**



**Practices During  
The Visit**



**Post-visit  
Follow Up**

# Pre-Visit Preparation



## A. Read and Prepare

At Prerana, case workers begin home visits by familiarising themselves with the case narrative and **background**, which helps them engage with families in a prepared and respectful manner. Preparation anchors a case worker's ability to engage families with respect and readiness. Some of the preparations Prerana Caseworkers practice before going for the home visit are:

1. Refer and read the **FIR, medical report or any other documents** received from the CWC during referral.
2. Read the **Order of the CWC** carefully and understand the context and scope of the visit.
3. Based on the review, the case workers prepare a list of questions and areas of information to seek based on the review of existing documents, from the family before the visit to build a profile of unresolved gaps, **potential triggers**, and rapport-building strategies.
4. In the case of follow-up visits, referring to the report from the previous visit forms an important part of Prerana's practice, as it supports **continuity and informed engagement** with the family.
5. If the child is in the **children's home**, or a youth is in an **aftercare facility**, at the time when the case is referred to the case worker, then the caseworkers interact with the child/youth and then go for the home visit.

Prerana follows a **two-person strategy**, of a primary caseworker and a secondary case worker. Especially during the home visit, one team member can be responsible for making notes of the information while the other takes the lead in speaking with the family.

If the case workers feel any kind of **safety threats** or lack of information, or unfamiliarity with the location, especially during the initial visit, it is advised to be accompanied by one more colleague, who has better knowledge of the locality or is well versed and experienced with the matter at hand.

## B. Protecting Privacy and Confidentiality

*If the Case Worker asks local shopkeepers or community members for directions, which is often **practical and effective**, they may be asked questions such as: "Who are you? Why are you here?"*

*In such situations, to protect the privacy, confidentiality, and dignity of the child and their family, the case workers **must use an alibi such as:***

- "We are following up on the child's education and exploring support options."
- "We are part of a government-supported program (WCD) working to support children and families in need."
- "We are collecting information for a scholarship / welfare / survey-related program."

# Practices During The Visit



## A. Locating The Family

***“Field visit starts from the first step into the community.”***

In many cases, locating the home itself becomes a challenge, especially when families live in informal settlements or when addresses are incomplete or outdated. Here’s a list of instructions to follow:

- **Start from the local Railway Station:** Home visits often begin from the nearest railway station or major transit point. Case workers usually clarify details in advance, such as whether the location is closer to the east or west exit, and the availability of shared transport options like rickshaws.
- **Use Local Landmarks:** Ask for recognisable local landmarks such as a temple, mosque, school, ration shop, post office, from the family, that can guide you into the area.
- **Inquire at the Post Office:** As shared by the Prerana team, locating the nearest post office and asking for assistance in confirming or narrowing down ambiguous addresses can be useful.
- **Use Geo-Tagging:** Case workers often save the Google Pin of the home location during the first successful visit to make subsequent visits easier and more efficient.
- **FIR-Based Address Confirmation:** In cases where even a local inquiry doesn’t help, visiting the police station where the FIR was registered is a reliable method. Police records often contain the correct and updated address.

As part of Prerana practice, during the first home visit, the caseworker **encourages the client to inform the team** about any changes in their residence or phone number. Also, they make sure to note their cell phone number and an alternative contact number. Since many families live in a house with an 11-month rental agreement, it's possible that the client may have moved between the first visit and the follow-up visit.

## B. Practices during the Home Visit

***“A home visit is not an inspection or an interrogation. It’s a conversation, a witnessing.”***

Crossing the threshold into a home is a moment of trust. The case workers practice empathy, are mindful while seeking consent and respect the people whose home they are visiting.

Certain principles are practised well by the team:



### **1. Principle of Individualization :**

Each family engaged by Prerana presents a distinct social, economic, and relational context. Prerana understands this and works with a unique set of strengths and challenges. The case worker takes time to understand the specific context, needs, and circumstances of every family before planning any intervention. Interventions are planned taking into consideration individual needs. During home visits, case workers assess factors such as housing stability, income sources, caregiving patterns, school attendance, safety risks, and family dynamics before making recommendations.

### **2. Principle of Acceptance**

Prerana's approach is non-stigmatizing, especially when working with families witnessing poverty, domestic violence, or trafficking, ensuring that each member feels valued and heard. Case workers engage families with warmth, dignity, and cultural sensitivity, communicate with respectful language, avoiding blame, and acknowledge the family's efforts despite constraints. Acceptance helps build trust, which is essential for long-term engagement.

### **3. Principle of Purposeful Expression of Feelings**

During home visits, the Prerana caseworkers create a safe space by actively listening and validating feelings of fear, guilt, or hope, helping the family process their experiences without judgment. Case workers practice reflective listening, validate feelings, allowing pauses and silence, and gently clarifying concerns. Emotional expression is not encouraged merely for venting out but to better understand the child's lived experience and inform appropriate intervention planning.

### **4. Principle of Controlled Emotional Involvement:**

While empathy is central to engagement, Prerana caseworkers maintain professional boundaries to ensure fairness and objectivity. They politely decline offers of food or drinks from families. This practice helps avoid any sense of bias, ensures equality in interactions, and maintains the focus on the family's needs. Emotional involvement is balanced with professional boundaries.

### **5. Principle of Client Self-Determination:**

Prerana ensures that the families are actively involved in the decision making process concerning the child's care. Rather than imposing solutions, caseworkers discuss available options, child care facilities especially for children in institutional care, explain legal processes, and support families in making informed choices. In SIR and follow-up cases, intervention plans are discussed with caregivers wherever possible.

### **6. Principle of Confidentiality:**

Protecting confidentiality safeguards the child's dignity and prevents secondary harm or community stigma. Case workers keep strict confidentiality, discussing details only within the professional team or with the respective Child Welfare Committee (CWC).





## C. Process of Engaging With Children and Families

### 1. Initiate Building Rapport and Trust

Trust is the foundation of effective intervention. Survivors of trauma often distrust systems, so case workers approach families with transparency, patience, and cultural humility. Some of the key practices are explained while going for the initial visit.

- Entry into the home is preceded by **seeking consent** from the family.
- The caseworker starts the conversation in a positive, non-threatening way, like **introducing themselves**, which organisation they are from, showing the ID card, and also the support person's order or the order for SIR for the CWC.
- Families are **informed** that all the information is kept confidential throughout the process, as all information given by the CWC is confidential and shared with the representative of the NGO in the **best interest of the child**.
- Families are also informed that the services would be **free of cost**.



### 2. Sensitive Communication Practices

- Trauma-Informed Conversation: Caseworkers avoid **re-traumatizing** the victim by not repeatedly asking for details that are already available through the FIR or recorded statements unless clarification is necessary
- Engagement begins with **general and well-being** related questions regarding family members, livelihood, etc. After there is a semblance of rapport, **critical questions** are asked (e.g, missing information about the incidence of sexual violence, current condition of the child, etc.)
- Legal or technical terminology is avoided; simple, **conversational language** is preferred.
- During the first visit, the **CWC Order** is shared and explained clearly.
- Paraphrasing the known information to the family and checking with the family to see if anything is missing, or if the caseworker understands it correctly.
- Holding the conversation in a **sandwich approach**, like discussing neutral topics, "How is school going?", usage of gentle probes ", The report mentions you stopped attending school, can you share why?", closing with positive closure. "Thank you for sharing. We will keep you informed about the processes."
- Use of child-specific technique: When children are present, case workers acknowledge them directly, at eye level, and with warmth.
- Use of **reflective listening**: "It sounds like you've been managing a lot lately. Would you like to talk more about that?"
- Reiterating to the family that all that they share will be kept **confidential**, and the report will be submitted only to the CWC.
- If the child is present at home, the case workers seek permission from the adults in the family to speak to the child and also **seek the child's permission** - have a child-centric approach.

### 3. Safety and Ethical Boundaries

- Case workers conduct visits in pairs with another team member, especially in **high-risk scenarios** like when the accused is also from the family, or if the location is unsafe. In extreme situations, they share the live location with the project team lead or any emergency contact.
- If the family offers a gift, any monetary benefits or food, case workers **refuse it politely** and explain by saying, "Our organisation's policy and rules do not allow us to accept this."
- When the family lives in a community settlement, it is difficult to keep confidentiality. The case workers also try to request the family for a **private conversation** to speak in a separate room or suggest a meeting at the CWC or another **location preferred by the family**.
- Case workers make **no false promises** and clearly explain the NGO's actual role and limitations.
- When appropriate, gently **prepare families for possible outcomes** without discouragement: "We will reach out to the CWC, but it may take time or may not be approved. We will keep in touch with you and share updates."



### 4. Observational Skills & Non-Verbal Cues

Case workers observe not only what is said, but who says it, and who doesn't. In a patriarchal society like ours, there are chances that adult males may **dominate the conversation**, while women or children remain silent. Observing these factors help the caseworkers to understand the power dynamics, fear and **decision-making roles** in the family.

- Case workers **observe who speaks and who remains silent** to understand communication patterns, ensuring quieter members such as women or children also have space to express themselves.
- Notice **non-verbal behaviour** such as gestures, posture, or interruptions, as they may indicate tension or discomfort.
- Silence can mean many things, like fear, fatigue, resistance, or trauma. Case workers create space without pressure. If someone remains quiet, respectfully invite them in: "*Is there anything you'd like to share?*"
- Household observations are made **without judgment**, focusing on safety, access to resources, and overall well-being. Indicators such as overcrowding, sleeping arrangements, access to electricity and water, school materials, and living conditions are noted to understand socio-economic realities. "*What are the costs incurred on electricity and water bills besides? Are books or school bags visible? Are multiple families or generations living in one room? Are sleeping spaces shared?.*" These details reveal much about the economic condition and safety.





## 5. Ending a Visit:

Case workers end the visits with clarity and care, maintaining the **trust and continuity** by:

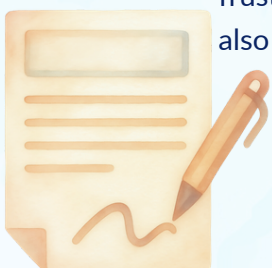
- Briefly summarising the topic covered during the visit and **encouraging questions** (e.g., *"Is there anything else you'd like to discuss before I go?"*)
- Assign **actionable tasks** to both the family and the case worker (e.g., *"You'll gather the child's report cards; I'll contact the education NGO."*)
- Agree on a date/time **before leaving** for the next visit (e.g., will meet on the court hearing day)
- Provide the **specific time when the family can call** the caseworker (e.g., you can call me from Mondays to Fridays between 10:00 am to 6:00 pm)



# Post-Visit Follow Up

## A. Documentation and Reporting

- Observations are **recorded immediately** after the visit, while details are fresh. The details include conversation with the family, nonverbal communication, and major observations.
- If a concern feels urgent, such as **potential harm**, neglect, the case workers prioritise immediate documentation and consultation with the supervisor and the CWC.
- Timely documentation according to the order: As per the JJ Act, 2015, in cases where a **Social Investigation Report (SIR)** is ordered, the caseworker shall submit the report **within 15 working days from the date of the order** issued by the Child Welfare Committee (CWC). In cases where the case worker is appointed as a **Support Person**, a report shall be submitted on a **monthly basis**. Follow-up report timelines often vary depending on the specific **directions mentioned in the CWC order**, and are thus prepared accordingly. For eg, if the follow-up visit is monthly, then reports are also submitted monthly; if the follow-up is requested quarterly, then reports are submitted every three months.
- Handling Emotions: After a visit, case workers take time to **reflect on their own emotional responses** before moving to the next task. They recognise feelings of frustration, helplessness, or urgency without rushing to act impulsively. Case workers also talk to a team member or the supervisor if the visit is overwhelming.





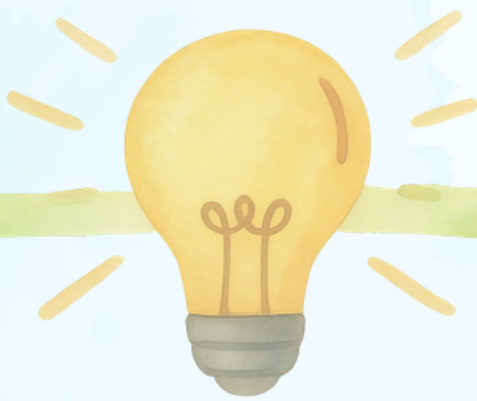
## B. Follow Up

- Commitments made during visits, such as follow-up calls, return visits, or documentation are carried out **within agreed timelines** to sustain trust.
- **Confidentiality continues** beyond the visit. Case-related discussions are held only in appropriate professional settings and not in public or informal spaces, ensuring protection of the child and family's privacy.

## Conclusion



1. As part of Prerana practice, case workers maintain transparency and avoid making assurances that are not confirmed or beyond the organisation's scope. This includes commitments related to financial assistance, housing support, school admission, legal outcomes, material aid, or case closure. Any assurance financial or otherwise is communicated only after confirmation and within the mandate and capacity of the organisation,
2. If the family shows anger, distress, or fear, case workers don't react defensively or ignore it. They acknowledge their emotions and de-escalate the situation by giving a break if needed and redirect to the conversation by gently focusing on possible solutions. If the situation is not getting calmer, it's okay to politely end the visit and reschedule.
3. Case workers avoid making remarks about poverty, hygiene, lifestyle, or choices. They stay neutral and professional.
4. Case workers let the family speak freely. They avoid interrupting or talking over them.
5. Case workers maintain confidentiality. They avoid speaking loudly or using names or case details in crowded areas.
6. Case workers watch body language, silence, withdrawal, and tension may signal discomfort or fear, especially in children.
7. Case workers build trust gradually. They don't rush disclosures or trauma narratives.



***“No amount of paperwork  
can substitute what a single  
home visit can reveal.”***

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