

Customer Contact & Welfare Checks Policy

Our Vision

Building better lives through social care and housing in local communities.

Our Mission

We co-design and deliver services that offer innovative social care solutions and support people to thrive.

Our Values

We are
caring and
compassionate



We are
inclusive
and **trusted**



We focus on
excellence
and
innovation



We work in
partnership
and are
one-team



Cally Yard
439 Caledonian Road
London N7 4BG
T: 0333 010 4600

lookahead.org.uk

 **Look Ahead**
CARE, SUPPORT AND HOUSING

1. Introduction

- 1.1 This policy and procedure sets out our defined minimum standards for contact with our customers across our services and undertaking customer welfare checks.
- 1.2 All services and the staff who work within them are responsible for getting to know their customers from the first time they meet. This includes clearly setting out expectations around consent, assessments and why it is important they work with us to keep them safe.
- 1.3 All of our services are required to follow the timescales set out in this policy and, where there are exceptions, they will be required to have a Customer Contact & Welfare Check [Service Protocol](#). The protocols must be approved and signed off by the relevant Head of Service. The protocol template can be found [here](#).
- 1.4 This policy applies to all services including accommodation based (staffed and non-staffed), day services, visiting support, floating support and our unsupported stock.

2. Minimum Customer Contact

- 2.1 All customers will have an assigned Support Worker/Keyworker/Housing Officer and regular key working sessions arranged as set out in their Support and Risk Management Plan.
- 2.2 In addition to the agreed key working sessions, services must ensure that they maintain regular contact with customers in line with the agreed frequency set out in this policy and service specific customer and welfare checks protocol.
- 2.3 Customer contact includes:
 - Seeing the customer.
 - Speaking to the customer on the phone (when they are known to staff).
- 2.4 Contact does not include:
 - Speaking to a friend, family member or neighbour who says the customer is OK
 - Written correspondence in the customer's name eg a letter, email, text, or other messaging service message eg WhatsApp, Facebook

How often should staff be in contact with customers?

2.5 The table below sets out the **minimum expected standards** for being in contact with customers in the range of services we provide.

Type of Service	Minimum Contact	Expectations
24 hour Supported Housing	Every 24 hours	In 24 hour, services we expect staff to be in contact with all customers at least once every 24 hours Staff should discuss and report the last contact/sighting of a customer at every shift handover both verbally and in writing.
Supported Accommodation – Day provision (8am- 8pm)	Every 72 hours	In services which are only staffed during the daytime we would expect staff to be in contact with customers at least every three days
Supported Accommodation – Visiting Support	Every 7 days	we would expect staff to be in contact with all customers at least once a week.
Floating Support	Every 14 Days	We expect staff to be in contact with customers every 14 days.
Unsupported	Triaged	As part of our tenancy audit programme the Landlord Team should undertake quarterly estate inspections and expect to speak to new tenants once a year and then once every two years. Tenants will be assessed in relation to their vulnerability and welfare checks will be undertaken as follows: High - 6 monthly cycles Medium – yearly cycle Low – 2-year cycle

3. Local Customer & Welfare Checks [Protocol](#)

- 3.1 Where services may need to vary from the above minimum timescales - or where there are variances within the service depending on the property or customer - they are required to complete a Local Welfare Checks protocol. This must be signed off by their Head of Service.
- 3.2 This protocol must also be used where the service identifies varied contact plans within their service customer groups eg services supporting care leavers, Looked After Children, customers with learning disabilities, parent and child services etc.
- 3.3 The expected minimum standards or local protocol must form part of the local induction for all staff including bank, agency, security and concierge.
- 3.4 Individual Support and Safety Plans for customers will dictate additional contact frequency requirements. They may also specify customers' wishes for contact with advocates, health professionals, stakeholders or family members in addition to contact with the customer themselves.

Increased Risk

- 3.5 Contact arrangements may fluctuate or change throughout a customer's stay in service in response to vulnerabilities and risk management arrangements, for example:
 - New customer – part of transitional plan
 - After periods of hospitalisation or ill-health
 - Known abandonment triggers eg arrears issues
 - Health issues
 - Incidents at their property or incidents involving bullying or harassment via social media
 - Their length of time in service
 - Move on – transitional plan

Vulnerable Customers

- 3.6 Customers will need to be seen more frequently than the minimum requirements set out in the protocol if there is a heightened risk due to their circumstances eg, returning from hospital, substance misuse, suicide risk, risk of exploitation or domestic abuse etc. In these instances, the customer must be included in the service's vulnerable customer list and increased daily welfare checks must be carried out as set out in the individual welfare plan. This must be managed and monitored through the duty and handover systems. Consideration must also be given to establishing a 'safe word' that can be used to raise an alarm.

Customers with Children

- 3.7 Welfare checks must also include confirmation of the welfare of any children under 16 living with the customer - even when the customer is staying away from their usual accommodation. It should not be assumed that the child is always with their parent and where possible staff must seek visual verification of the child's welfare.

Customers transferring between services and/or from institutions

- 3.8 Some customers may transfer from one service to another or may be permanently or temporarily released from hospital - for example in connection with a release from detention under the Mental Health Act.
- 3.9 It is important that arrangements for transfer between services ensure there is contact between both services to ensure there is clear information available in connection with actual departure and arrival dates and times, checks on arrival by the outgoing service and confirmation by the incoming service of arrival. A service induction must be arranged at the new service and, where non-arrival occurs, colleagues need to treat every case initially as a customer 'out of contact.'
- 3.10 Where other services, for example hospitals or other medical services release a customer back to reside temporarily or permanently to our support, a clear plan, ensuring arrangements for expected arrival and re-induction into the service must be made. Should a customer fail to arrive staff should treat every case as a customer out of contact.
- 3.11 For unsupported customers and customers receiving visiting support services, Housing Officers should be aware of other signs that should trigger a welfare check, for example:
- Non -payment of rent
 - Not responsive to request to undertake compliance or safety checks
 - Non-responsive to correspondence
 - Drawn curtains
 - Build-up of post
 - Change in frequency of contact
 - A bad smell emanating from the property
 - Concerns raised by neighbours or others
- 3.12 Where there are concerns for the safety or wellbeing of an unsupported customer, attempts must be made to contact them via all known contact details within 24 hours of the concern being raised. Their property must be visited and a letter attached to the front door asking them to make contact within 48 hours. If the customer has not contacted staff within 48 hours the property should be visited again to see if the note is still on the front door. If it is untouched, attempts to contact them must continue for a further 48 hours and, if the customer has not contacted staff consideration should be given to forcing entry to the flat.

4. Team and Colleague Handovers

- 4.1 The purpose of a handover is for staff to come together as a team, debrief on the day and ensure there has been meaningful, or at least either visual or spoken contact, with all customers for the minimum contact period as outlined in the [service protocol](#) and individual support and risk management plan.
- 4.2 Handovers must be undertaken at every shift handover.
- 4.3 All customers, who have not been seen/not seen within agreed time/missing/imminently missing must be discussed and the course of action agreed/taken, recorded and passed on to other colleagues and managers. Where there are no concerns, this must also be recorded along with the assessment for the decision.
- 4.3 Some customers will be discussed in more detail with relevant updates and actions recorded on the handover debrief (these might relate to their wellbeing, moods, appointments, incidents, complaints, and anything that needs following up or monitoring). Actions that must be taken to keep a vulnerable customer safe must be communicated to all staff working in the service, including night staff.

5. Customer Out of Contact

- 5.1 Where a customer has not been seen or there is a concern the duty lead must actively attempt to contact the customer. This will include regular attempts by phone, text, and email and any known contact routes.
- 5.2 The customer's risk management plan should be consulted at handover for updated information related to the customer.
- 5.3 A physical check of the customer's room, building and immediate grounds must be made. CCTV footage and shift handover notes must be checked to ascertain when the customer was last seen at the service.
- 5.4 Where appropriate contact friends and family of the customer and any other professionals working with them.
- 5.5 Escalate the non-contact with the manager or the On-Call Manager if out of hours.
- 5.6 If the above checks have been unsuccessful the Missing Persons Policy must be followed.

6. Room Welfare Checks

- 6.1 Where there is a serious concern about the safety or wellbeing of a customer, colleagues should assess whether it is necessary to carry out a welfare check. Consideration should be given to the customer's current situation as well as their history such as a known history of substance misuse, self-harm, medical conditions or history of falls. Our Positive Pathways & Casework Management Policy outlines our duty of care to all customers we support.
- 6.2 We can only access a customer's room as part of a welfare check if we have serious concerns for their health and welfare and it is in line with their occupancy agreement.
- 6.3 We do not have an automatic right to enter a customer's accommodation. Our occupancy agreements set out the circumstances in which we may access a customer's room so that we act according to housing law and in alignment with our core values and principles. It is also to protect the customers from unwarranted intrusion by us as their landlord.
- 6.4 Before accessing and entering a customer's home staff must ensure that all other methods of contacting the customer have been exhausted. Staff must first check the customer's risk assessment to establish what action the customer has agreed in these circumstances and any known risks. They must also seek management authorisation (this may include contacting the On-Call Manager or a member of the Safeguarding Team).
- 6.4 If staff have a key they should knock or ring the doorbell, call out before entry and wait for a response at least twice and try to contact the customer by calling to them before going into the room or flat. Staff should enter the room in pairs.
- 6.5 If there is potential for any communicable diseases, hoarding, drugs paraphernalia and/or risk of infection staff must consider what safeguards should be put in place before conducting the check
- 6.6 It is not appropriate to ask another customer to enter the room with staff and colleagues must be mindful of customers 'tail-gating' when they enter the missing customer's room.
- 6.7 If staff have a genuine belief there is an immediate danger or medical emergency and they do not have a key - or a customer has stated in their support plan or risk assessment that staff are not to enter under any circumstances - the emergency services must be contacted.
- 6.8 Where staff have received training and have access there may also be a need to administer Naloxone in the event of suspected opiate overdose.
- 6.9 There will be instances where colleagues are urgently concerned about a customer's welfare and decide to access their room where they have been unable to contact a manager. In such cases colleagues must keep a clear record of both the incident and access and discuss with a manager as soon as

possible thereafter.

- 6.10 Where staff have entered a customer's room/ flat the manager must ensure that the customer is notified and a review meeting held as soon as appropriate to set out the reasons why.

Record Keeping and Confidentiality

We will comply with our Data Protection and Confidentiality Policy which can be found by clicking [Here](#) or visiting our website at www.lookahead.org.uk

Inclusion and Diversity

Customers have the right to privacy and enjoyment of their accommodation. Managers should ensure that all customers are aware of the minimum contact and welfare protocols and ensure customers through support and risk planning can feed into the action plan if the non-contact protocol is triggered.

Next of kin or emergency contact details for every customer should be recorded in section one of the customers file, summary customer information sheet. This information should be reviewed with the customer at every support plan review to ensure it is up to date.

If a customer says they have no next of kin details, staff should inform their line manager of this to agree an appropriate emergency contact person for the customer, this could include a CPN, a housing officer, a neighbour.

Staff should also ensure they complete the "description" of the customer section of the Summary Customer Information Sheet.

If any person believes that they have not been treated in accordance with this policy, or they are unhappy about anything related to the policy, they may complain in accordance with our Feedback and Complaints Policy.

Policy Sign Off and Ownership	
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Who was consulted?	SGP, SMT, PG
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Author	Executive Director Group Operations & Customer Experience
Owner (if different)	Operations Manager
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Compliance Measures	
Related Policies/Procedures	Missing Customers Serious Incident Safeguarding Non-Engagement Lone working
Relevant Legislation and Regulatory Requirements	N/A

Version History			
Version	Date	Description of Changes	Author
2.2	March 2026	3 Month extension approved to allow time to amend the policy to reflect recommendations made by the Safeguarding Panel.	N/A
2.1	Sept 2025	6 Month extension approved by Policy Group pending the implementation of BOSS and Nourish	N/A
2	January 2023	Clarified use of protocol only be required where the service varies from the minimum standards. Addition of children of customers being included in welfare checks.	██████████ Head of Safeguarding and Quality
1	Sept 2022	Separation from the Missing Customer Policy Clear guidance on minimum contact New protocol template	Nicole Njie Director of Housing & Customer Experience