

MULTI-AGENCY HOME ENVIRONMENT ASSESSMENT TOOL

PRACTITIONER GUIDANCE

1.0 INTRODUCTION:

- 1.1 The County Durham Early Help Strategy sets out a clear vision to provide early help to families. In doing so, it is important practitioners identify early the indicators of neglect or poor home conditions as these may have an adverse impact on outcomes for children and young people. Where concerns are identified, it is vital that practitioners take swift action to support families to make the necessary improvements that will turn things around.
- 1.2 The Home Environment Assessment Tool is one of the tools that sits within the Single Assessment Framework. It is not intended to be used in isolation of the Single Assessment process and procedure, and should form part of the overall assessments carried out.
- 1.3 The assessment tool has been developed with practitioners. It is designed to help practitioners identify those families where there may be early signs of neglect so that swift action can be taken to address and support families to improve home conditions for their children.
- 1.4 The tool recognises that practitioners must make judgements about the safety, order and cleanliness of the homes in which children live. The tool has been designed to help practitioners to be objective about their observations and evidence their concerns.

2.0 WHEN TO USE THE ASSESSMENT TOOL:

2.1 Universal:

Health Visitors, School Nurses and Midwives are required to complete the assessment tool with all families as part of the universal Healthy Child Programme offer, in accordance with specification requirements, as follows:-

- Health Visitors and Early Years Practitioners will carry out the Home Environment Assessment at appropriate core contacts. The assessment tool should be used to inform the Family Health Needs Assessment which is required to be completed by the 6- 8 week contact. The tool will also be completed with all families who transfer into County Durham.

- School Nurses and Support Workers– will complete the assessment at targeted interventions (Level 2 and above) during home visits.
- Midwives – will complete the assessment with all families at the ante-natal home visit

2.2 Levels 2-3:

All practitioners who carry out home visits as part of their practice with families (e.g. One Point Service, some VCS organisations, Housing Providers etc) are required to complete this checklist on a home visit with families who are subject to a single assessment. The Home Environment assessment should be completed in line with the timescales set out in the Single Assessment Procedures, (i.e. within 45 days, or earlier dependent upon the level of need).

Levels 4-5:

- 2.3 It is expected that most families who require a statutory intervention at this level will have had a Home Environment Assessment as part of early help and that the assessment will be shared as part of the referral and escalation. However, where this is not the case, and neglect has been identified as part of the referral or the completion of the single assessment, then in these circumstances practitioners working at levels 4 and 5 will carry out a Home Environment Assessment with families.

Information Sharing:

- 2.4 In order to facilitate effective information sharing and the coordination of appropriate support to the family, where agencies are working together through a TAF, a copy of the Home Environment Assessment should be shared between appropriate professionals working with the family.

3.0 USING THE ASSESSMENT TOOL:

Consent:

- 3.1 The assessment tool should be completed jointly with parents/carers as part of the single assessment, or the Health Needs Assessment, this creates greater openness and a common understanding of the areas that may cause concern. Consent should be gained as part of this process. The questions in the assessment tool have been worded in a

positive way to minimise the risk of families feeling anxious about the assessment. The delivery of the assessment universally with all families should also provide some reassurance that a supportive approach is being adopted.

- 3.2 If consent is not gained, then practitioners should consider completion of the Engaging Families Toolkit.
- 3.3 It is important when carrying out the assessment, that the worker has a clear picture of the home environment **from the child's point of view.**
- 3.4 Where there is more than one child within the family the checklist should be completed from each child's perspective e.g. a young baby who is at crawling stage will be more affected by dirt on the floor however an older child may be more affected by dental decay.
- 3.5 The tool would be completed within the context of undertaking the Single Assessment (timescales being 45 days maximum) or within 8 weeks of birth as part of Health Needs Assessment.

4.0 SCORING:

- 4.1 The scoring is binary – 0 if the condition is present, 1 if it is not.
- 4.2 Depending on the age of the children, different items may give more or less concern, but in general the higher the overall score, the greater the concern.
- 4.3 Items should be scored on the basis of what is observed. The scale charts the child's environment as it is.
- 4.4 A single item may be enough to raise a significant concern as well as a number of items together.
- 4.5 Specific details can be recorded by the practitioner to record what is actually seen to help develop specific actions to address improvements required.

5.0 SUMMARY AND ANALYSIS OF HOME ENVIRONMENT ASSESSMENT

- 5.1 Whilst for many families the completion of the assessment tool will raise no concerns, for those that do, the worker should use the assessment tool to help gain an appreciation of why matters are as they are so that appropriate and supportive actions can be identified that will help the family to make the required improvements. It is therefore vitally important for practitioners to summarise and analyse the finding from the home environment assessment. Consider so what does this mean for the child living in this home. If the child could speak what would he/she say? What is the risk to the child living in this home? It is important for practitioners to be specific and define the identified risks.

6.0 WHAT TO DO IF THE CHECKLIST RAISES CONCERNS:

- 6.1 Unless an issue raises a concern that a child or a young person may be at risk of immediate or significant harm, practitioners should take appropriate supportive action to address the issues of concern with families and review progress quickly.
- 6.2 Actions should be agreed with the family and recorded in the action plan section of the document. The analysis of the assessment and agreed actions should also be recorded and referenced in the single assessment and the Family Plan (or health assessment).
- 6.3 Direct help, support and guidance should be provided to the family and a review should be carried out within a reasonable timescale, but no later than 2 months from the initial visit. This will give families a clear record of their progress. Ongoing review that progress has been sustained will be required.
- 6.4 In most instances, the agency completing the assessment will be able to provide the support that the family requires to make changes. However, if the concerns raised are significant and the family require a level of help that the single agency completing the tool cannot provide themselves, contact should be made with First Contact Service.
- 6.5 It is important that where the completion of the assessment tool raises significant concerns about the safety or wellbeing of the child(ren), a referral to First Contact Service should be considered and practitioners should complete the early help section of the single assessment to support their referral.

- 6.6 Both documents (the Home Environment Assessment and the Early Help section of the Single Assessment) should be shared with First Contact Service as part of the evidence of concerns and in support of the referral and to aid the determination of the most appropriate course of action.
- 6.7 First Contact will triage the information, and the referral may progress to the MASH. A level of need will be assigned to the case.
- 6.8 Cases at Level 2 and 3 will be triaged to the One Point Service for allocation and contact will be made with the referrer to agree a Lead Professional and what additional help and support can be provided by the One Point Service and a multi-agency Team around the Family where required. Cases at level 4 or above will be referred to Families First.