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| Multi-agency **Home Environment Assessment Tool** | | | | | | | | | | | |
| **Name of family:** | |  | | | | **Name(s) and age(s) of children:** | | |  | | |
| **Date of assessment:** | |  | | | |  | | |
| **Was the visit announced?** | | **yes no** | | | |  | | |
| **Practitioner undertaking assessment: Name** | |  | | | | | **Job title:** |  | | **Service** |  | |
|  | | | **Initial visit date:** | | **Impact on child/ren**  **Specific details (if required)** | | | | | | |
| **Yes**  **(strength) or N/A**  **(0)** | **No**  **(requires**  **improvement)**  **(1)** |
| **1.0** | **Observations of interior and exterior of home** | | | | | | | | | | |
| **1.1** | Home free from pet/animal hazards including faeces/ vermin. | |  |  |  | | | | | | |
| **1.2** | Home free from rubbish/clutter/ hoarding which is likely to pose a safety risk to children. | |  |  |  | | | | | | |
| **1.3** | Home in state of good repair. | |  |  |  | | | | | | |
| **1.4** | Adequate home furnishings. | |  |  |  | | | | | | |
| **1.5** | Adequate basic amenities including services to kitchen and bathroom. | |  |  |  | | | | | | |
| **1.6** | Basic kitchen items and provisions appropriate to children and family (eg. weaning). | |  |  |  | | | | | | |

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|  | | **Initial visit date:** | | **Impact on child/ren**  **Specific details (if required)** |
| **Yes**  **(strength) or N/A**  **(0)** | **No**  **(requires**  **improvement)**  **(1)** |
| **2.0** | **Health & Safety Issues** | | | |
| **2.1** | Safe home environment clear of hazards and age appropriate safety equipment present. |  |  |  |
| **2.2** | Home is warm, well ventilated and pleasant odour. |  |  |  |
| **2.3** | No evidence of exposed needles/ drug paraphernalia/ medicines/alcohol in sight or reach of children. |  |  |  |
| **2.4** | Evidence of animals in the home being well cared for and supervised around the child/ren. The dog is not considered dangerous and / or there is not a history of dog bites? |  |  |  |
| **2.5** | Smoke alarms and carbon monoxide alarms present and in working order. |  |  |  |
| **3.0** | **Sleeping Arrangements** | | | |
| **3.1** | Safe sleeping environment. |  |  |  |
| **3.2** | Beds and furnishings clean and in good state of repair. |  |  |  |
| **3.3** | Mattress and bedclothes on children’s bed. |  |  |  |
| **3.4** | No evidence of locks/bolts on outside of bedroom doors. |  |  |  |
|  | | **Initial visit date:** | | **Impact on child/ren**  **Specific details (if required)** |
| **Yes**  **(strength) or N/A**  **(0)** | **No**  **(requires**  **improvement)**  **(1)** |
| **4.0** | **Care of babies/young children** | | | |
| **4.1** | Evidence of sterilizing equipment/baby milk/nappies. |  |  |  |
| **4.2** | Evidence of age appropriate toys. |  |  |  |
| **4.3** | Evidence of babies/ young children being offered space and freedom to play. |  |  |  |
| **4.4** | Evidence of age appropriate supervision (also consider age appropriate babysitters ) |  |  |  |
| **5.0** | **Child appearance/demeanour/health** | | | |
| **5.1** | Child displays happy/sociable/ active behaviour appropriate to age. |  |  |  |
| **5.2** | Child seen to have clean skin/nails/hair/ clothes. |  |  |  |
| **5.3** | No evidence of head lice/other infestation. |  |  |  |
| **5.4** | No evidence of bald patches/cold extremities. |  |  |  |
| **5.5** | The child has access to a toothbrush and visits a dentist regularly. Child has no dental pain / toothache. |  |  |  |

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|  | | **Initial visit date:** | | **Impact on child/ren**  **Specific details (if required)** |
| **Yes**  **(strength) or N/A**  **(0)** | **No**  **(requires**  **improvement)**  **(1)** |
| **5.6** | No evidence child underweight/ overweight. |  |  |  |
| **5.7** | Child appropriately dressed for weather in well-fitting clothes |  |  |  |
| **5.8** | Child exhibits social behaviour appropriate to age. |  |  |  |
| **6.0** | **Parental behaviour** | | | |
| **6.1** | Parents responsive to child’s needs. |  |  |  |
| **6.2** | Parents responsive to child’s requests for attention/ affection/help. |  |  |  |
| **6.3** | Parents have realistic  expectations of the child. |  |  |  |
| **6.4** | Family budgeting meets child’s needs |  |  |  |
| **7.0** | **Any other issues or observations the practitioner or family member wishes to raise?** | | | |
| **7.1** |  |  |  |  |