Durham Safeguarding Children Partnership

Multi-Agency Home Environment Assessment ToolUpdate May 2023









Multi-agency Home Environment Assessment Tool



Name of family

1.1	Home is free from pet/animal			
1.0	Observations of interior and exterior of home	Initial vi Yes (0)	sit date No (1)	Impact on child/ren Specific details (if required)
Plea	ase note: Initial visit date - Yes (st No (red	trength) or N/A quires improve	• •	
Job	title		Service	
Prac	ctitioner undertaking assessment (n	ame)		
Dute	o or decedement		Yes	No
Date	e of assessment		Was the v	visit announced?
Nam	ne(s) and age(s) of children			
	,			

hazards including faeces/vermin, excessive animal hair and there is no evidence of fleas/bedbugs.

1.2 Home free from rubbish/clutter/ hoarding which is likely to pose a safety risk to children.

1.0	Observations of interior and exterior of home	Initial visit date Yes (0) No (1)	Impact on child/ren Specific details (if required)
1.3	Home in state of good repair.		
1.4	The garden/outside space is safe and free from rubbish, animal faeces.		
1.5	There are adequate home furnishings.		
2.0	Health and Safety Issues	Initial visit date	Impact on child/ren

2.1 The home environment is safe and clear of hazards and age-appropriate safety equipment present.

2.2 There is no evidence of weapons within home or garden.

2.3 The home is warm, well ventilated and has no unpleasant odour.

2.4 There is no evidence of exposed needles/drug paraphernalia/ medicines/alcohol in sight or reach of children.

2.5 There is evidence of animals in the home being well cared for and supervised around the child/ren. The animal is not considered dangerous and/or there is not a history of animal bites?

2.0	Health and Safety Issues	Initial visit date Yes (0) No (1)	Impact on child/ren Specific details (if required)
2.6	Smoke alarms and carbon monoxide alarms are present and in working order.		
2.7	Where there are smokers in the household are they following advice of smoking around children?		
3.0	Sleeping Arrangements	Initial visit date Yes (0) No (1)	Impact on child/ren Specific details (if required)
3.1	The children and family members have access to safe sleeping environment.		

3.0	Sleeping Arrangements	Initial visit date Yes (0) No (1)	Impact on child/ren Specific details (if required)
3.3	The mattress are clean with sufficient bedclothes on children's bed.		
3.4	There are no locks/bolts or ties on the outside of the bedroom doors, children can freely get out of their bedrooms.		
4.0	Care of babies and children	Initial visit date	Impact on child/ren
	care of bables and children	Yes (0) No (1)	Specific details (if required)
4.1	Is there sterilizing equipment, baby milk and nappies?		

4.3 Do babies and children have space and freedom to play safely?

4.4 Is there age appropriate supervision of the child (also consider age appropriate babysitters).

4.5 The child has a toothbrush and uses it daily and has no pain or toothache. The child is registered with a dentist and visits regularly.

5.0 Any other issues or observations the practitioner or family member wishes to raise?

Initial visit date Yes (0) No (1) Impact on child/ren
Specific details (if required)

5.1