

Guidance

Background



1. Workers can use this tool to assess the physical aspects of the home environment. It provides a clear focus for working with families on very specific aspects of parenting and of the impact of poor home conditions on their child.
2. This scale may appear critical, but workers necessarily make judgments about the safety, order and cleanliness of the place in which the child lives. The use of a list helps the objectivity of observation.
3. Like all methods of assessment it should not be used in isolation - other sources of information, including the quality of the parent-child relationship will contribute to the overall assessment.
4. It was acknowledged that there was no universal tool in Aberdeenshire to monitor home conditions & poor home conditions were noted to be a feature two ICR's undertaken in Aberdeenshire (February 2017, November 2018).

The Scale



5. The assessment is based on the Family Cleanliness Scale devised by Davie and others (1984). It was included as an 11 item checklist in the Family Pack of Questionnaires and Scales published by the DOH as part of the 'Assessment Framework'. The Home Conditions tool was amended and extended by Bruce Thornton and colleagues in response to user feedback. It became a 20 item scale with a scoring system of 0 to 3 introduced. Originally it was scored 'yes or no'. The terminology used in the original scale was adapted and one item removed. This version of the home conditions tool was further amended and extended by the Aberdeenshire working group tasked by The Operations and Practice Sub Group of the The Aberdeenshire Child Protection Committee. It is now a 22 item scale. Copyright for its use is retained by Bruce Thornton and Associates and the license to use the tool in Aberdeenshire was jointly funded by Aberdeenshire Health and Social Care Partnership and Children's Services Social Work.

Use



6. The scale can be used as a checklist to provide a framework for initial observation of home conditions.
7. It is particularly appropriate to use during the initial visit if home conditions are already identified as an issue. Once used, it is a method of keeping track of progress or deterioration. The significance of your observations may vary according to whether the visit was announced or unannounced.

8. The assessment should be undertaken jointly with the caregiver. It is essential to attempt to complete all sections; however, should access be denied this should be recorded in the notes section along with the reason provided for the "no access". Observations should always be shared with the Caregiver. This should promote a discussion about changes necessary to improve the home conditions as part of the Child's Plan.
9. Identified items can be a focus for a piece of work. This might be to encourage the caregiver to attend to something that could pose a health risk to the children, or to bring in additional support where the parent is unlikely to be able to improve matters without help.
10. The scale should reflect the impact or relevance of the home condition to that particular child. E.g. a badly soiled floor will have a different impact on a very young child who is crawling compared to the impact on an older child. This should be recorded in the notes section.

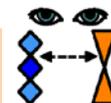
Scoring



11. The scale is scored from 0 - 3, ranging from the 'Issue does not exist' to 'Very apparent/serious impact'.
12. Items are scored on the basis of what is observed. The scale charts the child environment as it is. This provides an objective baseline.
13. Depending on the age of the child, different items may cause more or less concern. The higher the score the greater the concern.
14. Some of the items may require further action. Further action may be indicated regardless of a low or high score. You can make a note that further action is required by ticking the 'flag for attention' box.
15. For each of the 22 items (**Section A**), there is space to make some notes about your observations. It is important to make specific comments about what was observed, and the impact on the child. This reminds you when checking back, to track what progress has been made and to provide specific evidence of what you have seen.
16. Recording in the notes section should preferably be recorded in the family's own words E.g. "There is cat poo on the kitchen floor and this might get on a child's hands and make them ill" rather than recording "There is animal faeces on the kitchen floor and this is unhealthy"
17. At the end of the list of 22 items there is space for you to record the number of items that scored 3,2,1 or 0 (**Section B**). This enables comparison over time and for the identification and harnessing of Strength based practice as the home conditions are observed to be improved.

18. **Assessment Decisions (Section C)** - Please record your overall decision as a result of this assessment. If you find yourself 'very concerned' this may trigger Child Protection concerns, and Child Protection procedures should be followed. Where there is a need for further visits to monitor progress, you should consider whether this should be planned or unplanned.
19. **'Further Action arising from this assessment' (Section D)** - Your assessment will lead to a decision about the actions that are required. Options may include single or joint agency work or the need to refer to another agency.
20. **Consent (Section E)** - In most circumstances the consent to share information will have already been discussed and should be recorded by the individual agencies within their existing documentation. Where consent has not been obtained you may need to confirm this as part of this assessment. If you have child protection concerns, you may decide to share information even if you have not sought or had the parent's consent to do so.
21. **'Tasks for the Family/Agency' (Section F)** - Your visit may lead to an agreement with the family about tasks they will undertake before your next visit. Make sure that these are specific and that you and the family understands your expectations of them. Understanding the family's response to your concerns and how they set about changing their routines is very important. Difficulties with change is often underestimated, and workers sometimes expect a lot of families without having understood the reasons why change may be problematic. Families may also requires assistance at this stage to prioritize tasks and may require practical support to achieve this. Any support offered should be recorded on the action plan.
22. **'Parent and worker signature'** - Where the assessment has been undertaken with the parent, they can sign the assessment. You may wish to arrange that a copy of the assessment is provided for them.

Comparison



23. A comparison sheet is available to monitor progress/deterioration.

Recording



24. The home conditions assessment should be stored securely as per your individual organisation and GDPR guidelines.

Reference



Davie CE, Hutt SJ, Vincent E & Mason M (1984) *The young child at home*. NFER-Nelson, Windsor