Assessing parenting: Adaptation of the HOME inventory for use in Egypt

Khadiga Abdellatif Alsharif

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Assessing Parenting: Adaptation of the HOME Inventory for Use in Egypt

Khadiga Abdellatif Alsharif

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Abstract
A study of violence against children in Egypt found that in 2014, 93% of children between the ages of 0-14 were subject to some form of violent discipline. While Egyptian law protects children from abuse, in practice it is challenging for social workers and other child protection practitioners to intervene. There is a lack of protocols for home visitation and family intervention, and there are no standardized procedures for assessing parenting practices and determining the safety of children’s homes. The HOME inventory, short for Home Observation for Measurement of the Environment, is a tool that has been adopted internationally and is successfully used to identify what support parents of children might need and what services could be most useful in helping them to create healthier home environments and better relationships with their children. The Infant/Toddler HOME (IT-HOME) version of the tool that addresses children aged 0-3 years was adapted for use in Egypt through translating it into Arabic and culturally adapting it to the Egyptian culture and context by child protection experts during an Expert Panel. Social workers were trained on the implementation of the tool and conducted 42 home visits to pilot test the tool, with an interrater reliability of 79% agreement. Social workers responded positively and reported that the tool helped them recognize families at risk, assess the children’s needs, and identify the necessary interventions that are appropriate for the families.

The IT-HOME appears to be a promising tool that was readily accepted by both social workers and families, so with further training it could be used in Egypt as a standardized home visitation tool.

Keywords: child abuse, child abuse prevention, parenting, social work, standardized assessment, home visits, HOME Inventory, IT-HOME, Egypt
Assessing Parenting: Adaptation of the HOME Inventory for Use in Egypt

Child abuse and maltreatment is a worldwide phenomenon, where 25% of adults have been physically abused as children and an estimated figure of 41,000 children under the age of 15 years die yearly as a result of homicide (World Health Organization, 2016). The American Psychological Association defines child abuse and neglect as “any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.” (APA, Understanding and Preventing Child Abuse and Neglect). Additionally, the World Health Organization Consultation on Child Abuse Prevention further describes child abuse and maltreatment as “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (Kerig & Wenar, 2006).

Different Forms of Child Abuse

Physical abuse of a child is defined when a parent or a caregiver causes actual physical harm or have the potential for harm (Krug 2012) such as beating, scalding, slapping, punching, or kicking (Kerig & Wenar, 2006). The psychological, or emotional, abuse of a child is when the parent or caregiver fails to meet the child’s needs for emotional security, autonomy, or acceptance, for example through insulting, frightening, or excessively controlling the child (Kerig & Wenar, 2006). Other forms of psychological violence that is harmful for the child’s well-being and development includes emotional indifference, rejection, belittling, name-calling, and isolation of the child by the parent (Pinheiro, 2006). On the other hand, sexual abuse is imposing any sexual acts on children or persuading them to be involved in such acts (APA,
Understanding and Preventing Child Abuse and Neglect). Finally, neglect is where, regardless of intention, parents or caregivers fail to meet the child’s physical and emotional needs (Pinheiro, 2006) such as the “health, education, emotional development, nutrition, shelter, or safety” needs (Gilbert et al., 2009). Neglectful acts may entail lack of parental support or supervision, regular absence from school, sending off the child to beg or steal, limited clothing, or having no one at home to provide care to the child (Gilbert et al., 2009). However, it is worth mentioning that it can be quite difficult judging neglect in circumstances where the child lives in poor conditions, or the parents are refugees or have a mental or physical illness, or disability, that may interfere with fulfilling the needs of their child (Gilbert et al., 2009). The Violence against Children Surveys (VACS) reported that half of children worldwide (more than 1 billion children) are being exposed to violence; 23% have been exposed to physical abuse, 36% have been exposed to emotional abuse, 16% have been exposed to physical neglect, and 26% have been exposed to sexual abuse (18% of which are girls, and 8% of which are boys) (World Health Organization, 2017).

**Child Abuse and Parenting**

The quality of parenting and the relationship between parents and the children are main determinants of healthy child development, where parents tend to seek for their children’s well-being (Joussemet, Mageau, & Koestner, 2013). The parent-child relationship quality has also been shown to impact various outcomes in children, including cognitive and educational outcomes, self-esteem and identity, social competence and peer relationships, aggressive behavior and delinquency, general health and biological development, and mental illness such as depression, anxiety and internalizing problems (O’Connor & Thomas G, 2007). Since parenting is an extremely challenging, sensitive and demanding task with heavy responsibilities and duties
(Maiter, Alaggia, & Trocmé, 2004), sometimes parents, the adults whom children rely on for protection, are unfortunately the people who abuse them within their household (Kerig & Wenar, 2006). In fact, research has found that parents perpetrate 77% of child maltreatment (Kerig & Wenar, 2006). When parents abuse their children, it negatively affects the children’s “attachment, emotional development, cognition, and interpersonal relationships” (Kerig & Wenar, 2006). Consequences may also include “alcohol and drug abuse, cognitive impairment and developmental delays delinquent, violent and other risk-taking behaviors, eating and sleep disorders, poor school performance, poor relationships, reproductive health problems post-traumatic stress disorder depression and anxiety, and suicidal behavior and self-harm” (Facts: Child abuse and neglect, WHO, 2002). Furthermore, incompetent parenting practices and violence against children are also associated with child behavioral problems (Mersky et. al, 2009).

Research has shown that incompetent parenting and poor parent-child relationships have proven to be a risk factor for child maltreatment (Tolan, Gorman-Smith, & Henry, 2006). Poor parent-child interactions and parental involvement are also linked to child abuse and neglect, where parenting and family functioning are more associated to child abuse than a socioeconomic factor such as poverty (Mersky et. al, 2009). It has also been shown that children who grow up in families with poor parent-child relationships and parents with incompetent parenting skills, become more susceptible to domestic violence (Tolan, Gorman-Smith, & Henry, 2006). Additionally, some studies have suggested that a parent who has experienced child abuse is more likely to become abusive toward his or her own children, where about 30% of children who experience abuse go on to commit abuse themselves (Widom & Hiller-Sturmhofel, 2001). Family conflict is an extremely significant risk factor for parents to abuse their children and for
children to become abusers as parents themselves (Meinck et al., 2014). This is because a child then learns that aggression and violence are strategies to be used within familial relationships (Tolan, Gorman-Smith, & Henry, 2006). Also, mothers who have a history of being physically or sexually abused may find it difficult to protect their children from abuse by her spouse or any other person (Widom & Hiller-Sturmhofel, 2001). In conclusion, children raised in stressful home environments are less likely to bond with their parents and caregivers, which creates difficulty in forming relationships during childhood and adulthood, creating the continuance of an enduring cycle of violence (Estefan, Coulter, VandeWeerd, Armstrong, and Gorski, 2013). Therefore, due to the increased rates of child maltreatment, neglect, and child behavioral problems, there has been an increased interest in parenting and parent interventions (Taylor, Spencer, & Baldwin, 2000).

**Healthy Parenting and Home Environments**

Since the quality of parenting is extremely important for a child’s healthy physical and mental development, research has focused on the children’s home environments and whether there is adequate psychological stimuli and cognitive support of quality offered by their parents (Burston, Puckering, & Kearney, 2005). Parenting styles are considered to be a set of “aggregates or constellations of behaviors that describe parenting-child interactions over a wide range of situations that are presumed to create a pervasive interactional climate” (Munz, Wilson, & D’Enbeau, 2010). The most common parenting styles are Baumrind’s parenting styles, which include permissive, authoritarian, and authoritative styles (Munz, Wilson, & D'Enbeau, 2010). Authoritative parenting has proven to result in children who are most academically successful and socially competent, whereas permissive, neglectful/disengaged, and especially authoritarian parentings have proven to result in children with worse outcomes (O’Connor, Thomas G, 2007).
However, the effects and outcomes of those parenting styles are different across contexts and countries because parenting practices and values are formed by the cultural characteristics of the societies in which the parents reside (Smith, 2010). For example, high income countries such as Western countries tend to be individualistic cultures that are independent and autonomous, whereas middle income countries such as Pakistan, India, Indonesia, Iraq and Egypt have a collectivistic culture that is interdependent, prioritizing the group’s needs and wants over the individual’s (Rudy & Grusec, 2006). Such differences across cultures lead parenting in collectivistic cultures to show more authoritarian features such as controlling and focusing more on obedience, and less tolerating to children’s self-expression and communication through play and feeding time for example (Rudy & Grusec, 2006). However, it was shown that although Egyptian parents have an authoritarian parenting style, the effect of this style of parenting was not as harmful as it is in individualistic cultures because the collectivistic beliefs of obedience coincide with authoritarian parenting and hence it becomes the norm and gets endorsed and accepted by both parents and children (Dwairy & Menshar, 2006). Therefore, parents who display authoritarian parenting practices but are in authoritarian countries can still be loving and not hold negative feelings towards their child (Dwairy & Menshar, 2006).

Each parenting style demonstrates ways in which parents show certain practices such as connection, stimulation and regulation, which significantly affect the cognitive and language development of children (Munz, Wilson, & D’Enbeau, 2010). Parents display connection through transmitting warmth, support, responsiveness, and acceptance to their children, while being sensitive to their children’s needs and feelings (Munz, Wilson, & D’Enbeau, 2010). This is based on Bowlby’s Attachment Theory, which entails the importance of the emotional bonds and attachments between parents and their children, specifically the degree of sensitivity where
parents attend to their children’s needs quickly and appropriately, and the immense effect this has on their children’s emotional and social development (Munz, Wilson, & D’Enbeau, 2010). Children of parents who are sensitive in their caregiving and to their children’s needs, reacting quickly and appropriately to them, become securely attached and respond positively to their parents, developing a loving relationship that is confident and growing up having enhanced social and behavioral skills (Kerig & Wenar, 2006).

Furthermore, parents display regulation through “discipline, limit setting, and correction relative to children’s behaviors” in order to control their children’s behavior, which affects children’s compliance, the way they acquire self-regulation and the amount of which they internalize rules (Munz, Wilson, & D’Enbeau, 2010). Finally, parents display stimulation, which is important for children’s development, through granting their children some sort of autonomy by allowing them to make their own decisions from offered choices, supporting the expression of feelings, and helping with problem solving (Munz, Wilson, & D’Enbeau, 2010). Accordingly, by enhancing the parent practices of connection, stimulation and regulation, children will develop improved emotional, social and behavioral skills which will decrease the likelihood of child abuse and maltreatment and enrich the parent-child relationship.

Methods for Prevention of Child Abuse

There have been several approaches aiming at reducing violence against children, including child abuse and neglect, through parenting interventions. Health care professionals have a key part to play in identifying, treating and referring cases of abuse and neglect and in reporting suspected cases of maltreatment to the appropriate authorities (Krug 2002). However, research has shown that prevention programs are the most effective in preventing child abuse when they are directed at positively changing dysfunctional parent-child interactions (Kerig &
Wenar, 2006). When parents and caregivers become aware of the importance of positive disciplining and efficient communication between parents and their children, and of the negative consequences of violent disciplining, positive interactions and bonds arise between parents and children which decreases the prevalence of child maltreatment and improves the child behavior (World Health Organization, INSPIRE, 2016).

Furthermore, prevention and promotion programs can reduce the likelihood of familial problems that may occur among children and their parents (Dalton, Elias, & Wandersman, 2007). Specifically, it has been proven that home visitation interventions are the most effective interventions for child abuse prevention (Mersky et. al, 2009), where one of the most successful and well-evaluated approach is home visitations targeting the parenting of low-income women (Tolan, Gorman-Smith, & Henry, 2006). Home visiting targeted to families at-risk of child abuse have shown to enhance parent’s behavior and promote child development and behavior (Caldera et al., 2007). Home visitations may identify children at risk of child abuse through observations and parental interviewing, so they help prepare for the necessary parental interventions that are specialized according to the parenting needs of the children’s parents. Such tailored interventions may include parental education programs, child development programs, and microfinancing programs for mothers. As a result, home visiting can be an efficient method in preventing child abuse (Duggan et al., 2007). In conclusion, instead of aiming at intervening with the abused children and providing them with services, it would be more efficient to attempt to prevent child abuse from occurring through aiming at promoting healthy parenting by conducting home visits.

Parenting interventions in high-income countries have a well-established evidence base and their adaptability and applicability across different cultures and countries are becoming increasingly evident (Knerr, Gardner, & Cluver, 2013). There is minimal research concerning the
Assessment Tools for Home Visits

There are a number of standardized tools that are available for home visits that assess parenting, risk of child abuse or the home environment of the child as a whole. For example, the Healthy Families Parenting Inventory (HFPI) is a 63-item outcome measure that was developed in 2004 by LeCroy & Milligan Associates in the United States and is used internationally (Krysik & Lecroy, 2012). It is a self-report that parents fill out using a Likert Scale from 1 to 5, and it aims to assess nine parenting domains that include parent-child interaction, social support, personal care, problem-solving, mobilizing resources, depression, parenting efficacy, the home environment, and role satisfaction (Krysik & Lecroy, 2012). Another tool used in home visits is the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™) which consists of 29 parenting behaviors within four main domains that are affection, responsiveness, encouragement and teaching ("PICCOLO™ | Brookes Publishing Co," 2017). The PICCOLO is developed and used in the United States, where home visitors observe
parenting behaviors of the parents within a timeframe of about 10 minutes and assess the positive parenting behaviors and use them as a guide to their interventions with the parents ("PICCOLO™ | Brookes Publishing Co," 2017).

Moreover, another assessment tool used during home visits is the Parenting Stress Index which was developed in 1983 and is currently in its fourth edition (American Psychological Association, 2017). This tool is a self-report with 101 items that are filled out by parents of children aged 1 month to 12 years old during a home visit in order to identify three major domains of stress: parent characteristics; child characteristics; and situational/demographic life stress that may lead to problems in the behaviors of the child or the parent (American Psychological Association, 2017). Also, the Child Abuse Potential Inventory (CAP) is a tool that was developed in 1980 in the US and adopted internationally. It is used during home visits to assist child protection practitioners in identifying families that are at risk of child abuse (Laulik, Allam, & Browne, 2013). The CAP Inventory is a 160-item tool that is a self-report where parents either choose to agree or disagree, and it is based on a main physical abuse scale that consists of six sub-scales that are rigidity, distress, problems with child and self, unhappiness, problems with family, and problems with others (Laulik, Allam, & Browne, 2013).

Finally, the HOME inventory, short for Home Observation for Measurement of the Environment, is a tool that was developed in 1984 by Robert Bradley in the United States and has been adopted for use internationally (Caldwell & Bradley, 2003). The HOME inventory is used during home visits to evaluate risk in the home environment, identify what support parents of children might need and what services could be most useful in helping them to create healthier home environments and better relationships with their children (Caldwell & Bradley, 2003). Although the HOME inventory was developed in North America, HOME has been translated and
culturally adapted for use in both developed and developing countries in Europe, Latin American, and Asia, evidence that HOME can be adapted to diverse cultures (Bradley & Corwyn, 2005). Although many of the home visit tools are found successful in assessing risk of child abuse, the HOME inventory seemed to be the most suitable home visit tool to be culturally adapted to the Egyptian context because the tool is based primarily on the social workers observations of the behaviors of the parent and the child, their interaction together and the home environment of the child during the home visits. Observational tools are more appropriate than self-report questionnaires in Egypt because of the high illiteracy rate of 26.2% of the Egyptian population aged 15 years and older (CIA, 2017). In addition, the HOME inventory has already been successfully culturally adapted in various parts of the world and in particular, in countries that have similar socioeconomic and cultural contexts to Egypt. Finally, the HOME has an advantage over the other tools in that it assesses risk for child abuse, the home environment of the child and the parenting skills.

The HOME Inventory

The HOME Inventory is based on Bronfenbrenner’s ecological systems theory, where it approaches the child development through assessing it within its microsystem, the child’s own home environment (Totsika & Sylva, 2004). It is a considerably short tool that has been designed to identify children’s environments that create a risk for developmental problems and differentiate them from environments that offer the necessary support for the children’s development (Burston, Puckering, & Kearney, 2005). Additionally, the subscales on each of the HOME Inventories show the strengths and weaknesses of the homes of families who are considered at-risk (Totsika & Sylva, 2004). The HOME Inventory serves a prevention tool which helps prevent child maltreatment through assessing the child’s home environment and the
essential factors of parenting behaviors. The HOME can predict signs of poor parenting, as it shows features of parenting and family functioning within the child’s home environment, and that foresees the child’s “cognitive and social-emotional development” (Duggan et al., 2007). Furthermore, the HOME inventory is also used for several varied reasons, including identifying which families are at risk, planning for interventions for families in need, evaluating parental education programs and interventions, and child developments researches (Burston, Puckering, & Kearney, 2005). The HOME Inventory is applying the most important principle of community psychology, prevention, which targets to take action before an undesirable behavior takes place in order to prevent it (Levine, Perkins, & Perkins, 2005).

Different Versions of HOME. There are four main versions of the HOME inventory that cater to different age groups of children. These versions include Infant-Toddler (0–3 years old), Early Childhood (3–6 years old), Middle-Childhood (6–10 years old) and Early Adolescent (10–15 years old) inventories (Burston, Puckering, & Kearney, 2005). Additionally, there are two supplementary versions that include The Child Care (CC) HOME Inventory, which is designed for use in other home settings such as family care and the Disability (DA) HOME Inventory, which is designed for use in homes where children have disabilities. ("Inventory | HOME Inventory", 2017).

The HOME Inventory and Parenting. The HOME Inventory measures both the quality and quantity of the available support and stimulation in a child’s home environment (Bradley, Mundfrom, Whiteside, Casey, & Barrett, 1994). Furthermore, it is considered to be a useful tool for assessing connection, regulation and stimulation of parents with their children, which helps predicting important outcomes for the children such as language and development implications (Munz, Wilson, & D’Enbeau, 2010). The HOME inventory measures the main parenting practices
that are connection, regulation and stimulation; it measures “responsiveness (i.e., connection),
acceptance and avoidance of harsh punishment (i.e., regulation), and learning materials and the
parent’s involvement in the child’s learning (i.e., stimulation)” through observation and interview
methods with parents or the primary caregivers at the home environments of the children (Munz,
Wilson, & D’Enbeau, 2010). It also describes features of “family organization, routines, and
family involvement with extended family and use of community resources that affect children”
(Bradley & Corwyn, 2005). Also, the scores of the subscales on the HOME indicate the strengths
and weaknesses on which social workers may direct their work with families and parents
accordingly (Glad et. al, 2011).

**Which Version of HOME?** The age of the child is an important risk factor, as it seems
that the younger the age of the child, the increased association with physical abuse victimization
(Meinck et al., 2014). The highest rate of abuse is from birth to one year, where infants and pre-
school children three years of age and younger have the highest risk of becoming victims of
abuse or neglect (M. Ben-Natan et al., 2014). In fact, research has shown that rates of child abuse
among children aged 0-4 years are more than two times of those of children aged 5-14, this is
mainly due to their vulnerability, how dependent they are on their parents and caregivers, and the
fact that they spend most of their days in the homes which causes them to be relatively invisible
in their communities (Butchart, WHO, 2006). Also, children from birth to three are considered at
a very critical developmental stage of their lives because whatever they experience during this
period has major effects on their language and cognitive development (Munz, Wilson, &
D’Enbeau, 2010).

Therefore, it is extremely important to target infants and toddlers from birth to three years
of age, through exploring the parenting style and factors that those children are exposed to
(Munz, Wilson, & D’Enbeau, 2010). The Infant/Toddler HOME will allow social workers to identify the necessary interventions for the families of children 0-3 years, because the earlier such interventions take place in the children and families’ lives, the more the child will benefit throughout their lives including their educational achievement, social and behavioral skills, and most importantly their cognitive development (World Health Organization, 2016). As a result, this research will focus on the cultural adaptation of the IT-HOME that focuses on the home environments of infants and toddlers, and their relationships with their parents and caregivers.

**Infant-Toddler HOME (IT-HOME)**

The IT HOME is like the other versions of the HOME and includes a semi-structured interview and observation of the relationship between the parent and the child within the home setting for around 45 minutes to one hour (Bradley, Mundfrom, Whiteside, Casey, & Barrett, 1994). The IT-HOME fundamentally assesses the “quantity and quality of stimulation and support a young child (birth to age 3) receives in the home environment” (Munz, Wilson, & D’Enbeau, 2010). As a result, the inventory must be conducted through a visit that takes place in the home when the child is present and awake, where a trained interviewer basically asks the mother about a typical day she spends with her child; asking her questions while observing her interactions with her child (Munz, Wilson, & D’Enbeau, 2010).

The IT-HOME consists of 45 binary choice items grouped into six main subscales: Responsivity (11 items), Acceptance (8 items), Organization (6 items), Learning Materials (9 items), Involvement (6 items), and Variety (5 items) (Bradley, Mundfrom, Whiteside, Casey, & Barrett, 1994). The items in each of the subscales are research-based, incorporating both child development theories and information gathered from professionals who work with children and
families such as pediatricians, nurses, educators, and social workers (Bradley, Mundfrom, Whiteside, Casey, & Barrett, 1994).

As this version of HOME assesses early childhood, the environment of the child is profoundly based on interactions of the child with the parent. The IT-HOME measures the parenting practices that have been previously addressed, including responsiveness which is believed to be extremely vital for the child’s achievement and adaptive social functioning (Bradley & Corwyn, 2005). Also, the IT-HOME measures the acceptance and avoidance of harsh punishment because regardless of cultural differences in parenting belief and practices, harsh punishments are associated with negative child outcomes (Bradley & Corwyn, 2005). Furthermore, IT-HOME emphasizes the stimulation through learning materials and the parent’s involvement in the child’s learning (Bradley & Corwyn, 2005). Finally, the tool assesses the parent-child interaction which measures many of the parenting skills such as those identified by the American Academy of Pediatrics (AAP) including “regular positive attention, listening carefully to children and helping them learn to use words, reinforcing emerging desirable behaviors with frequent praise and ignoring trivial misdeeds; and modeling orderly, predictable behavior, respectful communication, and collaborative conflict resolution strategies” (Flaskerud, 2011).

**The Six Main Subscales of IT-HOME.** The first subscale is Responsivity, which refers to the extent to “which the parent responds to the child’s behavior, offering verbal, tactile, and emotional reinforcement for desired behavior and communicating freely through words and actions.” (Caldwell & Bradley, 2003). Acceptance refers to whether the parent accepts their child’s behavior even if it is not ideal and “the avoidance of undue restriction and punishment.” (Caldwell & Bradley, 2003). Additionally, Organization “refers to the extent to which there is...
regularity and predictability in the family’s schedule”, without leading to monotony to the child, and “to the safety of the physical environment, and to the utilization of community services as part of the family support system.” (Caldwell & Bradley, 2003). Furthermore, Learning Materials denotes whether the parents provide their child with “appropriate play and learning materials capable of stimulating development.” (Caldwell & Bradley, 2003). Involvement describes the extent to “which the parent is actively involved in the child’s learning and provides stimulation for increasingly mature behavior.” (Caldwell & Bradley, 2003). Finally, variety covers the child’s “inclusion in daily life of people and events that bring some variety into the child’s life”, without leading to the disorganization of the child’s daily life (Caldwell & Bradley, 2003).

**Scoring of the IT-HOME.** Since scoring is based on a binary design, home visitors either put a plus sign “indicating the presence of an item” or a minus sign “indicating the absence of an item” in case of observation, or based on the mother’s answers to the visitor’s interview questions beside each of the items under the six subscales (Munz, Wilson, & D’Enbeau, 2010). Research shows that the scores of these items alone “predict children’s future language and cognitive development, achievement tests, and success in school” (Munz, Wilson, & D’Enbeau, 2010). Choices should be made on the Record Form as quickly as possible, and visitors should write down their general impressions in the space beside each item on the Record during the implementation of the visit (Caldwell & Bradley, 2003). The number of pluses on the Record Form should finally be transferred to the Summary Sheet, then added to get the sub scores and the total score (Caldwell & Bradley, 2003). This makes the tool user-friendly to social workers who only need to put a plus or a minus beside each of the items on the tool. Also, due to the binary systems of the HOME inventories in general, interrater reliability tends to be high with an
average of interrater agreement scores of 89.6% for six studies (Munz, Wilson, & D’Enbeau, 2010).

**HOME and Social Work.** Research on international child protection cases have shown that during their work, cases were missing specific factual information on the problem itself and so they included only subjective distorted information on the cases based on personal views (Glad et. al, 2011). As a result, assessments of social workers usually end up being misguided by personal prejudices and professional expertise (Glad et. al, 2011). In a large study on child protection practitioners in Sweden, social workers used HOME as a standardized tool during their assessments of home visitations to study the clinical utility of the tool (Glad et. al, 2011). There were numerous ways of which HOME inventory helped the social workers improve their child protection investigations, and this included 1) the HOME tool provided them with appropriate information that explained the family’s situation, 2) it improved “visibility of child and child–caregiver interaction”, 3) it increased “objectiveness and transparency”, and 4) it affected the intervention strategies (Glad et. al, 2011). Finally, they also added that the HOME tool facilitated their visits through making relations easier with the parents, making them communicate better with them due to the “helpful format” of the tool that is easy to implement and can be used for follow-up, enhancing their own skills, and shortening the time of the investigation (Glad et. al, 2011). Therefore, the HOME Inventory has proven to be user-friendly for home visits with social workers in child protection investigations.

**The Current Situation in Egypt**

With a population of more than 94 million, Egypt is the country with the highest population in the Arab world and with the third highest population in Africa (Central Intelligence Agency [CIA], 2017). However, Egypt is interestingly a rather young country where more than
half of its population is under the age of 25 years, and precisely 33.21% are 0-14 years (CIA, 2017). Unfortunately, the Egyptian Demographic Health Survey (EDHS) of 2014, showed that 93% of children from the age of 1-14 years have been exposed to violent punishments, including physical and emotional punishments, by their parents and caregivers (El-Zanaty, Fatma H, 2014). This means that almost one third of the Egyptian population is being exposed to violence and abuse. Additionally, a cross-sectional survey of children in Egypt in the World Report on Violence and Health by the World Health Organization also revealed that a significant percentage of children reported being physically abused by the parents; 37% children have been beaten or tied up and 26% reported physical injuries as a result of being tied up or beaten, including unconsciousness, permanent disabilities and fractures (Krug 2002). Furthermore, Meinck, Cluver, Boyes, and Mhlongo (2014) found that between 60% and 80% of schoolchildren in Egypt had experienced corporal punishment sometime during their lifetime. Such alarming rates of child abuse in Egypt might be due to the economic situation of the country or the cultural acceptability of violence as a discipline practice.

Egypt is a lower middle income country, with more than 25% of its population below the poverty line (The World Bank, 2017). This prevalent poverty level unfortunately increases the prevalence of the various forms of child abuse within the household. In poor residential areas, the rate of child abuse becomes higher, where the lower the income level is, the higher the risk of child abuse (M. Ben-Natan et al., 2014). Socioeconomic factors have a direct effect on parenting practices and disciplining methods (Taylor, Spencer, & Baldwin, 2000). Several studies have identified low socioeconomic status as a factor contributing to child maltreatment (Widom & Hiller-Sturmhofel, 2001), where poverty is associated with physical abuse and increases the risk for physical child abuse because there is no sufficient income for the family, family members do
not have enough food, and their houses are overcrowded, especially in Africa (Meinck et al., 2014). Studies have shown that family units with four to five members living in the household and with unequal food distribution were also associated with physical abuse victimization (Meinck et al., 2014).

Culture is a multifaceted system of which parenting practices and beliefs may vary from a society to another, depending on various environmental conditions such as economic and political and this results in the societal difference between how parents perceive their children’s well-being and needs and how they react to them (Bradley & Corwyn, 2005). This means that parents may use corporal and physical punishment as a form of disciplining their children, believing that it is the “normal” way to react to their children. However, such form of violent childrearing is not acceptable, regardless of cultural acceptability. Unfortunately, violent disciplining whether physical or emotional is among the parenting practices that are culturally accepted within the Egyptian culture. Meinck, Cluver, Boyes, and Mhlongo (2014) explained the high rates of child abuse in Egypt to be because of the cultural acceptability of corporal punishment, stricter discipline, and more traditional family settings with clear hierarchical family structures. Societal factors such as lack of adequate health care systems and poor housing are also risk factors for physical and psychological child abuse (Maiter et. Al, 2004), and the existence of these societal risk factors in Egypt increases the prevalence of physical and psychological child abuse within households.

**Child Protection in Egypt**

**Laws and Practices.** The UN Committee on the Rights of the Child (CRC) considered the situation of child rights and child abuse in the Arab world, and highlighted the lack of any specific prohibition in domestic legislation of the use of physical punishment (Al-Fayez, Ohaeri,
and Gado, 2010). Not only is Egypt among the first twenty countries to agree on the Convention on the Rights of the Child (CRC), but also a Childhood Law in Egypt has firstly emerged in 1996, where it has been amended by the Egyptian Parliament to strengthen the children’s rights in the year 2008 ("Universal Periodic Review – Human Rights Council UNICEF Inputs - Egypt", 2010). The Child Law no. 126 for the year 2008 Article 3, Part 1 ensures “The right of the child to life, survival, and development in a supportive family environment, to enjoy various preventive measures, and to be protected from all forms of violence, or injury, or physical, mental or sexual abuse, or negligence, or negligent treatment, or any other forms of maltreatment or exploitation.” (The National Council for Childhood and Motherhood, 2008). Additionally, the Child Law mandates that Child Protection Committees (CPCs) are established “in every governorate and in district committees” ("Universal Periodic Review – Human Rights Council UNICEF Inputs - Egypt", 2010).

Unfortunately, the Child Law has not been “accompanied by necessary measures and resources” ("UNICEF Egypt - Child protection - Context"). Therefore, it is challenging for social workers and other child protection practitioners to intervene. In fact, the situation of children in Egypt is worsened because there are no existing preventive and responsive child protection services ("UNICEF Egypt - Child protection - Context"). Hence, identifying and preventing child maltreatment, as well as assessing the children’s environments are difficult tasks in Egypt, not only because of the cultural norms that support abusive disciplining, but also because of a lack of protocols for home visitation and family intervention. An existing “Egyptian social welfare policy is the policy of governments” that aims at providing the Egyptian citizens with services or income (Megahead, 2012). However, there are no standardized procedures in Egypt for providing families with those services, especially when it comes to child protection issues.
The History of Social Work in Egypt. Egypt has been regarded to be the leader of social work education and practice among the Arab countries, where professional social work started to emerge in Egypt in the 1930s, and a Ministry of Social Affairs (now called Ministry of Social Solidarity) was established in 1939 to improve the Egyptian living conditions (Mayadas, Watts, & Elliott, 1997). During the development of the field of social work and social welfare, Egypt went through three main stages, which were transmission, indigenization, and authentication (Nasr & Eltaiba, 2016). Transmission refers to transferring the Western models of social work practices and education and applying them in developing countries such as Egypt, while indigenization came along to describe the inappropriateness of imitating such Western models in countries that have different norms, values and needs and therefore highlighting the importance of adapting the Western models of social work to the country of which it is applied in (Nasr & Eltaiba, 2016). Currently, social work practices in Egypt are focusing on the authentication of social work theory and practice, which largely entails creating or building a local model of social work that considers the “social, cultural, political, and economic characteristics of a particular country” rather than transmission and indigenization (Nasr & Eltaiba, 2016).

Social Work Practices in Egypt. Social workers in Egypt are mainly based in the governmental entity the Ministry of Social Solidarity (MOSS) or in Non-Governmental Organizations (NGOs). Among the various means social workers can assess familial conditions in order to provide them with the necessary services are home visitations. However, there is no unified method for assessing parenting practices and determining the safety of children’s homes during the home visits in Egypt. Additionally, there is no standardized tool available to help child protection workers and social workers to make tough decisions about whether a child is at
risk and needs intervention. This means that home visits conducted by social workers are based on subjective assessments that heavily rely on each social worker’s individual efforts and perspectives. Therefore, the HOME inventory could act as a unified tool to assess the parent-child relationship and the environment of the child in his/her home during a social worker’s home visit.

**Purpose of the Study**

As formerly explicated, Egypt has a very high rate of child abuse, but currently there is no standardized tool available in Egypt for social workers to assess the home environment of the child and the needs of the child and his/her family. The HOME inventory is a tool that has been adopted internationally to evaluate risk in the home environment, identify what support parents of children might need and what services could be most useful in helping them to create healthier home environments and better relationships with their children. However, as there is no version available in Arabic and that is sensitive to the Egyptian context, this thesis will take aim at translating the Infant/Toddler HOME tool version (0-3 years old), and its administration manual, from English to Arabic, reviewing the Arabic translation of the tool and culturally adapting the tool while ensuring the content validity of each sub-scale. This thesis aims to adjust and build a tool that is socially, culturally, politically and economically appropriate to Egypt, to be used by social workers while implementing home visits; authenticate IT-HOME for use in Egypt. The result of this research will provide an opportunity for a culturally adapted assessment tool to be available for use by NGOs and governmental agencies in Egypt, providing access to a standardized tool that could be used by child protection practitioners in Egypt.
Methodology

In order to ensure that the HOME Inventory will be an effective tool for use with Egyptian families, the tool was 1) translated into Arabic; 2) assessed for content validity for the Egyptian context; 3) piloted by Egyptian social workers on Egyptian households; 4) tested for inter-rater reliability; and 5) evaluated for ease and appropriateness of implementation.

Translation

Initially, chapter two (Administering the Infant/Toddler HOME) of the Standard Manual for administering the HOME was translated from English to Arabic by a translator who is familiar with the terminology of the interview and observation areas of the inventory. This chapter includes the observation and interview questions, in addition to instructions on how to administer them. The translator of the inventory was knowledgeable in the English language, while her mother tongue was Arabic. The type of Arabic that was used was formal due to its nature of being written as a standardized tool. However, social workers implemented the tool verbally using Egyptian slang Arabic. Therefore, this translation took into consideration linguistic, cultural, and contextual information (Borsa, Damásio, & Bandeira, 2012).

Subsequently, the translated Arabic inventory was back-translated into English by a different translator. Back translation emphasizes the quality of the translation and should prove that the back-translated items of the inventory share the same meaning as in the English original one (Borsa, Damásio, & Bandeira, 2012). The translation and back translation were both conducted by well qualified translators who have prior experience in translating social work and child welfare materials. The comparison between the original English version and the back translated English version of the inventory were conducted by the researcher and an expert in the
field of child protection and social work who is a native English speaker. As the back-translated inventory seemed adequate, the expert panel to assess content validity took place.

**Content Validity**

As the HOME inventory was initially constructed in the United States, it is necessary to culturally adapt the tool so that it can account for Egyptian parenting beliefs and practices (Bradley, 2015). Previously, this tool has been culturally adapted in many countries, where experts first look at the items in each HOME dimension (there are six to eight item groupings for the different age-based versions of HOME) and then decide on whether the items seem appropriate for the specific culture that it will be tested in. Some items may be eliminated, kept, or even added to sufficiently capture a given dimension. After the adaptations have been made, the newly adapted HOME is piloted with real families, where data on the families and children are collected to help determine how well the new adapted version works.

In this research, an international NGO has agreed to collaborate with hosting any meetings at its premises, as well as recommending the social workers that implemented the home visits and conducted the IT-HOME. After the translation and back-translation were conducted, the Expert Panel took place at the premises of the international. The experts included 11 professionals, 8 females and 3 males, who are from different organizations, including both international and several local NGOs who work in different governorates in Egypt. The experts from the local NGOs mainly cover three different geographical areas in Egypt, which are Greater Cairo, Giza and Qalioubeya. All the experts are professionals who have extensive experience in social work, child protection, Early Childhood Development (ECD), early adolescence, and especially home visits. One member of the Expert Panel is an Egyptian who studied and worked
as a social worker in the UK. Her experience in conducting home visits in the UK using similar tools to HOME was extremely beneficial during the panel meeting.

The meeting lasted seven hours and began with a discussion of the objectives of the research and the purpose of the meeting. Informed consents were obtained and the history and purpose of the HOME Inventory was presented. The translated Arabic version of the IT-HOME was then thoroughly examined, reviewed and endorsed by the experts. Lastly, each subscale was defined and presented to the experts, where each item of the 45 items that are grouped into six subscales of the IT-HOME that are Responsivity, Acceptance, Organization, Learning Materials, Involvement, and Variety, was explored and edited for cultural appropriateness based on collective consent from all the experts in the meeting. For each of the subscales, the experts assessed content validity by asking whether each of the items seem appropriate for the Egyptian context and if there was a need to add or eliminate items or to adapt items in order to measure what the subscale is supposed to be measuring. This adjustment should help the inventory to better fit the Egyptian context and make it more useful for Egyptian social workers and other child protection practitioners to use in their interventions with families.

During the Expert Panel, there was fruitful discussion that occurred alongside culturally adapting the items on the IT-HOME tool. To begin with, while introducing themselves, some of the experts showed extensive expertise in the area of ECD, where they implement ECD programs in their workplace. Additionally, they have a specialized program in parenting that is called “Parenting Education”, consisting of 29 sessions that take place at a center for the parents, where they bring along their children onsite. Furthermore, the experts highlighted that they work hand in hand with the Child Protection Committees (CPCs). However, they introduced what they called the “Basic CPC” which is a self-driven protection committee in the NGO that reports to
the general and sub-general CPCs about cases of child protection issues, if they could not tackle it themselves.

**Social Workers Training**

The training lasted for a full day in the head office of the international organization. It was attended by three staff members of the organization, in addition to 14 social workers. Therefore, it was agreed that only those 14 social workers who attended the training will conduct the home visits. As a result, the sample was 42 IT-HOME forms, where each social worker aimed to conduct two home visits in addition to a third repeated visit for inter-rater reliability purpose. Two of the staff member attendees were the supervisors of the social workers, who acted as their focal points foreseeing and managing the home visits they conducted. One supervisor was responsible for five social workers who conducted the home visits in the governorate of Qalioubeya while the other was responsible for nine social workers who conducted the home visits in the governorate of Greater Cairo. Both supervisors attended as members during the Expert Panel, which gives them a credibility of being knowledgeable of the HOME Inventory, especially the IT-HOME. Having the supervisors from the international organization and having been members of the Expert Panel serves as part of the quality assurance of the home visits. The supervisors assigned each social worker with the homes that they visited to implement the IT-HOME, and which homes were visited twice for inter-rater reliability.

As suggested by members of the Expert Panel, the training initially started off with an introductory session by a child protection senior staff member of the organization. This session mainly discussed the child protection policy of the organization’s protocol, the importance of home visitations, and the protocol of conducting home visits which was similar to that described
in the administrative manual of the HOME Inventory and that served as a beneficial start and basis to follow up later during the day with the HOME training. The introductory session also highlighted and discussed the necessary skills and responsibilities for facilitating home visits. These included active listening, the ability to show empathy, clarification from the families, questioning skills, showing support, providing suggestions, initiation, confrontation, discontinuing when necessary, evaluation of the home visits and termination.

Afterwards, the HOME training session continued with a general description of the research followed by the informed consents. As the informed consents were signed and collected, the main part of the training session began. Initially, we started discussing the background of the HOME Inventory and then the specific description of the IT-HOME. As a group, we later went through the definition of each subscale of the IT-HOME and then thoroughly through explaining each of the items, where discussions followed each item with questions and answers. Next, we went through the informal interview sample and the structured interview sample provided in the HOME administration manual and culturally adapted as per the outcomes of the Expert Panel. Finally, the last part of the HOME training session was the role play. The roleplay included toys such as a child doll to act as the infant/toddler during the role play interviews; plastic bowling ball and pins, toy car that was tied with a rope for pulling purposes, superhero mask, puzzle, blocks, and toy flute piano for the Learning Materials subscale items; a plastic toy chicken as a bird pet for the Acceptance subscale items; and a children storybook for the Variety subscale items. There were two groups for the role play composed of three social workers each; one social worker acted as the mother, another acted as the home visitor, and the last acted as the infant/toddler while carrying the child doll, where each
group was subjected to a different scenario once with a caring mother and another with an uncar ing mother.

**Home Visits**

After the panel of experts has agreed upon a revision of the inventory, the fourteen trained social workers were recruited to administer the inventory in Egyptian homes. They went to visit three homes each where they pilot tested the IT-HOME which totals to the number of 42 home visits conducted. For the purposes of interrater reliability, the social workers visited one randomly selected home previously assessed by another social worker among their home visits. The scores of the two different forms for the same homes were compared in order to see if they are similar and measure their percentage of agreement. The number of homes that were visited twice for interrater reliability purposes were 12 homes. Therefore, 18 homes were visited once, whereas 12 homes were visited twice totaling in a sample number of 30 homes of which the IT-HOME was implemented.

**Selection of the homes.** Homes that were selected to be visited were those that are in the targeted geographical areas that were agreed upon with the international organization and have at least one parent with at least one child age 0-3 years living there. The social workers visited the homes during a time when the child was awake and spending a regular day at home. As instructed in the HOME manual, the social workers took the following steps (Caldwell & Bradley, 2003):

1. Contacted the families prior to their visits, explaining who they are and what kind of information is needed and that the inventory will take about an hour to be completed.
2. Informed Consent. Social workers took written informed consents of the parents prior to conducting the tool.
3. Warm up. The social workers spent little time at the beginning just getting acquainted with the mother and with the key child to break the ice, as the general style of the interview should be friendly.

4. Conduct the Interview/Observations. Social workers then proceeded with the IT-HOME tool’s questions and observations with the parent and his/her child.

5. Wrap up. The social workers completed the coding of the Inventory before leaving the house so that they do not have to rely on their memories.

**Implementation Evaluation**

After the social workers have conducted the home visits and the scores have been interpreted and inter-rater reliability tested, a feedback session meeting took place that included the researcher, 12 of the social workers, and two staff members of the international organization. One social worker from Qalioubeya and another from Greater Cairo (Giza), could not attend due to personal reasons. The feedback session took place in the head office of the international organization for three hours from 9 am until 12 pm in the form of a group discussion, where social workers were divided into three groups as per their geographical working areas: Qalioubeya (4 social workers), Giza (4 social workers) and Cairo (4 social workers). This meeting is considered to be of significant importance as it evaluated the home visits and the application of the IT-HOME inventories. During this meeting, social workers were asked to give their feedback on the home visits, including what they believe were the strengths and limitations during their implementation of the home visits. Finally, the social workers were asked whether they believe that the IT-HOME inventory could be considered a useful standardized tool to assess the homes of children within the Egyptian context and whether it could act an indicator for
what family interventions and services are needed. Questions in the feedback session included the following:

1) What are the advantages and disadvantages that you experienced while using the IT-HOME?

2) What was challenging during your implementation of the IT-HOME tool? At any point while conducting the IT-HOME tool, do you think there is anything that you have not done correctly?

3) What is your experience of implementing the IT-HOME tool while the child is present during the interview?

4) Do you think the HOME is a useful tool to your work? Why or why not?

5) Would you like to continue using the HOME tool during your home visits? Why or why not?

6) In practice, do you believe the IT-HOME tool was culturally appropriate to the Egyptian context during your implementation of the tool?

7) Do you believe the HOME tool could act as an indicator for what family interventions and services are needed?

8) Did you find the training useful in your application of IT-HOME during the home visits? Is there anything you would want to change in the training?

Results

Expert Panel

The expert panel discussion addressed three general areas: 1) whether there was a need for a home visitation tool in Egypt, 2) under what circumstances the tool should be used, and 3) what training was needed to make the tool effective.

Need for a Home Visitation Tool. When asked about whether they have a unified protocol or a standardized procedure to conduct home visits and what to ask the parents or what to observe, panel members confirmed that they do not. Therefore, they said that each social
worker conducts the home visit with no specific method and merely based on their personal efforts, hence all observations rely on the person him/herself and is basically subjective. Thus, the experts emphasized the importance of having a unified tool to be used during home visits, and showed interest in the IT-HOME. They also mentioned the particular importance of having a unified tool for children from 0-3 years, as there are no tools that address this age group.

During the meeting, the experts also discussed whether the culturally adapted IT-HOME tool would be piloted on homes with children with disabilities. There was a debate about this topic, especially due to the fact that experts believed it was important to include children with disabilities in the sample of the research. However, it was explained that in the Standard Manual of HOME that was written by Caldwell and Bradley, it was stated that “prospective users of the Inventory who have any reason to suspect that the target child has a disability that requires environmental modifications become familiar with the Disability Adaptations in order to be able to use one if the standard HOME appears inappropriate”. The Disability Adaptations are addressed in a different additional component to the regular HOME that is called DA-HOME, and which is not addressed in this research. It was finally agreed that since this research is culturally adapting the IT-HOME for children of 0-3 years, the tool might be appropriate for children with disabilities. The experts felt that even the parents sometimes do not recognize that their children have any disabilities at that age. As a result, it was decided that while home visits for children with disabilities would not be excluded in the sample of the research, they would also not be targeted.

Finally, the experts stated that due to the highlighted need of sensitive and effective observation skills of the social workers during the implementation of the home visits to conduct the IT-HOME, it is recommended that that training that will take place for the social workers to
include some soft skills. Such soft skills for the social workers may consist of listening, questioning, and observation skills to allow them to effectively conduct the IT-HOME tool. Therefore, it was agreed upon that during the social workers training day, there will be a part at the beginning of the day that will act as a refresher to those required soft skills, and this part would be adapted from the social workers training curriculum available at the partner international NGO, and will be provided by one of their staff members.

Translation. The translation of the tool, which basically consisted of the Summary Sheet and the Record Form was reviewed by the experts. Overall, there were a small number of minor changes that were mainly intended to make the tool’s language more user-friendly to the social workers. These were their recommendations:

- In both the Summary Sheet and the Record Form, instead of writing HOME in English letters, and the translation of “Inventory” and “Infant/Toddler” in Arabic, it was changed to include an Arabic name of the tool that translates to “The Child’s Home Environmental Observation” in Arabic and then putting (IT-HOME) in English.

The first section discussed below is changes that took place in the Summary Sheet as follows:

- “Summary Sheet” was changed to what translates to “The Visit’s Report”, as summary sheet is not common in Arabic.
- After the “Family composition” section, it was suggested to add a four-column table that includes “Name”, “Age”, “Relationship to the Child”, “School Year/Work” in Arabic.
- “Family ethnicity” was changed to “Nationality” in Arabic, as it is not common in Egypt to have different ethnicities, and it is rather usually different nationalities, if available.
- “Language spoken” was changed to just “Language” in Arabic.
• “Type of work when employed” was changed to “Type of Work” only in Arabic.

• “Current child care arrangements” was changed to “Who currently takes care of the child during the day?” in Arabic.

• “Summarize past year’s arrangements” was changed to “Who took care of the child last year?” in Arabic.

Second, the changes in the translation of the Record Form of the IT-HOME were as follows:

• The Arabic translation of “Plus” or “Minus” was changed to translate to “Positive” and “Negative” in Arabic as it made the concept of the scoring clearer as per the common understanding of scoring within the Egyptian social workers.

• “Interview” was changed to “Question” in Arabic, because it was felt that in Arabic, “interview” could be confusing as the whole visit was a sort of interview. Therefore, it was preferred to change it to “Question”.

• The letters “O” for Observation, “E” for Either, and “I” for Interview was changed to the Arabic letters that are the first letters of the words observation, either and question in Arabic.

• The Arabic translation of sub-scale “Responsivity” was slightly adapted in Arabic to a term that was more understandable because the initial translation of responsivity was misleading and was confused to have another meaning of “interrogation”.

• Item 2 was changed from “Parent spontaneously vocalizes to child at least twice” to “Parent spontaneously vocalizes to child at least twice during the visit” in Arabic, for added clarity.

• Item 21 was changed from “Child is taken to grocery store at least once a week” to “Child is taken to the grocery at least once a week” in Arabic, as it is more common to just say grocery in Arabic within the Egyptian context.
• Item 30 stated “Learning facilitators—mobile, table and chair, high chair, play pen”.

However, “mobile” was literally translated to a mobile in Arabic, which refers to a mobile phone. Therefore, the translation was slightly altered to indicate the children’s mobile toy intended.

Cultural Adaptation

• There was some information that the experts felt were missing and are considered important to have in the report as a reference to social workers about the status of the child within the Egyptian culture. Additional new questions in Arabic were added after the child care section in the Summary Sheet of the tool, as follows:
  - Does the child have a disability?
  - Type of disability
  - Does the child have a birth certificate?
  - The child’s health status
  - Does the child get his/her vaccines?

1) Responsivity

• In item 4, which entails that the “Parent tells child name of object or person during the visit”, the example of “Do you remember Miss Jones?” in the description was changed to “Do you remember your Aunt Manar?” in Arabic because neither the name Jones is common within the Egyptian culture nor the term “miss” within the specific targeted community. The term “Aunt” is usually more common, the experts indicated.

• While discussing item 11 that states “Parent responds positively to praise of child offered by Visitor”, the concept of the Evil Eye was discussed. Experts explained that parents worry about the Evil Eye, especially for boys where they might hide their boys inside so the visitor
would not see him. Therefore, it was emphasized that the visiting social worker must be sensitive to this issue when addressing this item. As this is an observation item where the visitor compliments the child and observes the reaction of the parent, the social worker must be smart and include words such as “mashaAllah”, “Allah Akbar” and “Allahoma sally ala el Naby” which are both religious and cultural statements said to prevent the evil eye.

2) Acceptance

- Item 13 was changed from “Family has a pet” to “Family has an animal or a bird”. The description was also altered where “goldfish” was changed to just “fish” in Arabic, and “hamster, as opposed to a captured grasshopper, a lame bird, or a jar full of lightning bugs” was eliminated, as those examples are not existent within the Egyptian context. Also, it was mentioned that chickens, ducks, geese and pigeons are all types of birds that will be accepted. This is because many Egyptian families within the targeted communities raise chickens, ducks and pigeons where family members feed them together with their children.

- Item 19 was changed from “At least 10 books are present and visible” to “Books are present and visible for acquaintance” in Arabic. The reason the specified number of 10 books was eliminated was because poor or illiterate families do not necessarily have all this number of books in Egypt. Also, the term “for knowledge” was added to emphasize that these books are books that are actually used by the parents or family members to read from and gain knowledge from, not like school examination study books that are usually archived for years among families for no useful reason.

3) Organization

- Item 23 that states “Child is taken regularly to doctor’s office or clinic” is changed to “Child is taken regularly to doctor’s clinic or the Health Unit”. The word office was eliminated as
doctors usually are in clinics not offices in Egypt. Also, the Health Unit, which is a governmental less formal health clinic, is added as it is more common for Egyptian parents to visit the Health Units regularly for their children than to visit the doctor’s clinic.

- Additional examples in the description of item 25, which entails that “Child’s play environment is safe” were added to include “bare electrical wire, match, lighter, nearby window, and medicines” in Arabic, as these are hazardous items that may be common in Egyptian homes.

4) **Learning Materials**

- Additional examples in the description of item 26, which states “Muscle activity toys or equipment” were added to include “plastic children’s weights, bouncy ball, walker, swing made of home-made material” in Arabic, as these are toys common within Egyptian homes and that are considered muscle activity toys.

- There were some alterations in the examples in the description of item 27, which states “Push or pull toy”. “Toy lawnmowers” were eliminated from the examples, whereas “small pull cars with ropes, plastic bicycle for pulling, plastic chair for pushing, car tyre for pushing or pulling” were examples that were added to the description, as these are toys common within Egyptian homes and that are considered push or pull toys.

- Item 28 was changed from “Stroller or walker, kiddie car, scooter, or tricycle” to “Walker, car, scooter, or tricycle”.

- Examples that were related to cowboys in item 29 that states “Cuddly toy or role-playing toys”, were removed. These were “cowboy suit”, and “cowboy boots”, as the concept of cowboys is not known or common among the Egyptian culture. However, an example was added to the description of the item, which is “superhero suit”. 
- Item 30 was changed from “Learning facilitators—mobile, table and chair, high chair, play pen” to “Learning facilitators—children mobile toys, moving toys, table and chair, high chair”. The “play pen” was eliminated because it would not exist in targeted areas due to their socioeconomic status, so not only would families not know what a play pen is, but they would not be able to afford it.

- Examples in item 31 that states “Simple eye-hand coordination toys” were altered, where “snap-lock beads” are eliminated, and “bottles with caps to open and close, jars with covers to open and close, puzzles” were added for cultural appropriateness.

- Some of the examples in item 32 that states “Complex eye-hand coordination toys” were eliminated, including the term “Lego” in “Lego blocks” and “nuts and bolts, Lincoln Logs, Tinker Toys, shape sorter boxes”. However, “shape sorting” was added an example, instead of specific “shape sorter boxes”. These changes were also for cultural appropriateness among the Egyptian context.

- Some examples in the description of item 33 that states “Toys for literature and music” were completely eliminated for cultural appropriateness, as tapes, CDs and tape recorders are old and especially uncommon within the Egyptian culture in the targeted communities. The eliminated parts of item 33 were examples “records, tapes and CD’s” and the whole part of “Although the “literature” part (books, talking records, tapes/CD’s) of this item seldom causes any trouble, the “music” part does. A tape recorder that the child may manipulate would be a perfect example in that both stories and music could be played on it.”.

5) Involvement
• In item 38 that states that “Parent structures child’s play periods”, the “corn popper” example in the description is changed to “blocks” in both instances as corn poppers are uncommon within the Egyptian culture, especially in the targeted communities.

6) Variety

• In item 41 that states “Father provides some care daily”, the example of “mother’s boyfriend” is eliminated as it is not culturally acceptable within the Egyptian culture, especially in the targeted communities.

• Item 42 has changed from “Parent reads stories to child at least 3 times weekly” to “Parent tells stories to child at least 3 times weekly”. Also, the description “This should refer to a children’s book or magazine and, except with young infants, should be more than merely turning pages of a magazine and saying words. If the parent says, “I don’t, but my husband or the older children do,” give credit for the item if the designated reader is old enough to be a true reader.” has been completely changed to “This should refer to the parent telling a story to their child”. The reason behind this change is because most, if not all, Egyptian parents within the targeted communities are illiterate. Therefore, it would be biased to keep the item unchanged, whereas telling stories to the child may still indicate the sub-scale “Variety”.

• Item 44 changed from “Family visits relatives or receives visits once a month or so” to “Family visits relatives or receives visits weekly or so”. This is because Egyptian families gather or visit with relatives at least once a week, specifically on Friday where the weekend in Egypt is on Friday and Saturday. If they do not meet once a week on Friday or Saturday, one expert said, “someone must have died”.

• Item 45 changed from “Child has 3 or more books of his/her own” to “Child has one book or more of his/her own”. The reason for this change is because it is actually unusual for children
this age to have their own books within the Egyptian culture, especially in the targeted communities for socioeconomic reasons. Parents usually buy books for their children when they are at an older age, and specifically for studying purposes and practicing for their exams.

**Feedback Session**

Initially, the social workers stated that they all met as separate groups after the training they attended at the organization. During this meeting, they had practiced prior to conducting the real home visits, where some of them discussed the items on the IT-HOME together and performed role plays among each other in each of the groups. One social worker from Greater Cairo even said that she performed the IT-HOME with her adult daughter and infant/toddler granddaughter as a form of practice. Social workers from Qalioubeya also mentioned that they discussed the toys in the Learning Materials subscale and items 13-18 on the IT-HOME. Afterwards, the social workers explained the methods they used to take appointments from the families for the home visits. Some social workers indicated that they called the mothers over the telephone to set up a time, while others had to physically go to the mothers in their homes for an introductory meeting that usually lasted for 10-15 minutes where they explained the purpose of the main visit and set up a time for it.

Lastly, each question of the eight feedback questions was displayed on a screen and the attendees had ten minutes to discuss their answers among their groups and then one member of each group presented their answers while I took note of them.

**Advantages of using IT-HOME.** When the social workers were asked about the advantages they experienced while using the IT-HOME, they first mentioned that many of the mothers said they were very happy to be contributing to the research and helping, where they
also said that informed consents made it easier for them to conduct the visit because the mothers knew the purpose of the visit and the tool. It was indicated several times that the tool built mutual trust between the social worker and the family, which helped develop communication and spontaneity during the home visit. Also, the social workers stated that the age group of the tool was an advantage as there are no available tools for infants and toddlers. They also mentioned that the items on the IT-HOME whether questions or observations were inclusive of both the child’s and mother’s behaviors which helped the social workers form a complete picture about the children and their relationship with their mothers during their home visits. Additionally, most of the social workers highlighted that the questions on the IT-HOME gave the mothers an opportunity to think about their children, their development, protection and any wrong ideologies and discuss them with the social workers. In fact, they said that “families wanted to participate with the tool to benefit and learn about the best ways to raise their children”.

Furthermore, the tool also provided observations of the child’s development from a child protection perspective, as indicated by several social workers, where they could measure forms of danger or neglect that the child might be subjected to. The social workers also added that an advantage of using the IT-HOME was to know how the mother cares for her child through the observation of their interaction together. Additionally, they highlighted the fact that the tool worked on to what extent the father is available with his child and they considered this an important advantage because they said it is uncommon to question the father’s existence as a parent in the home with his child. Also, advantages of using the IT-HOME included that the observations on the tool were more than the questions which created a rather “quieter” and more focused home visit that entailed less questioning and more interpretations. Also, they said that the tool was easy to use given its binary nature of providing only either a plus or minus sign.
without needing to fill out texts like other tools. In addition, the social workers indicated how inclusive and integrated the IT-HOME tool was for observing the child, the child’s environment, the mother, and the interaction between the mother and the child. Finally, it was mentioned that the standard manual which includes the administration manual of both the HOME in general and the IT-HOME specifically was inclusive of all instructions that were needed by the social workers.

**Disadvantages of using IT-HOME.** The social workers indicated a few disadvantages experienced during their implementation of IT-HOME in their home visits. They specified that one mother felt worried about having the child there during the home visit while implementing the IT-HOME. In addition, several social workers agreed that a major disadvantage was the telephone number that the visit report required to be filled out, as mothers were suspicious to give out their private telephone numbers on the report.

**Challenges during the implementation of IT-HOME.** When the social workers were asked about what they found challenging during their implementation of the IT-HOME tool, they said that they mostly worried about applying the tool exactly as it is because it was new to them. However, they further elaborated that this feeling got better and they felt more accustomed to the tool during and after the home visit. They also added that the time limit of 45 minutes to 1 hour was too tight for the home visit, and they sometimes needed from one hour fifteen minutes up to two hours for a sufficient home visit to efficiently implement the IT-HOME tool. Additionally, the social workers mentioned that sometimes fathers disapproved of the home visit and did not allow the social workers to conduct the visit, where once a mother told the social worker to come by when her husband was not at home. However, it is worth mentioning that one of the times
where the fathers refused the home visit, the social worker was a male and was going to interview the mother alone, something that can be seen as inappropriate in Egypt.

Furthermore, in addition to the telephone number issue that was previously mentioned in the disadvantages faced by the social workers using the IT-HOME, they also stated that having a “family name” that needs to be filled out was quite challenging. They explained that a few mothers felt embarrassed and ashamed to give out the family name of their children, as if this indicated they were categorized as families who receive help and assistance, whereas they would have felt more comfortable just providing their children’s full name. In general, the data asked for in the home visit report were somewhat troublesome to some of the mothers, however they still provided them. Some mothers were initially afraid and refused to have the home visits, which is due to their unsuccessful prior experience with ineffective interventions by other NGOs that disappointed the mothers, as explained by the social workers.

Other challenges faced by the social workers during the implementation of IT-HOME included the mothers’ difficulty in understanding the questions asked, which made the social workers study and prepare well for the interview questions and to ask in a suitable and acceptable way. Question number 12 that entailed violently punishing the children was challenging to some of the social workers, where they had to improvise the way the question is asked because mothers were sometimes bothered by the question as it put the mother’s negative behavior on the spotlight. Additionally, some of the social workers stated that questions 14 to 18 were confusing as they were in the negative sentences form, so the social workers were unsure when to provide a plus and when to provide a minus. However, they read the items again and the manual to make sure of their answers. Also, one social worker misunderstood the role-playing toy item for a child who was role-playing with her sister, which was clarified during the session.
Finally, the social workers mentioned that it was challenging when there was someone other than the mother during the home visit, where one social worker said the grandmother was attending during the home visit and was excessively controlling.

**The presence of a child during the home visit.** The social workers were asked about their experience of implementing the IT-HOME tool while the child is present during the interview. Although the social workers said that they were worried about asking the mothers for their child to be present and awake during the interview, but the feedback was mainly positive and having the child present during the interview had many advantages. Having the child present made the interview easier, providing a friendlier environment between the social worker and the mother where they could “talk about the child during moments of silence”, indicated the social workers. Additionally, most of the social workers agreed that having the child present during the interview allowed them to observe the actual interaction between the mother and her child, reducing the chance of fabricated answers. Social workers observed how caring the mothers were towards their children and how engaged the mothers were with their children during the social workers’ presence. Therefore, most social workers agreed that the IT-HOME made it easier for the social workers to observe the child’s home environment, especially children during the age of 0-3 years who are infants/toddlers, from a child protection perspective.

**The usefulness of the IT-HOME as a home visiting tool.** All the social workers agreed that the IT-HOME is a useful tool to their work. They stated that the IT-HOME added knowledge and expertise, both personally and professionally, in working with children aged 0-3 years who are infants/toddlers, because “children aged 0-3 are marginalized” and kept inside their homes, the social workers said. Also, several social workers added that the tool enhanced their observation skills as they needed to observe many issues during the home visit. Many social
workers also stated that the tool supported their work of evaluating and studying the families and children due to the unified nature of the tool that consists of standardized questions and observation items rather than random ones. Additionally, social workers also mentioned that the tool helped build the relationships between them and the families, where they highlighted the importance of the warm up and the wrap up during the home visit. Finally, the social workers stated that they found the tool useful as an indicator to the necessary interventions with the families, especially from a child protection perspective where they suggested that the tool can be used by Child Protection Committees (CPCs).

Readiness to continue using the IT-HOME tool during home visits. When the social workers were asked whether they would like to continue using the IT-HOME tool during their home visits, they all agreed that they would. In fact, the social workers highlighted that they want to get introduced to the other versions of the HOME Inventory to be able to use the HOME for all other age ranges. They especially emphasized the importance of the IT-HOME as an effective home environment measurement tool that is inclusive and integrative for children aged 0-3 years as there are no tools available for that age. They claimed that the IT-HOME tool was immensely useful both on a personal and professional level. Additionally, the social workers said they are willing to continue using it during the home visits because families showed interest and readiness to collaborate. They also mentioned that the IT-HOME tool can help them evaluate other programs they are working with such as Early Childhood Development (ECD) and parenting programs, where they can add topics in the parenting programs according to the subscales and items on the IT-HOME tool.

The cultural appropriateness of the IT-HOME to the Egyptian context. The social workers were asked whether they believe the IT-HOME tool was culturally appropriate to the
Egyptian context during their implementation of the tool, and they agreed that the IT-HOME tool is suitable within the Egyptian culture, as the questions and observation items are appropriate. They said that the questions in the tool were not sensitive and did not embarrass the social workers or the parents, further saying that “parenting is the same across all cultures”, where it is important to ask the questions in an appropriate way that would make the families comfortable and willing to answer. Finally, the social workers emphasized that increasing and broadening the examples in the items of the tool provides alternatives to both the social workers and the mothers, except for the item that included a muscle toy which was mostly negative during the home visits they conducted.

The IT-HOME tool as an indicator for family interventions. The social workers were asked whether the IT-HOME tool serves as a possible indicator for the necessary family interventions and services, where they collectively agreed that it does. In fact, they further indicated that the IT-HOME tool “serves as a database to the needs of the families”. Since the IT-HOME tool focuses on the needs of the child other than basic ones such as vaccines or nutrition, many social workers added that the IT-HOME tool helps identify the appropriate interventions for the mothers. Such interventions include awareness raising of child rights and child protection, workshops, and financial support, said the social workers. Moreover, they mentioned that the IT-HOME items concerning the punishments of the mothers may imply that the child is in danger, so it supports identifying any sorts of danger or neglect towards the child.

The social workers said that the IT-HOME tool serves as a “child protection tool” that is considered as a scale of the child’s upbringing and its effect on the child, especially that it evaluates the critical age of 0-3 years where the child does not interact with society. They believe that the IT-HOME tool could be an efficient tool to be used by Child Protection Committee
(CPC) members as the tool measures the safety and stability of the environment of which the child grows up, in addition to measuring the extent of the child’s exposure to danger, whether the child is being subjected to violence or abuse, and if the child is taking his/her rights. Also, the tool measures the relationship of the mother with the child during the age of 0-3 years which is a very critical age and there are no available tools that evaluate risk of this age, the social workers said. Finally, the tool assesses the presence of the father in the family and with the child, which the social workers believe can help determine the type of intervention the family may need.

**The usefulness of the training.** To finish the feedback session, the social workers were asked whether they found the training useful in their application of the IT-HOME tool during the home visits, and they stated that they found the training to be very useful. The social workers mentioned that learning about the warm up and wrap up during the home visit, ways of dealing with the families, and methods of observation were among the most useful things they have learned during the training. Additionally, they added that they also benefited from the simplicity of explaining each item on the subscale of the IT-HOME and how to ask the questions, and specifically the role-play at the end of the training session.

Finally, the social workers were asked if there is anything they would want to change in the training. The main issue they mentioned was the shortness of the training, where they suggested that it should be over the course of two days instead of one. Specifically, they indicated that due to the importance of the role-play and how much they benefited from it, they suggest having one full day as training and another full day as role-play in the future. This way, each trainee gets the chance to participate in the role-play and to also allow more time for discussion, as they said that the discussions following the role-play were among the most useful things about the training.
Scoring of the IT-HOME

The IT-HOME inventory was implemented during 42 home visits, 12 homes of which were visited twice for interrater reliability purposes. Therefore, in total, 30 visits took place. In order to provide one value for the 12 homes that were visited twice, the average of both scores for each item was calculated. All items for all IT-HOME inventory were completed, except for one tool that had two items missing, and therefore those two items were excluded from the calculation of the percentage of agreement for the interrater reliability.

Interrater Reliability. The percentage of agreement of IT-HOME inventories conducted was 79% in this research. The range of percentage for sub-scale Responsivity was 55% to 100% with an average of 77%, sub-scale Acceptance was 38% to 100% with an average of 74%, sub-scale Organization was 50% to 100% with an average of 89%, sub-scale Learning Materials was 44% to 100% with an average of 74%, sub-scale Involvement was 50% to 100% with an average of 76%, and sub-scale Variety was 80% to 100% with an average of 95%. However, it is worth mentioning that the lowest percentages of agreement were specifically in two homes (surveys 26 and 29) where the two social workers scored very differently. As shown below in Table 1, survey 26 has a low percent of agreement of 67%, while survey 29 has the lowest percent of agreement of 62%.
Table 1

*Percentage of Agreement of the 12 home visits*

<table>
<thead>
<tr>
<th>Survey</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
<th>30</th>
<th>AVRG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Match</td>
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<td>35</td>
<td>34</td>
<td>35</td>
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<td>34</td>
<td>45</td>
<td>28</td>
<td>36</td>
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</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>43</td>
<td>45</td>
<td></td>
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<tr>
<td>Percent of Agreement</td>
<td>%</td>
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</table>

Table 2

*Mean, Standard Deviation, and Median scores of IT-HOME Inventory conducted in 30 homes*

**Infant/Toddler HOME (IT-HOME)**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Number of Items</th>
<th>Mean</th>
<th>SD</th>
<th>Median</th>
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<td>Responsivity</td>
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<td>8.2</td>
<td>1.5</td>
<td>9</td>
</tr>
<tr>
<td>Acceptance</td>
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<td>4.3</td>
<td>1.7</td>
<td>4</td>
</tr>
<tr>
<td>Organization</td>
<td>6</td>
<td>4.9</td>
<td>1.1</td>
<td>5</td>
</tr>
<tr>
<td>Learning Materials</td>
<td>9</td>
<td>5.7</td>
<td>1.7</td>
<td>6</td>
</tr>
<tr>
<td>Involvement</td>
<td>6</td>
<td>3.2</td>
<td>1.5</td>
<td>4</td>
</tr>
<tr>
<td>Variety</td>
<td>5</td>
<td>3.0</td>
<td>1.0</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>45</td>
<td>29.3</td>
<td>5.5</td>
<td>30</td>
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</table>
Discussion

The IT-HOME tool was culturally adapted with several revisions that were recommended by the child protection experts during the Expert Panel in order to be appropriate to use within the Egyptian culture. Such revisions included reviewing the Arabic translation of the tool and making it more user-friendly, changing items and examples that were Western into Egyptian ones, and expanding the list of item examples to include those that are found within Egyptian homes and in homes that are of lower socioeconomic statuses. During the social workers training, the social workers who participated in this research expressed their willingness to use the IT-HOME tool during their home visits. The IT-HOME received positive feedback from the social workers as they felt it helped them structure their home visits, facilitated their interviews with the parents, and built a mutual trust between them. It was also reported that families readily agreed to participate with the IT-HOME and cooperated in its completion. Social workers found that the approach of assessing the children within their home environments was helpful in judging the risks that the children are subjected to and their welfare. The tool also assisted the social workers in recognizing families at risk, assessing the child’s needs, and identifying the necessary interventions that are appropriate for the families. Finally, the social workers agreed that they would like to continue using the IT-HOME tool during their work with home visits and recommend using the other versions of the HOME Inventory too. To assess the reliability of the tool, interrater reliability was calculated for the completed IT-HOME assessments. It was found to be adequate, with 79% agreement between raters.

The Need of Importing a Standardized Tool

During the Expert Panel, professionals confirmed that there were no available unified tools that are used during the social workers’ home visits. They explained that this has caused the
home visits to be subjective where if two social workers visited the same house at separate times, their reports would be vastly different. The nonexistence of unified standardized assessment tool increases the possibility of subjectivity and uncertainty during the assessment of the child’s situation while conducting home visits (Glad et. al, 2013). Therefore, a standardized tool was necessary to use within the Egyptian society for child protection social workers implementing home visits. If there are no unified tools in a country, translating and adapting a tool developed and used in other countries is regarded as an effective strategy (Glad et. al, 2013). In fact, during the social workers feedback session, the social workers stated that the most important advantage they found from using the IT-HOME was having a standardized tool that allows them to follow a specified protocol while conducting their home visits. They were required to observe specific behaviors and ask for precise information. Not only did the social workers believe that this facilitated the interview process, interrater reliability was generally good. Therefore, adapting the IT-HOME has proven to be effective for facilitating home visits in Egypt.

Translating the tool without taking cultural differences into account is not advisable (Glad et. al, 2013), which is why professionals validated the translation of the tool during the Expert Panel and rephrased a number of the items on the summary sheet of the tool and also the tool itself and its standard administration manual. For instance, the Arabic language was changed to be more user-friendly, and some Western names and examples were changed into Egyptian ones in order to better suit the Egyptian culture, which was easy for the professionals to execute. However, there were challenges in the translation that surfaced after implementing the tool during the home visits. During the feedback session, the social workers indicated that questions 14 to 18 in subscale Acceptance such as “Parent does not shout at child” or “Parent does not express overt annoyance with or hostility to child” were very confusing when they were
translated into Arabic because they were in the negatively phrased. They reported that they
during the implementation, the negative sentences form confused them as they were not used to
having negative sentences in reports in Arabic. So, the social workers were unsure when to
provide a plus and when to provide a minus. However, they read the items again and the manual
to make sure of their answers. Therefore, it is recommended to keep the same negative phrasing
of the items as it is in order to keep the logic of the tool; the higher the score the better indicator
because providing a plus sign is considered positive and vice versa.

Cultural Competence as opposed to Cultural Humility

At the beginning of the research, I was hesitant about whether there would be readiness
and acceptance from both the social workers and the families to participate in the research, as I
thought that assessing children aged 0-3 years of age would not be of much interest because this
age is marginalized in the community. I was also uncertain whether the HOME tool subscales
and items were culturally relevant to Egypt. For instance, because I already knew that there was
a surprisingly high rate of 93% of children exposed to violence from the age of 1-14 years by
their parents and caregivers (El-Zanaty, Fatma H, 2014), I expected to find that the Responsivity
sub-scale items such “Parent spontaneously praises child at least twice”, “Parent’s voice conveys
positive feelings toward child”, and “Parent caresses or kisses child at least once” would not
capture Egyptian parenting styles. However, this was not the case. In fact, during the social
workers training, participants showed a lot of interest in learning about the tool and how to apply
it. While discussing the Responsivity sub-scale items mentioned above, I was unsure about the
items and asked the participants whether they believe they could find such behaviors in the
homes they usually visit, and the social workers confirmed saying “of course, the parents love
and adore their children” and added “remember, this is the most fun age where sometimes all
what parents do with their children is play with them and caress them”. On another note, during
the Feedback Session where the social workers were discussing the home visits they conducted
for the research, they said that the mothers were exceptionally happy to participate in the
research. The reason behind their happiness and readiness to participate was not only because
they were going to be helping out and contributing to a research, but also because mothers
wanted “to benefit on how to deal with their children”, they said. A social worker further
commented to the researcher saying, “parenting is the same across all cultures”.

Such results were eye-opening; I found that although I knew facts and numbers about
certain practices of a specific community, this research proved that I should better understand the
complexities of individual and cultural differences by not entering a community believing I
know everything about them. I thought I was culturally competent but I had developed a flawed
sense of confidence about my knowledge of individuals or families of different cultural
backgrounds (Ortega & Faller, 2011). Therefore, I needed to practice cultural humility which
involves self-awareness, openness and transcendence, allowing workers to become liberated
from the confined knowledge that they might have about certain cultures (Ortega & Faller,
2011). Self-awareness is the realization that workers should use their individual knowledge about
themselves to analyze their biases that could affect their attitudes and behaviors towards learning
from their clients, openness is comprehending the fact that a person cannot know everything
about other individuals and cultures where there are always experiences that influence such
knowledge, and transcendence is the awareness that by even appreciating a family’s cultural
expertise workers cannot fully understand what could be known of a certain culture (Ortega &
Faller, 2011).
During this research, cultural humility has taught me to not only consider cultural
difference, but to also become freed from the restricted concept of expert knowledge. Therefore,
I should not have presumed that parents would not be interested to participate in the research,
would care about their infants and toddlers, or embrace them much during the interview, for
example, because of the evident high rates of child abuse in Egypt. Also, during the discussion
about the availability of toys in the subscale Learning Materials, I also assumed that given the
high rate of poverty and the young marginalized age of the children, parents would not trouble
themselves to buy toys to their children. However, it was inspiring when social workers told of
the examples of the toys available at the children’s homes that are handmade by their parents and
of the most economical materials.

**Cultural Adaptation and Content Validity**

When transferring a tool across cultures, an evaluation of its clinical utility, such as the
tool’s validity and reliability, within the new context should be taken into consideration (Glad et.
al, 2013). During the Expert Panel, for each of the IT-HOME tool’s subscales, professionals
assessed content validity by evaluating whether each of the items seem suitable for the Egyptian
context and if there was a need to add, eliminate, or adapt items in order to measure what the
subscale is intended to be measuring. Initially, experts added some items in the Summary Sheet
of the IT-HOME tool that although could be regarded as irrelevant to the HOME Inventory in
general, but they felt that these items address important child protection issues and so they add to
the comprehensiveness of the tool while being used in Egypt. For example, these items included
“Does the child have a birth certificate?” as there is a reported rate of 1% of the children in
Egypt who do not get registered at birth (CIA, 2017), which may be due to the lack of awareness
of the importance of birth registration among parents or the difficulty in accessibility and hence
the high cost of the registration (UNICEF ESARO, 2010). The Convention on the Rights of the Child states that every child has the right for a name and nationality, hence a birth certificate (“UNICEF, Every Child’s Birth Right”, 2013). Children who do not have a birth certificate are not only affected by being denied education or healthcare, but also as they are not registered, they may get engaged in child labor or child marriage and cannot be traced to receive their rights (“UNICEF, Every Child’s Birth Right”, 2013).

Another item that was added by the Expert Panel was “Does the child get his/her vaccines?”, which is particularly important because up until 2015, only 91% of children aged 18-29 months have been reported to be vaccinated and that endangers 9% of children in Egypt (“UNICEF, Children in Egypt: a statistical digest”, 2015). Additional items that were added were “Does the child have a disability?” and “Type of disability”, because there is a prevalence of 1.2% of the Egyptian population living with some type of disability (World Health Organization. World Bank, 2011). Additionally, the United Nations Convention on the Rights of Persons with Disabilities requires countries to “collect appropriate information, including statistical and research data, to enable them to formulate and implement policies” (Cappa, Petrowski, & Njelesani, 2015). Therefore, the question of whether the child has a disability and what kind of disability he/she has was necessary to add onto the tool.

For the content validity of the tool, the Expert Panel went over all the subscales and their respective items to adapt the items into culturally appropriate ones within the Egyptian society while still retaining the general characteristics of the items. As advised by Robert Bradley, author of the HOME Inventories, when asked about the cultural adaptation process for the HOME tools worldwide, he recommended to go through each item and decide whether it is appropriate for the intended country because each culture is different, and then change the items accordingly while
capturing the original dimension for each subscale. Also, Jolien Zevalkink, who worked on culturally adapting the HOME in Indonesia as part of her research, has advised that they changed the items based on the economic and cultural differences (Zevalkink, Riksen-walravenn, & Bradley, 2008). For example, she mentioned the item “Child has at least three books” had been changed to “Child has at least one book” because children in that group rarely had books, so they scored yes if they had one book or more. Therefore, in this research the same procedure took place. For instance, the item “Family has a pet” has changed to “Family has an animal or a bird” and included new examples such as pigeons and ducks. It is common among Egyptian families with lower socioeconomic status to raise birds in their roofs in order to eat them or sell them in order to save money. Therefore, social workers find it common in the homes they visit to have those birds. Although they might not be considered as the Western ideology of a pet, but the family still caresses for the birds with their children, where it is common for grandparents to take the children and feed and play with the birds together, and it so this serves the aim of the item on the tool.

Additional cultural observations were reflected during the social worker feedback session where social workers described that during the home visits, among their main challenges was that mothers were especially disturbed when they were asked about both their private telephone numbers and their children’s family names. The reason behind this was because not only this has caused cultural discomfort in disclosing private information, but also mainly because they felt ashamed and embarrassed to give their family name and be considered as one of the “beneficiaries”, the social workers explained. This shame is related to being receiving assistance which means the family is in need or poor, so this would lower the social status of a family among other families. Therefore, the family pride should be taken into consideration while
conducing the IT-HOME, where the family name item should be eliminated and the child’s name should be written in full instead.

Furthermore, there were religious and cultural considerations while conducting the discussions during the Expert Panel. Egypt is a country where religion is taken as a priority and all the population belongs to a religious affiliation, where 10% of the Egyptian population is of Christian faith and 90% are Muslim (CIA, 2017). For instance, there was an item that stated “Parent responds positively to praise of child offered by Visitor”. In Egyptian culture, praising a child is seen as putting the child at risk of being envied and therefore at risk of being looked at with the Evil Eye and getting jinxed, and so professionals emphasized the importance of saying protective religious words during the visit such as “MashaAllah” (God has willed it) or “Allahu Akbar” (God is great) that show that the visitor is not intending an Evil Eye towards the child. The Evil Eye has both cultural and religious roots in Egypt and Islam, among many other societies, so they had to be put into consideration while conducting the home visits. In a study that analyzes cultural and socioeconomic differences in parenting as exemplified by various versions of the HOME Inventory, the belief in the Evil Eye has been observed in several societies where it was mentioned that body contact as means of responsiveness were not appropriate as it could lead to the risk of the child being jinxed and looked at with the Evil Eye (Bradley & Corwyn, 2005).

Additionally, further cultural and religious considerations were explicated through the item “Father provides some care daily”, where the father in the standard administration manual of the tool was described to include examples of the figure of the father himself, the mother’s boyfriend or the male figure in the family such as uncle or grandfather. During the Expert Panel, the professionals eliminated the example of “mother’s boyfriend” because it is considered
culturally and religiously inappropriate in Egypt for couples to live together without being married, hence it cannot be stated down as an option. Finally, another cultural and religious issue was reflected during the social workers feedback session when the social workers mentioned the instance where a father refused to allow the social worker to conduct the home visit because the social worker was a male and was going to interview the mother. Therefore, it is quite important to take into account the gender of the social worker and whether families would feel comfortable with same sex versus social workers of the opposite sex conducting the home visit. On another note, the social workers admired the item “Father provides some care daily”, as they found it to be uncommon in the Egyptian culture to emphasize the father’s role in the child’s life. However, research in other cultures has shown that a father’s presence in the home and involvement with the child, especially during the infant and toddler years, has proven to be immensely beneficial for children’s cognitive and emotional development and academic success (Gottman & DeClaire, 1997). Since the Egyptian version of IT-HOME was seen as a teaching tool by both the social workers and the mothers they interviewed, this item may be an opportunity for promoting greater father involvement in child rearing.

Other cultural adaptations were observed when the item “Family visits relatives or receives visits once a month or so” in the Variety sub-scale was changed to “Family visits relatives or receives visits weekly or so”. Experts explained that this is because Egyptian families meet with relatives at least once a week, specifically on Friday as the weekend in Egypt is on Friday and Saturday. In fact, one expert exclaimed that if they do not meet once a week during the weekend “someone must have died”. One of the reasons behind such a value of families sacredly meeting once a week is due to the collectivistic nature of the Egyptian culture according to Hofstede’s assessment of individualism as opposed to collectivism, where in a collectivistic
society, individuals work more in groups and groups, hence families, are prioritized (Elsaid & Elsaid, 2012). Additionally, another implication of the collectivistic nature of the Egyptian culture was reflected during the social workers feedback session when the social workers mentioned that one of the challenges they faced during the home visits was that another member of the family was present during the interview. Research shows that children who are raised and surrounded by extended and multi-generational families, especially existing in non-Western communities, are largely influenced by older and more experienced women (Aubel, 2011). During the homes visits, the social workers confirmed that when grandmothers were attending the home visit, they were excessively controlling and interfered numerous times during the interview. This implies that grandmothers have an influential role with child rearing in Egypt. This might have an effect on the subscales of responsivity and acceptance of the IT-HOME tool, as the grandmother can show different behaviors towards the child than the parent while having an effect in raising the child. Therefore, social workers should take into consideration the extent of the involvement of the grandmother in raising the children by asking the parents.

**Poverty as an Influential Factor**

Egypt is a lower middle-income country, so economic factors and financial constraints also needed to be taken into consideration while culturally adapting the IT-HOME tool since more than quarter of the population is below the poverty line (The World Bank, 2017). For example, some families could not afford to pay a doctor’s fee and are not insured, so the item “Child is taken regularly to doctor’s office or clinic” is changed to “Child is taken regularly to doctor’s clinic or the Health Unit” because a Health Unit in Egypt is a less formal governmental health care facility that provides public medical assistance to the population and so is more
Another factor related to poverty is the high rate of illiteracy. The number of people in the Egyptian population aged 15 years and older who can both read and write is only 73.8% (CIA, 2017). To account for this, the expert panel also changed item “Parent reads stories to child at least 3 times weekly” to “Parent tells stories to child at least 3 times weekly”. They stated that is very common for parents to tell stories to their children, especially Egyptian fairytales such as “Goha”, “Alf Leila w Leila” and “El Shater Hassan”. The IT-HOME tool indicates that the subscale of which this item is listed, Variety, mainly involves the extent of which people are included in the child’s daily life to bring some variety into the child’s life without disorganizing it (Caldwell & Bradley, 2003). Therefore, it would be prejudicial to limit this item to reading among the targeted families who care to tell stories but are unable to read, as it serves the same purpose.

Furthermore, all examples from the tool that were too Western or too expensive were eliminated from the tool during the Expert Panel. In fact, new creative and innovative examples were added to broaden the choices for the items on the subscales in order to include as many sets of examples of families and homes of the Egyptian society. This procedure also took place in the study in Indonesia where they expanded the definition of toys and any other play materials in the HOME tool they used in their research (Zevalkink, Riksen-walravenn, & Bradley, 2008). For instance, they used a spoon to play with or things to stack, instead of building blocks such as Lego, as long as the child was stimulated to play and use materials in the area described such as fine motor movement or music. Similarly, in this research examples of items on the Learning Materials sub-scale were altered to include things that could be hand made by the parent using
minimal financial means and common within the Egyptian culture in the targeted communities. For example “Muscle activity toys or equipment” item now includes “plastic children’s weights, bouncy ball, walker, swing made of home-made material”, “Push or pull toy” item now includes “small pull cars with ropes, plastic bicycle for pulling, plastic chair for pushing, car tyre for pushing or pulling”, and in item “Simple eye-hand coordination toys” the example of “snap-lock beads” was eliminated and “bottles with caps to open and close, jars with covers to open and close, puzzles” were added instead.

**IT-HOME and the Ecological Level of Analysis**

Urie Bronfenbrenner’s ecological levels include individuals, microsystems, organizations, localities, and macrosystems, all contexts which can influence the development of a problem such as child abuse, and which can be used in developing interventions to solve that problem (Dalton, Elias, & Wandersman, 2007). Microsystems are the environments where a person participates repetitively in personal interactions with other people such as families or classrooms, also where people develop interpersonal relationships and take on social responsibilities and engage in activities (Dalton, Elias, & Wandersman, 2007). The HOME Inventory utilizes the microsystem level through assessing the children within their own home environments and assessing their relationship with their parents (Totsika & Sylva, 2004). As these home environments are influenced by macrosystems such as culture, this research valued the importance of the need to adapt the tool.

The HOME Inventory was initially developed to reach out to the families in their own home to fully comprehend the child’s most important and guarded environment, that is the child’s family and home, as the home visits provide vivid details that help grasp the child’s development and behavior that interviews cannot completely uncover (Caldwell & Bradley,
2003). During the social workers feedback session, the social workers explained the advantages of such integrative nature of the IT-HOME. The social workers explained that they usually conduct home visits with the mothers alone, not necessarily with their child present. Additionally, they said that even their parenting interventions such as parenting education courses are given to the mothers separately in a place other than the child’s home. Therefore, the social workers never have a chance of observing the interactions between the mothers and their children, unlike the HOME Inventory that restricts the interview to occur while the child is present and awake. The ecological systems approach of the HOME has helped the social workers through observing the child, the child’s environment, the mother’s behavior, and the interaction between the mother and the child. While discussing the issue of the child’s presence during the interview, they said that it allowed them to observe the real interaction between the mother and her child, reducing the risk of falsified answers. It allowed the social workers to observe the extent of which the mother cares for her child and how engaged the mother was with her child during the home visit.

**The Significance of the Targeted Age Group of the IT-HOME**

During the Expert Panel, the professionals explicated the importance of having a tool that targeted the young age of 0-3 years old children. Additionally, during the social workers’ feedback session, they highlighted that among the most important advantages they believe of the IT-HOME is that it targets infants and toddlers. The reason behind this is not only because of the lack of available tools for this specific age group, but also due to the vulnerability of children this age. The social workers further emphasized that the “children aged 0-3 are marginalized” and kept inside their homes. In fact, it has been shown that children three years of age and younger have the highest risk of becoming victims of abuse or neglect (M. Ben-Natan et al., 2014), where
children aged 0-4 years are twice as likely to be subjected to abuse than children aged 5-14 (Butchart, WHO, 2006). As the social workers mentioned, this is mainly due to the fact that they spend most of their days in the homes, which causes them to be relatively invisible in their communities, making them especially vulnerable (Butchart, WHO, 2006). In addition, caring for infants is very demanding and creates stress for parents, again making infants more vulnerable to abuse (M. Ben-Natan et al., 2014).

Further research on children from birth to three years of age by Munz, Wilson, and D’Enbeau (2010) have also indicated that whatever these children experience during this period of their lives will have major effects on their language and cognitive development, making the first three years of their life a significant developmental stage. The social workers also added that the IT-HOME tool acts as an indicator to which interventions the children and their families might need at this early stage of the children’s lives. In fact, they highlighted that the questions on the IT-HOME tool has allowed the mothers to think about their children’s development and reflect on their own parenting practices. For instance, the social workers mentioned that the mothers had many of the toys stated in the tool but did not know what those toys are intended for. Therefore, many mothers were especially interested in knowing the areas of child development in the subscale Learning Materials, realizing that there are existing toys for specific areas of development and that children at this young age can benefit from them. This is particularly important because research has shown that when interventions take place early in children and families’ lives, the children are more able to benefit from the interventions through enhancing social and behavioral skills, cognitive development, and educational achievement (World Health Organization, 2016). Therefore, the IT-HOME tool could act as a preventative
tool against abuse towards children through raising parenting awareness, as well as an indicator for family needs services provision in Egypt.

**The Effectiveness of IT-HOME as a Home Visit Tool in Egypt**

**Child Protection Benefits.** During the social workers feedback session, one social worker said the IT-HOME was helpful in that it “serves as a database of the needs of the families”. The social workers also explained that while there had been previous reports that looked at the basic needs of the child such as nutrition or vaccinations, they did not address the needs addressed by the IT-HOME. The IT-HOME tool measures the safety and stability of the environment of the child and assesses whether the child is at risk of being abused or their rights are being violated. Therefore, the social workers said the IT-HOME tool could be a beneficial tool to be used by Child Protection Committees (CPCs) in Egypt, to support their own work of evaluating and studying children, and to evaluate the parental education programs they provide. As a result, the social workers consider the IT-HOME to be a useful indicator for family interventions such as raising the awareness of families on parenting practices, child rights, child protection, financial support and other workshops. The IT-HOME has shown to have the same advantages in Egypt as it has been found in other countries, which are identifying families that are at risk, planning for interventions for families in need, and evaluating parental education programs and interventions (Burston, Puckering, & Kearney, 2005). Therefore, social workers in Egypt who would use the HOME Inventory tools would be able to recognize the children and families at risk and provide them with the necessary services they need including referrals that are in consistence with child protection procedures (UNICEF Egypt, 2015).

**Ease of Use.** Furthermore, there were other factors mentioned by the social workers during the feedback session that indicated the user-friendliness of the IT-HOME tool. Because
the tool consists of standardized questions and observations rather than random ones based on personal bias has helped the home visits become more structured and objective rather than subjective. Also, because the majority of the items on the tool are based on observations rather than questions, the social workers found that the IT-HOME not only enhanced their observation skills, but also created a more collaborative home visit that seemed unlike the interrogation home visits that sometimes took place. Additionally, the consent forms during the research at the beginning of the home visits that are uncommon in the Egyptian culture made the families feel secure. The social workers were initially skeptical about this issue during the social workers training, but after they conducted the home visits, they said that the consent forms in fact facilitated the home visits because the mothers then knew the purpose of the visit and the tool.

Facilitation of Trust. In addition to the consent forms, the warm up and wrap up of the IT-HOME, built mutual trust between the social worker and the family, which helped develop communication and spontaneity during the home visit. Finally, the social workers indicated how easy the tool was to implement due to the binary nature of the items and the heavier weight on observations rather than questioning. Hence, as found in other studies of the HOME tool, it facilitated social workers’ visits in Egypt through making relations easier with the parents and allowing for better communication because the tool is user-friendly, easy to implement, can be easily used for follow-up, and enhances social workers’ own skills (Glad et. al, 2011).

Inter-rater Reliability. The manageability of the IT-HOME was also reflected in the interrater reliability of the scores of the tools, which was 79%. Although it has been found that the interrater reliability using the percentage agreement for the HOME Inventories is usually at least 85% (Glad et. al, 2013), the result of almost 80% here is considered adequate because it was the first attempt at culturally adapting one of the HOME Inventories versions in Egypt, and
therefore should be considered a trial that could be modified and improved. Therefore, the interrater reliability of 79% although somewhat low, is a preliminary indication that the IT-HOME Egyptian version is reliable.

**Limitations and Suggestions for Future Implementation**

There were several limitations to this research. First, as this was the first attempt to culturally adapt a standardized home visitation tool, only one version of the HOME Inventories could be used. However, as recommended by the social workers, due to the successful feedback of the usefulness of the IT-HOME, it is suggested that the remaining versions of the HOME Inventories that target different age groups of children, Early Childhood (EC-HOME), Middle Childhood (MC-HOME), and Early Adolescents (EA-HOME) be also culturally adapted.

Another limitation was that it was not possible to target children with disabilities during this research due to the unavailability of the Disability Adaptations (DA) HOME that is supplemented with any of the HOME versions. It was advised that any users of the HOME Inventory should become familiar with the Disability Adaptations in the case where a child is with disability and the standard HOME appears inappropriate (Caldwell & Bradley, 2003).

Therefore, due to the high prevalence of children with disabilities in Egypt and the importance of addressing their needs, it is suggested to culturally adapt the Disability Adaptations in order to use it with the existing IT-HOME or any other version that would be culturally adapted in the future.

Another limitation that was present during this research was that parenting usually occurs in a larger family context in Egypt and the tool doesn’t account for this. As indicated by the social workers, extended family members such as the grandmother specifically are heavily involved in the child rearing. Therefore, it is suggested that such a factor is put into consideration
while implementing the IT-HOME during home visits through either adding items to the IT-HOME tool, adding them separately as a supplement to the tool, or to put this into consideration while implementing the home visits. It is recommended that an item after the “child care arrangements” in the Visit Report is added to include “Are there other family members who spend much time with your child? Who? and Explain how”. Additionally, another limitation is that the tool only includes one parent as the interviewee, and the parent is usually the mother, in fact, all the home visits conducted in this research were with mothers. A study led by UNICEF and NCCM in Egypt showed that of children aged 13-17, fathers were found to violently punished their children 19-23% of the times, which was more than their mothers who violently punished them 14-20% of the times (“NCCM and UNICEF Violence against Children in Egypt”, 2015). Therefore, although there are no available figures concerning paternal abuse towards children aged 0-3 years, it is still highly suggested to add an item on the rate of father’s perpetration of violence towards the child, or to put it into consideration while conducting the home visit through asking the mother whether the father shows any violence towards the child but without shaming the father. Therefore, it is recommended to add an item in the Visit Report that indicates “Does the father or any other member of the family violently discipline the child? Please specify”.

Furthermore, as the interrater reliability score of the tools was acceptable at 79%, it is suggested to improve the training of the social workers in order to increase the reliability. It was also requested by the social workers during the feedback session to increase the number of days of the training from one day to two days so as to specialize full day for role play. They also said that the role play was the most beneficial part of the training, so it should be given more importance in order to minimize some confusions about the tool’s items such as the toys for
example. Also, it is suggested to conduct a yearly refresher training with social workers who conduct the HOME tool where they can exchange experiences and discuss challenges and successes during their implementation of the tool.

Additionally, the tool was only implemented in urban Cairo. It is suggested to implement the IT-HOME and other culturally adapted version of the HOME in the future in different geographical areas in Egypt, such as Upper Egypt, where tradition and tribalism are of immense importance (Nielsen, 2006). It is also suggested to implement the tools in other countries in the Middle East, as this research has contributed to the development of an Arabic version of the IT-HOME that is culturally adapted to the Egyptian culture. This Arabic version could be slightly adapted to fit other countries in the Middle East such as Lebanon or Jordan which have similar cultural characteristics to Egypt.

Finally, another limitation is that the social workers stated that one of the main challenges they faced during their home visits was that the IT-HOME took one hour fifteen minutes up to two hours to be conducted, while it is intended to only take 45 minutes up to one hour. They said that the visits took a longer time as the parents and social workers felt that they needed to talk a longer time in order to grasp all the items on the tool’s subscales. This is either due to the cultural factor that home visits tend to take a long time as mothers and social workers need to talk and chat to build a mutual trusty relationship, or due to the fact that this research is the first trial in implementing the IT-HOME tool so it might be inexperience among the social workers. Therefore, it is suggested to try the home visits again after the extension of the social workers training as recommended and observe whether the duration of the home visits will decrease over time when the social workers will have built experience in implementing the IT-HOME.
Otherwise, the time duration of the IT-HOME could be adjusted to one hour and a half to two hours as part of the cultural adaptation of the tool.

**Conclusion**

There is a high rate of child abuse in Egypt and social workers face many challenges to identify families that are at risk and to allocate the most suitable interventions for them. There are no standardized or unified tools that are available in Egypt for social workers to use during home visits. The HOME Inventory is a widely used home visit tool that is internationally successful as an indicator for family interventions. Translating the IT-HOME version and culturally adapting it to Egyptian society has shown positive feedback on behalf of the social workers. It has helped them conduct more objective and structured home visits, as well as assisted them in identifying the appropriate interventions and services that families and children need. It is suggested to attempt and culturally adapt the other versions of the HOME Inventory that includes the different child age groups, in addition to the Disability Adaptations in order to have an inclusive tool that addresses all children in need. It is also suggested to address other cultural considerations such as the extended family involvement in child rearing and the father’s role in perpetrating violence against children. Further research is required to pilot the tool in different geographical areas in Egypt such as Upper Egypt and in other countries in the Middle East that have similar cultural characteristics to Egypt. The HOME Inventory has been shown to be a promising tool that had acceptance and readiness feedback by both social workers and families, so with further training it could be used in Egypt as a standardized home visits tool.
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Appendix A

Infant/Toddler HOME
Bettye M. Caldwell and Robert H. Bradley
Visit Report

Family name __________________________ Date ______ Visitor __________________
Address _______________________________ Phone __________________
Child’s name ________________________ Birth date ______ Age ____ Sex ___
Interviewee ____________ If other than parent, relationship to child __________
Family composition ________________ (persons living in household, including sex and age of children)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to the Child</th>
<th>School Year/Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nationality __________ spoken ____________ Maternal education ____________ Paternal education ________
Is mother employed? _____ Type of work ___________________________ Hrs/Wk ______
Is father employed? _____ Type of work ___________________________ Hrs/Wk ______
Current child care arrangements during the day __________________________
Summarize past year’s arrangements __________________________________
Does the child have a birth certificate? _____ Is the child with disability? _____ Type of disability ________
Current health state of the child __________________________ Does he/she take the vaccines? ______
Other person(s) present during visit __________________________
Notes __________________________________________________________

SUMMARY

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Possible Score</th>
<th>Median</th>
<th>Actual Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. RESPONSIVITY</td>
<td>11</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. ACCEPTANCE</td>
<td>8</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. ORGANIZATION</td>
<td>6</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. LEARNING MATERIALS</td>
<td>9</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. INVOLVEMENT</td>
<td>6</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI. VARIETY</td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL SCORE</td>
<td>45</td>
<td>32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copyright 2003.
**Infant/Toddler HOME Record Form**

Place a positive (+) or negative (-) in the box alongside each item depending on whether the behavior is observed during the visit, or if the parent reports that the conditions or events are characteristic of the home environment. Enter the subtotals and the total on the Summary Sheet. **Observation (O), Either (E), or Question (Q) is indicated for each item.**

<table>
<thead>
<tr>
<th>I. RESPONSIVITY</th>
<th>24. Child has a special place for toys and treasures. E</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parent permits child to engage in “messy” play. Q</td>
<td>25. Child’s play environment is safe. O</td>
</tr>
<tr>
<td>2. Parent spontaneous vocalizes to child at least twice during the visit. O</td>
<td>IV. LEARNING MATERIALS</td>
</tr>
<tr>
<td>3. Parent responds verbally to child’s vocalizations or verbalizations. O</td>
<td>26. Muscle activity toys or equipment. E</td>
</tr>
<tr>
<td>4. Parent tells child name of object or person during visit. O</td>
<td>27. Push or pull toy. E</td>
</tr>
<tr>
<td>5. Parent’s speech is distinct, clear, and audible. O</td>
<td>28. Walker, car, scooter, or tricycle. E</td>
</tr>
<tr>
<td>10. Parent caresses or kisses child at least once. O</td>
<td>33. Toys for literature and music. E</td>
</tr>
<tr>
<td>11. Parent responds positively to praise of child offered by Visitor. O</td>
<td>34. Parent provides toys for child to play with during visit. O</td>
</tr>
<tr>
<td>II. ACCEPTANCE</td>
<td>V. INVOLVEMENT</td>
</tr>
<tr>
<td>12. No more than 1 instance of physical punishment during past week. Q</td>
<td>35. Parent talks to child while doing household work. Q</td>
</tr>
<tr>
<td>13. Family has an animal or bird. E</td>
<td>36. Parent consciously encourages developmental advance. Q</td>
</tr>
<tr>
<td>15. Parent does not express overt annoyance with or hostility to child. O</td>
<td>38. Parent structures child’s play periods. Q</td>
</tr>
<tr>
<td>17. Parent does not scold or criticize child during visit. O</td>
<td>40. Parent keeps child in visual range, looks at often. O</td>
</tr>
<tr>
<td>18. Parent does not interfere with or restrict child more than 3 times during visit. O</td>
<td>VI. VARIETY</td>
</tr>
<tr>
<td>19. Books are present and visible for acquaintance. E</td>
<td>41. Father provides some care daily. Q</td>
</tr>
<tr>
<td>III. ORGANIZATION</td>
<td>42. Parent tells stories to child at least 3 times weekly. Q</td>
</tr>
<tr>
<td>20. Child care, if used, is provided by one of 3 regular substitutes. Q</td>
<td>43. Child eats at least one meal a day with mother and father. Q</td>
</tr>
<tr>
<td>21. Child is taken to grocery at least once a week. Q</td>
<td>44. Family visits relatives or receives visits weekly or so. Q</td>
</tr>
<tr>
<td>22. Child gets out of house at least 4 times a week. Q</td>
<td>45. Child has one book or more of his/her own. E</td>
</tr>
<tr>
<td>23. Child is taken regularly to doctor’s clinic or the Health Unit. Q</td>
<td></td>
</tr>
</tbody>
</table>

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