Home Risk Factors

Home risk factors are conditions of **physical or psychological vulnerability** which need extra attention but should be **kept confidential, as being social issues, which are sensitive or stigmatizing** if revealed *(as opposed to the list of conditions needing extra care which are mentioned in the first pages of the CHDR)*. Therefore, these conditions are denoted by a Code number only, and is generally known as the Z code.

PHMs should see whether the children under the age of 5 years in her care are having any of the following risk factors listed below. It is very important to assess whether the child is **currently** physically/psychologically vulnerable due to these factors before categorizing the child as having a home risk factor. If any such home risk factor is identified in a child under her care, the PHM should note down the specific code number (numbered 1 to 10) assigned to that situation, in the cage provided in the B portion of the CHDR along with the date of identification.

If this risk condition gets resolved later, the relevant code and the date should be cut across with a single straight line and the date of removal should be written in the same cage. If new risk factor is identified the new code number and the date of identification should be entered as before.

If no home risk factors are identified, the code number '0' should be written in the box along with the date of observation.

Code number	Home risk factor (Z)
0	**No home risk factors**
1	**Physical unavailability of mother/father to care for the child**
2	**Psychological/physical incompetency of the principal caregiver**
3	**Unavailability of a permanent caregiver**
4	**Increased care burden of the principal caregiver compromising attention to the child**
5	**Substance abuse by mother/ father/ caregiver /index family member**
6	**Violence/disputes at home, abuse of the child including neglect**
7	**Not having a permanent place of residence**
8	**Poverty and food insecurity**
9	**Unkempt dirty house**
10	**Household involved in anti-social activities**

If there are families with children falling under these categories, special care such as frequent home visits and support, relevant referral, close follow up etc. must be provided to those families by health care staff. Follow up home visits should be paid to monitor the health, nutritional status and care of the children. The PHM should ensure that relevant children are brought to the attention of the MOH early. If the child/family needs social, financial or any other multi-sector assistance, health staff should liaise with the relevant stakeholders.

The Home risk factors are further explained below with examples and/or suggested criteria to help in identification of the risk factor. Please note that the term '**principal caregiver**' denotes a person who is very closely attached to the child and responsible for their daily care and support e.g. mother, father, any family member or other person who is directly responsible for the child at home.

Home Risk Factors

1. Physical unavailability of mother/father to care for the child:

a. Left the family
b. Parents separated/divorced
c. Institutionalized children (e.g. in orphanages, under probationary care)

2. Psychological/physical incompetency of the principal caregiver

a. A mother/ father/caregiver who is less than 18 years of age
b. Principal caregiver's poor level of comprehension

The following features may be suggestive of this;

- Being ignorant about many things generally known to others
- Being not able to understand instructions generally given to everybody
- Not having the capacity to provide information generally sought from caregivers
- Not knowing what she/he should know about the child: e.g. whether the child has received immunization, about the illnesses the child has had

c. Principal caregiver having a mental health problem

The following features may be suggestive of this;

- Being not interested, frequently tearful, in a low mood, socially withdrawn, having suicidal thoughts etc.
- Being fatigued or forgetful to the extent that she/he cannot show an interest in what you are telling
- Abnormal behaviour; i.e. talking irrelevant things, muttering to oneself, laughing alone, being very restless, walking aimlessly
- Having a written diagnosis of a psychiatric illness and the disease/condition is not well controlled (defaulted treatment/ not followed up), several admissions for treatment of psychiatric illness

d. Caregiver having physical disabilities compromising childcare (e.g. hearing, speaking or visual impairments, poor motor functions such as walking difficulties)

3. Unavailability of a permanent care giver:

Any sensitive or socially stigmatizing reasons resulting in

- Frequent change of principal care giver at home
- Child being shifted from place to place for day care frequently

4. Increased care burden of the principal caregiver compromising attention to the child:

Circumstances such as the following may be considered **IF** the family support to the principal caregiver is inadequate and attention to the child is compromised;

- Having two or more very young children under care – e.g. 2 children under the age of two years or 3 children under the age of 5 years
- Having another child with disability affecting the care of the index child
- Severe illness in a family member resident at home (mental illness, paralyzed and bed ridden etc.) affecting the care of the index child

5. Substance abuse by mother/ father/ caregiver/ index family member:

Being addicted to alcohol or other drugs/ substances

6. Violence/disputes at home, abuse of the child including neglect:

a. Mother/ father/ principal caregiver experiencing domestic violence (emotional/ physical/ sexual/ economical/ social violence)
b. Child witnessing domestic violence at home
c. Child being subjected to any form of abuse at home; e.g. use of abusive words, shouting at the child even for the slightest mistake or physically punishing (e.g. hitting) the child, sexual abuse etc.
d. Negative parenting - Having no positive hopes for the child's future; e.g. "This child will definitely end up in the jail", "This child will never spare a thing in this home" or discussing only about the child's weak points
e. Obvious/visible neglect or discrimination of a child in providing care ; e.g. inadequate care and stimulation, protection, concern, provision of food and nutrition, education etc. which may be due to gender of the child (the mere fact of being a male or a female) or any other disparity making the child vulnerable to neglect such as characteristics like appearance, a disability etc.

7. Not having a permanent place of residence:

a. Displaced family as a result of internal conflicts in the country or natural disaster
b. Frequent change of residence (e.g. migrant family/gypsies)
c. Street children

8. Poverty and food insecurity:

Food insecure household or extremely poor-quality housing and living standards placing the family members at risk of health and nutrition problems.

The following features may be suggestive;

- Total monthly household income below Rs. 20,000.00 (for a family of four)
- Very poor housing conditions such as living in a hut, poorly built, dilapidated, leaking roof, no proper flooring etc.
- Signs suggestive of food insecurity such as reduced amount of food for children, children having to skip meals, having to borrow food from another house, having to obtain loans/sell /pawn household items to buy food or obtain food on credit, any household member getting to eat lesser amount than usual, always having to eat food less in nutrition or variety etc. due to inadequate money or some other family problem or the health worker perceives that children are not growing well due to frequent food shortages etc.

9. Unkempt dirty house:

General status of the premises detrimental to the child's safety and wellbeing.

The following signs of general neglect of the premises may be suggestive of this; e.g. pots and pans not washed, home not swept and cleaned, children being dirty, day to day tasks of a household not carried out, infested with pests such as rats, cockroaches etc.

10. Household involved in anti-social activities:

a. Mother/father/principal caregiver being a criminal or arrested, imprisoned for unlawful acts
b. Antisocial activities such as addictive drug or illicit alcohol trade, prostitution etc. in the household or involving the close family