



"She may be little but it is her right to fight for happiness in this world." Our cover photograph was taken by sixteen year old Idalina from Osire Refugee Camp in Namibia. Idalina took part in "Do You See What I See?", an intensive photography workshop highlighting a child's right to participation and the enormous positive impact it can have. Through text and image the children who participated in this workshop documented the reality of their lives, hopes and dreams. Not only did the children's photos reveal their enormous capacities, but also their ability to identify other children at risk.

This revised version of the Heightened Risk Identification Tool was a joint collaboration between the Community Development, Gender Equality and Children Section and the Resettlement Service of the Division of International Protection Services, UNHCR.

The Heightened Risk Identification Tool (HRIT) has been developed to enhance UNHCR's effectiveness in identifying refugees at risk by linking community-based / participatory assessments and individual assessment methodologies. It has been designed for use by UNHCR staff involved in community services and / or protection activities (including resettlement) and partner agencies.

The Heightened Risk Identification Tool serves to: (i) implement ExCom Conclusion 105 on Women and Girls at Risk, ExCom Conclusion 107 on Children at Risk and UNHCR's Global Strategic Objectives for 2007-09; ii) strengthen needs-based planning, identification methodologies and case management systems; and iii) promote age, gender, and diversity mainstreaming.

The early development of the HRIT was a collaborative effort involving UNHCR, the University of New South Wales (Australia) and the Victorian Foundation for Survivors of Torture (Australia) to develop a methodology to identify a diverse range of individuals at risk. This process benefited from earlier work undertaken by the University of NSW, in collaboration with UNHCR, in developing a heightened risk identification methodology for women and girls at risk, and a series of regional workshops in 2005-2006 conducted by UNHCR's Resettlement Service in Asia, Africa and Latin America. In March 2007, UNHCR piloted the HRIT in Bangladesh. The project was undertaken with the support of the UNHCR Office in Bangladesh and involved a multifunctional team of NGO and UNHCR staff. The NGO team comprised staff from Amnesty International (Australia), AUSTCARE, University of NSW and the Victorian Foundation for Survivors of Torture. In addition to receiving feedback from NGOs and field offices, this tool was conceived and developed with input from refugees.

The HRIT can be downloaded from Refworld at: http://www.unhcr.org/refworld/docid/46f7c0cd2.html

First Edition, June 2008

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Heightened Risk Identification Tool: User Guide

Introduction

The purpose of this **User Guide** is to assist staff and partners to use the Heightened Risk Identification Tool (HRIT) effectively. The guide contains a comprehensive overview of the uses of the tool, the three basic methodologies, guidance on the preparation phase and the steps required for implementation.

Why should I use this tool?

Identify individuals at heightened risk:

People in the community who have experienced violence, lack of protection and trauma may require close monitoring and direct intervention. While many persons in a displaced community may find themselves at risk, the challenge is to identify those individuals who are at 'heightened risk' requiring early intervention. The HRIT has three basic methodologies that can be used and adapted to identify and prioritize individuals at risk, thereby enabling intervention to mitigate the risk. The methodologies are simple to use and do not require extensive note taking or interview transcription.

To understand risk profiles in the community:

The HRIT can be used to survey a sample of the community of concern, enabling the office to understand the characteristics or profiles of persons who are likely to face specific risks. Both individual and environmental risk factors (e.g. security problems, barriers to accessing and enjoying assistance and services, legal systems that are not respected) can be identified, resulting in more effective protection and assistance responses.

To support country operation planning:

Since this tool enables effective risk identification and data collection, it is an invaluable resource for **planning durable solutions** in the context of the UNHCR Country Operations Planning (COP) process. Specifically, it will assist UNHCR operations to map the possible protection needs within a given population of concern (e.g. using the sample survey approach) and thereby plan activities to strengthen protection systems and bridge any gaps in protection delivery. The sample survey approach can also be used to project the possible resettlement needs within a population. In the context of voluntary repatriation, it will help prepare conditions for safe return and effective follow up. With respect to local integration, it will allow specific measures to be taken to address existing risks.

How is heightened risk determined?

The identification of individuals who are at heightened risk should be done by considering their exposure to trauma, hardship, or other condition recorded in the risk category section of this tool. To establish the level of risk, it is also important to consider an individual's ability to cope, capacity for resilience and ways to avoid risk. Classification cannot be determined on the basis of heightened risk factors alone. Rather, it should also take into account the **coping capacity of the individual** and the protection environment.

The 3 basic methodologies

The HRIT can be used in a variety of ways. Adaptations can be made to the way the HRIT is used to suit specific operational contexts, and different methodologies can be used simultaneously in the same operation.

Methodology 1: Structured Interviews *

Field staff can use this methodology to gain an overall understanding of the risks faced by individuals and to map populations through sample surveys. This methodology can be used in conjunction with participatory assessments and other structured identification systems.

Methodology 2: Checklist (without interview)

This approach does not require a face-to-face interview with the person of concern. The checklist allows field staff to record the risks faced by the individual based on their knowledge of the individual case.

Methodology 3: Ad-hoc (with brief interview)

This approach can be used when field workers meet persons at risk on a spontaneous or ad-hoc basis. It combines elements of methodologies 1 and 2 above. It usually involves a very brief interview focusing on key risk categories for the purposes of referral.

*The first methodology, **structured interview**, provides the foundation for the other methodologies. Once staff become familiar with the interview methodology, it is easy to understand the check list and the ad-hoc methods. For simplification, the User Guide provides a detailed explanation of the interview approach, followed by a brief description of the checklist and ad-hoc approaches.

Methodology 1: Structured Interview

The purpose of this methodology is to obtain an overall understanding of the individual's circumstances, as well as the types and degree of risks s/he faces. By asking a series of questions related to the individual's concerns and hardships, interviewing staff can obtain the information needed to indicate possible heightened risk.



Preparations for the interview

Prior to using the HRIT, staff should undertake a planning process. Measures taken will vary depending on the operational context, however, they will frequently include actions such as:

1. Build relationships with the community and understand the community dynamics

When circumstances allow, it is best to hold participatory assessments or group consultations prior to using the HRIT. Participatory assessment is a process of building partnerships with displaced women and men of all ages and backgrounds by using the rights and community based approach, which recognizes that persons of concern have capacities, resources and resilience that can be mobilized to find sustainable solutions. Separate discussions are held with women, girls, boys and men in order to understand the specific protection risks they face and identify root causes. Both participatory assessments, which are normally held as part of the COP process, and group consultations can help staff assess local conditions and protection gaps. Staff should also consult with local NGOs or experienced staff in order to gather additional information about the local situation. This information can be used to adapt the way the HRIT is used.

2. Update the tool to reflect the operational context

The introductory remarks, open questions and risk indicators in the HRIT can and should be modified and supplemented to reflect the specific circumstances of each field operation.

3. Identify groups and/or individuals to be interviewed

ProGres and participatory assessments can assist in determining who will be interviewed. ProGres uses the Standardized Specific Needs Codes, which is a list of codes that can be assigned to a person at risk or with specific needs (e.g. unaccompanied and separated children, older person with minor children, etc.) during registration or at any stage of the operation. Using the codes, the UNHCR staff member responsible for proGres can generate a list of individuals for interviewing. Representative sample surveys can also be used in specific situations to help determine the target groups or individuals.

4. Gather Biodata

Once individuals have been identified for interviewing, staff must complete the biodata box with any information already available concerning each interviewee. If the individual is registered with UNHCR, then it would be useful to have access to the proGres database or a printout of the summary page of the registration in order to cross-check data. It is important to ensure that proGres records are accurate and up-to-date.

5. Familiarize yourself with the HRIT

Staff using the HRIT and, if applicable, interpreters should be familiar with tool format and contents. In certain situations, structured training on how to use the tool and adapt it to local circumstances may be required.

6. Make arrangements for an adequate interview space and security measures

Ensure that there is a contingency plan in place so that immediate referrals can be made to the appropriate service providers. When conducting an interview, it may be necessary to consider the need for a health service provider (e.g. nurse) and security personnel to be on hand.

7. Ensure referral services and an adequate referral system are in place

Once individuals at heightened risk have been identified, staff should refer them to the appropriate resources, such as protection staff, SGBV counsellors, BID supervisor, and other services. This will require that protection and community services, and their partners have an **individual case management system** in place and appropriate follow up monitoring procedures are respected.

Conducting the interview

The interviewing staff should introduce all persons present, explain the purpose of the interview, its timeframe and the method used. Language in the introductions phase should be tailored to reflect local circumstances. Staff must also obtain the individual's consent regarding information-sharing with partners. This part should ideally not exceed five minutes.

Open questions

Interviewing staff should ask open questions. This will allow the individual to explain the difficulties s/he faces without being led by the staff member's knowledge and expectations. The use of open questions also helps to uncover certain risks that may be unique and uncommon, and thus unlikely to come up by using closed questions.

The open question phase of the interview should ideally not exceed thirty minutes. Depending on the experience of the interviewer and the needs of the person being interviewed, a detailed assessment might be completed. Staff are not expected to take detailed notes, however, basic points can be jotted down to assist with identifying risk categories.

Examples of Open Questions

- What type of security problems or threats do you or any of your family members face?
- Briefly describe why you/your family feel unsafe or threatened. (If appropriate, prompt: nature of violence; number of times the risk / threat was experienced; type of threat.)
- Where are your family members? (If appropriate, prompt: who in the family has become separated from you, disappeared or died and why?)
- Do you / your family have any health problems, conditions or disabilities?

Risk categories

Based on the responses to the open questions and the staff's knowledge of local circumstances, a preliminary identification can be made of possible heightened risk categories applicable to the individual and her/his family members by checking the corresponding boxes. There are six categories thematically clustered that list known trauma, hardship and other conditions indicative of heightened risk.

POSS	SIBLE HEIGHTENED RISK CATEGORIES INDENTIFIED (check if applicable)
	Legal and Physical Protection
	Women and Girls at Risk
	Children / Adolescents at Risk
	Older People at Risk
	Survivor of Violence or Torture
	Health and Disability

Risk categories continued

It may be appropriate to check more than one heightened risk category to accurately record the existence of heightened risk. However, if there is an overlap in categories (e.g. an unaccompanied girl forced into prostitution could be checked in both the Children / Adolescents and the Women and Girls at Risk categories) interviewing staff should proceed to the risk category that is the most relevant to the person of concern.

Risk indicators

Each risk category has a subset of risk indicators that highlight commonly known traumas, hardships or conditions.

Women and Girls at Risk								
	RISK INDICATORS TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family			
1.	Woman (including widow, single mother, older woman etc) or girl without family protection / support							
2.	Pregnant woman / girl without family protection / support (see also Health Needs and Disability)							
3.	Unsafe in home or community (e.g. abuse by family or community member, domestic violence, incest)							
4.	Severe beating(s) or other assault that causes physical harm							
5.	Physical violence while conducting daily activities (e.g. collecting water / going to school)							

Mental illness indicator

Each of the six heightened risk categories contains an 'impairment in daily functioning due to mental illness' indicator. Identifying mental illness will generally be based on observations by the interviewer or by reports from the individual's family members. The following indicators should guide the determination:

- Obviously confused thinking (e.g. such that responses are often incoherent);
- Disorientation in time, place or person or inability to follow conversation;
- Obvious loss of contact with reality (behaviour which is regarded as nonsensical or bizarre by the person's own community);
- Clearly peculiar behavior (e.g. hyperactivity, impulsivity, oppositional behavior);
- Severe withdrawal anxiety, or depression such that daily functioning is greatly affected;
- Risk of harm to self or others.

Mental health indicators continued

In reflecting on the likelihood of risk, consider whether the mental illness cues also result in an impairment in daily functioning, as described by the individual or inferred by the staff. Additionally, the interviewer should note any possible causes for the disturbance in the 'Comments' field at the end of each section. Finally, interviewers should note that mental illness does <u>not</u> include intellectual or congenital disabilities (e.g. Downs Syndrome, brain damage from birth or injury, physical disabilities, etc.). Daily functioning may be impaired in these instances, but is not caused by psychological factors. Therefore, these conditions should be recorded in the Health Needs and Disability risk category.

Users of this tool should not feel intimidated by the mental illness indicators. Staff should use their best judgment to identify the likelihood of risk.

Women and Girls at Risk						
RISK INDICATORS TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family		
19. Impairment in daily functioning due to mental illness (see Health Needs and Disability)						
20. Lack of access to adequate food, water, shelter or other basic needs						
21. Danger / threat due to her own / family member's / dependant's current or past condition / experience						
22. Danger / threat arising from the social, political, or business activities of self / other family member						
23. Other:						

Past and present check boxes

Once possible risk categories are identified, staff should check the relevant indicators. The check boxes in the risk categories allow staff to specify whether the trauma, hardships or conditions happened in the past or the present and whether they apply to the person of concern and/or his or her family members. Trauma, hardships or conditions that have occurred in the recent past or have a high probability of occurring in the near future should be recorded as present risk. Alternatively, staff may complete this section in the absence of the person of concern, based on the staff's knowledge and record of information. previously collected.



Self and family check boxes

The check box approach takes into consideration the family members and dependants of any individual whose own risk level is being assessed. In this context, the concept of 'family' should be interpreted broadly, with a view to include individuals with whom there exists a relationship of dependency. Note that dependence may be financial, emotional, or social, and that it does not necessarily require a blood relationship. For instance, a neighbor's orphan child who has been taken into the individual's home would qualify as a member of the individual's family under the definition of 'family.' A family member who is at risk may directly increase or compound the risk faced by a mother, grandparent, care giver, or another family member.

Women and Girls at Risk								
	RISK INDICATORS TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family			
1.	Woman (including widow, single mother, older woman etc) or girl without family protection / support							
2.	Pregnant woman / girl without family protection / support (see also Health Needs and Disability)							
3.	Unsafe in home or community (e.g. abuse by family or community member, domestic violence, incest)							
4.	Severe beating(s) or other assault that causes physical harm							
5.	Physical violence while conducting daily activities (e.g. collecting water / going to school)							

This tool is used to identify possible risk. Staff are not expected to spend time cross-examining the interviewee to verify family relationships.





Other box

Each of the six heightened risk categories contains an 'Other' box in its second-to-last row. When appropriate, staff should use this field to record additional context-specific risk indicators not already accounted for.

Existing protective factors box

The last row of each category is reserved for the identification of any existing protective factors. In this field, staff should record both internal and external coping mechanisms, such as resilient attitude, UNHCR / community / family support structures in the camp and / or urban community, other mitigating factors, etc. The protective factors should be directly relevant to the risks identified in each category. Follow up questions to clarify whether or not a protective factor mitigates the risk identified may be necessary.

RISK INDICATORS TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family	
19. Detained / imprisoned / denied freedom of movement (for protection or to prevent socialization)					
20. Impairment in daily functioning due to mental illness (see Health Needs and Disability)					
21. Lack of access to adequate food, water, shelter or other basic needs					
22. Danger / threat due to her own / family member's / dependant's current or past condition / experience					
langer / threat arising from the social, political, or ness activities of self / other family member					
24. Other:					
Existing protective factors (please reference indicator number):					

Risk rating box

After completing each risk category, staff will be asked to indicate whether the person of concern is believed to be at high (H), medium (M), or low (L) risk as defined below:

High: reflects a need for **immediate intervention by UNHCR or a partner agency**. Staff should immediately refer the individual to the appropriate service provider, and follow up with the provider on a weekly basis until they confirm that they have taken action in connection with the individual at heightened risk. This will ensure that the individual's situation is adequately addressed, and that the referral system is functioning efficiently.

Medium: indicates that intervention should be scheduled and occur, but that immediate intervention is not necessary. Note that cases placed in the medium risk category can move into the high risk category if intervention does not take place. Therefore, staff should implement a structured monitoring system to ensure adequate and timely follow up.

Risk rating box continued

Low: denotes that the regular referral system applies. Additionally, staff should review the situation of individuals at low risk at regular intervals or implement another structured monitoring and follow-up mechanism to ensure that the case is handled adequately.



The **risk rating** category is critical, as it will determine the urgency and the type of intervention required. Since there is no mathematical formula for determining risk level, staff should analyse all information collected, taking into consideration the following:

- The numbers of indicators checked off in each category, both for the individual being assessed and for his or her family members. But be aware that a person could be at high risk even if only one box is checked;
- Risk patterns: the frequency and intensity of experiences, both in the past and present;
- The existence of coping mechanisms, mitigating factors, resilient personalities, etc.

Notes box

Below each of the six risk categories there is a field to clarify information, comment, and / or follow up. When jotting down a note, be sure to reference the specific indicator to which the note refers.

			RISK RATING							
	Please indicate the risk level of the individual / family of concern:									
		HIGH	Serious imminent risk to personal safety requiring immediate intervention and/or follow-up within a few days							
(MEDIUM	Likelihood of serious risk to personal safety requiring urgent scheduled intervention and/or follow-up within 4-6 weeks							
	7	LOW	Likelihood of serious risk to personal safety is low but intervention for specific needs may be required (add notes below, as appropriate)							
	Notes (p	olease refer	rence indicator number):							

Teams should have a uniform understanding of the levels of risk. Regular meetings can be held to discuss difficult or ambiguous cases, a point person can be assigned to help clarify the doubts of users within an operation, or field operations may establish guiding parameters to help achieve a degree of consistency.





Referral and case management

Staff will also need to **record the risk rating in the proGres database** by using the 'Special Needs' and 'Comments' fields in proGres. If a case file does not already exist for the individual of concern, UNHCR staff responsible for registration should be notified and steps be taken to register the person and establish an individual case file.

Staff should then proceed to the **referral section**, and complete it as follows:

In the first section, **summary of risk category rating**, staff should check the risk categories identified for the individual of concern and his or her family members. Staff should also check the risk level corresponding to each heightened risk section.

In the second section, **referral areas by priority**, staff should indicate the type of referral needed. Staff should then assign an **overall risk rating** to the individual of concern and her/his family members. This rating designates a time frame for intervention and follow-up, allowing staff to prioritize the most urgent cases.

The box, **special notes**, allows staff to make additional comments.

Staff should then close the interview by advising the person of concern as to next steps and referrals. Interviewing staff should ask the interviewee whether s/he has any questions or need for follow-up, and make note of them. Ideally, this should not exceed five minutes.

Follow up

Staff should follow up on the status of high risk referrals each week until they receive confirmation of action. Staff referring individuals at medium and low risk should determine a monitoring and follow up schedule that is appropriate for each case.

0	Overall Risk Rating / Referral and Priority							
	SUMMARY OF RI	SK CAT	EGORY	RATIN	G			
		Self	Family	High	Medium	Low		
Legal and	l Physical Protection							
Women a	nd Girls at Risk							
Children	Adolescents at Risk							
Older Ped	ople at Risk							
Survivor	of Violence or Torture							
Health an	d Disability							
	REFERRAL AREAS BY PRIORITY							
	Referral Point			High	Medium	Low		
Legal / Protection								
Eligibility / RSD								
Resettlement								
Sexual and Gender Based Violence								
Best Interest Determination								
Psychoso	ocial							
Medical								
Other:								
OVERA	LL RISK RATING			1				
HIGH	Serious imminent risk to per intervention and/or follow-up			ng immed	liate			
MEDIUM	Likelihood of serious risk to scheduled intervention and/o				jent			
LOW Likelihood of serious risk to personal safety is low but intervention for specific needs may be required (add notes below, as appropriate)								
SPECIAL NOTES								
IDENTIFYING OFFICER								
Name of Officer:								
	Date of Accessment:							

Methodology 2

A checklist for case workers who already know the case and local circumstances well (without interview)

Methodology 2 is designed to assist staff who already have good knowledge of the local circumstances and the situation of certain individuals whom they believe might be at risk. This knowledge will allow them to **bypass the interview** and proceed directly to determining the relevant risk categories.

How is the checklist approach different from the interview approach?

- less formal than interview approach, so only experienced staff should use it;
- bypasses the open question interview;
- case workers proceed directly to determining the relevant risk categories.

What do I need to know to use the checklist approach?

- an in-depth understanding of the local situation;
- an in-depth understanding of the individual's circumstances (e.g. frequent visits to the office by the person of concern, home visits, partner referral coupled with a complete file, etc.), so that a preliminary identification of all possible risk categories can be made.
- that sources used to determine heightened risk are trustworthy and reliable (e.g. individual's statements during visits, completeness of file from referring organization, etc.).

What is critical to remember when using this approach?

- obtain the individual's consent with regard to information sharing;
- notify the individual of any referral made or next steps if the individual is not present while the tool is being filled out;
- incorporate it as part of a broader risk identification scheme, relying on more systematic procedures such as Methodology 1.

Methodology 3

For case workers who encounter persons of concern on an ad-hoc basis (with brief interview)

Methodology 3 is designed to assist staff who are conducting visits of camps or urban communities, or **encountering individuals** who may be at heightened risk on an informal or spontaneous basis.

How is the ad-hoc approach different from the interview approach?

- less formal than interview approach, so only experienced staff should use it:
- once staff encounter a person at risk, they will need to listen to his or her situation in order to make a preliminary assessment of the risk categories;
- case workers proceed directly to determining the relevant risk categories.

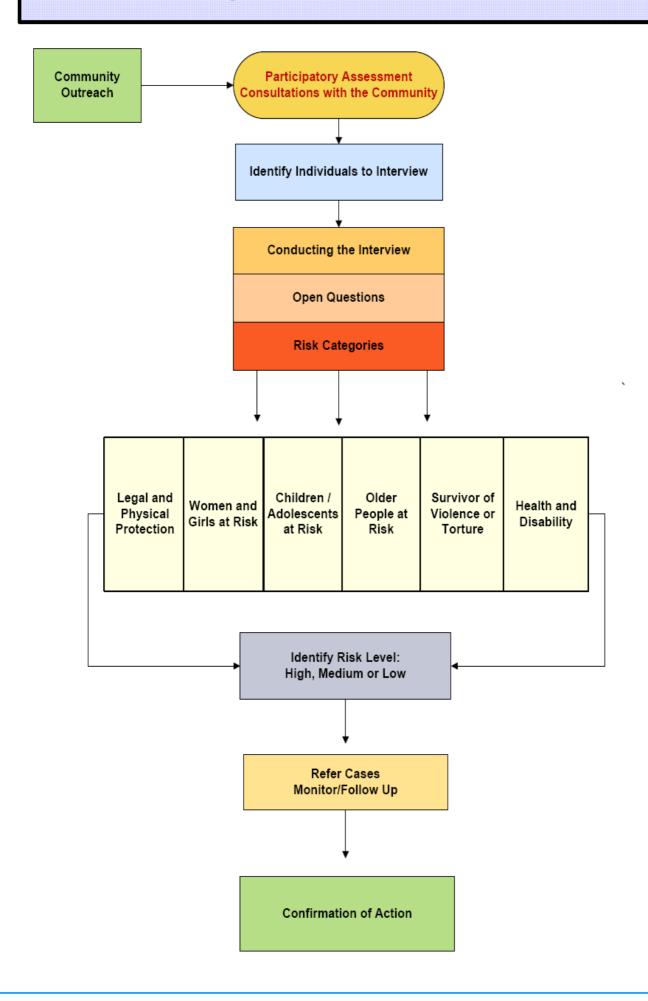
What do I need to know to use the ad-hoc approach?

- an in-depth understanding of the local situation;
- that sources used to determine heightened risk are trustworthy and reliable;
- unlike the checklist approach where people need to know the individuals very well, staff may utilize this approach when they encounter individuals whom they think might be at heightened risk.

What is critical to remember when using this approach?

- after meeting a person at risk, take the time to record the biodata prior to recording any data related to heightened risk;
- obtain the individual's consent with regard to information sharing;
- incorporate it as part of a broader risk identification scheme, relying on more systematic procedures such as Methodology 1.

Heightened Risk Identification Tool





Heightened Risk Identification Tool



CONDUCTING THE INTERVIEW

INTRODUCTIONS

♣ Introduce interviewer, interpreter, and anyone else present. Explain that the interview will take around 30 minutes.

EXPLAINING THE PURPOSE OF THE INTERVIEW

It is important to provide a clear and honest explanation of the purpose of the interview. The sample language below can serve as a guide:

Sample language

I [interviewer] am working to assist UNHCR understand your [applicant's] situation. You can help us by telling me about your situation, so that we can better understand how to address your concerns.

UNHCR is talking to people from different groups – older people, young people, men, and women, adolescents and children – to understand the types of problems people in your community face. I will ask you to tell me about the problems / dangers you and your family / dependants are experiencing and to provide me with information you think I need to know in order to help you.

I may have to interrupt you when I think it is necessary to ask you about other things or to move on. Please understand we only have limited time. If you have certain problems, I may be able to advise you about what you can do and who might be able to help you.

♣ Explain the <u>confidential</u> nature of the interview and the possibility of information-sharing with partners (non-governmental and governmental); UNHCR's expectation / need for interviewee's honesty; and that the person of concern is free to stop the interview at any time.

CLARIFYING EXPECTATIONS / OUTCOME OF THE INTERVIEW

- 1. Do you have any questions?
- 2. Do you understand these explanations?
- 3. Are you willing to participate?
- 4. Once this interview is complete, you may be asked to speak with someone else. If so, you will be informed and assisted.

COMPLETE THE BIODATA SECTION

If the person consents to being interviewed, the biodata section can be completed.

OPEN QUESTIONS

The following series of questions can serve as a guide for conducting the interview:¹

1. Current living situation

- ♣ Please describe your / your family's current living situation?
- Please describe what you and your family do during the day?
- Do you / your family have access to adequate food and water?
- ♣ What is your shelter like? (Is it safe / secure / broken?)
- ♣ Who do you live with? (Are you separated from close family members?)
- ♣ How are you coping with these challenges?

2. Security problems and risks to self and family

- ♣ Do you / your family currently face any security problems, risks or threats?
- ♣ What type of security problems / threats do you / family members face?
- Why do you / your family feel unsafe or threatened? (Prompt: nature of violence / threat; number of times the risk / threat was experienced.)
- ♣ Do you face any security problems or fear in your community / living area? (Prompt: while fetching water, firewood or going to school.)
- ♣ Where are your family members? (Prompt: who in the family has become separated from you, disappeared or died and why?)
- ♣ Are there any people, organizations or systems locally and / or within the camp / community to help address these security risks?
- Who do you turn to when you have other kinds of problems (e.g. with respect to health, money, family or everyday life)?

3. Health problems and risks to self and family

- Do you / your family have any health problems, conditions or disabilities?
- Are your daily activities affected by your physical health (e.g. disability, pain etc.) or your mental health (e.g. fear, depression, inability to concentrate, confused thinking etc)? If so, how?
- ♣ Who takes care of you when you are sick?
- ♣ Do you receive any treatment or care for these problems?
- How are you managing these difficulties?

¹ During the interview it may be necessary to check the person's ration card, registration, and identify any relatives in prison and unregistered family members.

4. Reason for flight and pre-arrival experiences

- ♣ Why and when did you leave your home / home country?
- What were the experiences or threats to you / your family's well-being? (There may be more than one bad experience, please talk about them all.)
- ♣ What were the reasons for you / your family to come to this country?
- ♣ Can you tell me about your journey from your home country to here? (If appropriate, include: the time and circumstances that led the person to the country of refuge; places of residence / stay; multiple flights and countries of asylum; irregular movements; internal displacements; and timeframe)
- Were you separated from your family during your flight?
- What gave you the strength to endure these hardships?

CLOSE INTERVIEW

- Note any questions the person of concern needs answered, or need for follow-up (not already been accounted for above)
- ♣ Notfiy individual of next step(s) and or referral(s).

BIODATA SECTION

DETAILS OF THE PERSON BEING INTERVIEWED

Nam	e (family, given):				
Date	of birth (dd/mm/yy):		Sex:	□М	□F
Regi	istration / ID number:				
Cou	ntry of origin:				
Ethn	nicity:				
Relig	gion:				
	ding address: camp, block, house)				
Conf	tact telephone / email:				
DETA	ILS OF THE INTERVIEWER AN	ND INTERPRETER			
Inter	viewer's name:				
Inter	viewer's title / organisation:				
Inter	viewers contact details:				
Inter	preter's name:				
Inter	preter's organisation:				
Date	of identification interview:				
Plac	e of identification interview:				
POSS	SIBLE HEIGHTENED RISK CAT	EGORIES INDENTIFIED	(check i	f applica	ıble)
	Legal and Physical Protection				
	Women and Girls at Risk				
	Children / Adolescents at Risk				
	Older People at Risk				
	Survivor of Violence or Torture				
	Health and Disability				

Legal and Physical Protection RISK INDICATORS Self Past **Present** Family TRAUMA, HARDSHIP OR CONDITION Multiple flight history 2. Member of a minority religious, social or ethnic group 3. Has no legal documentation 4. At risk of deportation or refoulement 5. In a same-sex relationship \Box 6. In a socially unacceptable marriage 7. Unsafe in home or community (e.g. abuse by family or community member, domestic violence, incest) П 8. In hiding (e.g. for fear of being identified or found) Rejection or victimization by own community (including due to transgression of social roles) 10. Impairment in daily functioning due to mental illness (see Health Needs and Disability) 11. Unfair customary punishment / harmful cultural practices 12. Arbitrarily detained, imprisoned, or otherwise in captivity (including solitary confinement) 13. Victim of abuse (including abuse / attacks by police, military, other authorities) 14. Alleged perpetrator of violence 15. In danger due to absence of witness protection programme 16. Physical violence / harassment while conducting daily activities (e.g. collecting water or food) 17. Danger / threats due to self's / family / dependents condition and / or current / past experience

		K INDICATORS	Past	Present	Self	Family	
	TRAUMA,	HARDSHIP OR CONDITION					
		self / family etc (e.g. due to current I, political, or business activities)					
19. Lac	k of food, wat	ter, shelter or other basic needs					
20. Oth	er:						
Existing	protective fa	actors (please reference indicator nur	nber):				
	•	•	,				
		RISK RATING					
Diagon	indicate the m		0000000				
Please	indicate the r	isk level of the individual / family of c	oncern:				
	HIGH	Serious imminent risk to personal sintervention and/or follow-up within			mediate		
	MEDIUM	Likelihood of serious risk to person					
		scheduled intervention and/or follo	w-up witr	ıın 4-6 we	eks		
	LOW	Likelihood of serious risk to person specific needs may be required (ac	•				
Notes (please reference indicator number):							
,							

Women and Girls at Risk

	RISK INDICATORS TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family
1.	Woman (including widow, single mother, abandoned older woman etc.) or girl without family protection / support				
2.	Pregnant woman / girl without family protection / support (see also Health Needs and Disability)				
3.	Unsafe in home or community (e.g. abuse by family or community member, domestic violence, incest)				
4.	Severe beating(s) or other assault				
5.	Physical violence while conducting daily activities (e.g. collecting water / going to school)				
6.	Threat or harassment while conducting daily activities (e.g. collecting water, to / from school)				
7.	Threat of rape and sexual violence				
8.	Rape (including marital rape) or other sexual assault				
9.	Trafficked, transferred or harboured by means of threat or force for the purpose of exploitation (e.g. prostitution, other forms of sexual exploitation, forced labour, slavery and the removal of organs)				
10	Possible exploitive or abusive relationship involving person in position of power (e.g. UN staff, partner agency, govermental official)				
11	Engaging in survival sex				
12	Other form(s) of gender-based violence (including state-based violence, discriminatory laws / practices)				
13	Children conceived from rape				
14	Forced marriage (or threat(s) thereof)				
15	In a socially unacceptable marriage				
16	Unfair customary punishment and / or harmful cultural practices				
17	Experiencing rejection or victimization by own community				

RISK INDICATORS TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family	
18. Transgressing social roles					
19. In hiding (e.g. for fear of being identified or found)					
20. Detained / imprisoned / denied freedom of movement (for protection or to prevent socialization)					
21. Impairment in daily functioning due to mental illness (see Health Needs and Disability)					
22. Lack of access to adequate food, water, shelter or other basic needs					
23. Danger / threat due to her own / family member's / dependant's current or past condition / experience					
24. Danger / threat arising from the social, political, or business activities of self / other family member					
25. Other:					
RISK RATING					
Please indicate the risk level of the individual / family of co	ncern:				
☐ HIGH Serious imminent risk to personal sa intervention and/or follow-up within		•	nediate		
☐ MEDIUM Likelihood of serious risk to personal intervention and/or follow-up within	•		urgent sc	heduled	
Likelihood of serious risk to personal specific needs may be required (add	•				
Notes (please reference indicator number):					

Children and Adolescents at Risk

RISK INDICATORS TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family
Separated child / young person with relatives in same camp / community				
Unaccompanied child (living alone or in temporary care arrangement in camp / community)				
3. Orphan child / young person				
Adolescent parent				
5. Child-headed household				
Unsafe living situation with family (e.g. incest, abuse, neglect)				
7. Unsafe living arrangement with non-family member(s) (e.g. abuse or neglect, institutional care)				
8. Threat or harassment while conducting daily activities or in community (e.g. on way to / from school)				
Physical violence while conducting daily activities or in the community (e.g. on way to / from school)				
10. Beating or other physical violence (non-sexual)				
11. Rape and / or sexual assault other than rape				
12. Sexual harassment				
13. Trafficked, transferred or harboured by means of threat or force for the purpose of exploitation (e.g. prostitution, other forms of sexual exploitation, forced labour, slavery and the removal of organs)				
14. Engaging in survival sex				
15. Forced marriage (or threats thereof)				
16. Forced labour				
17. Other forms of exploitation				
18. Recruitment as child soldier				

RISK INDICATORS TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family		
19. Experiencing rejection or victimization by own community						
20. Harmful cultural practices						
21. Transgressing social roles						
22. In hiding (e.g. for fear of being identified or found)						
23. Detained / imprisoned / denied freedom of movement (for own protection or to prevent socialization)						
24. Of school age and not attending school						
25. Special educational needs (that cannot be achieved in a standard classroom).						
26. Lack of access to adequate food, water, shelter or other basic needs						
27. Below the age of 18 and alleged, accused or recognized as having infringed the law.						
28. Impairment in daily functioning due to mental illness (see Health Needs and Disability)						
29. Other:						
Existing protective factors (please reference indicator num	ber):					
RISK RATING						
Please indicate the risk level of the individual / family of co	ncern:					
☐ HIGH Serious imminent risk to personal sa intervention and/or follow-up within		-	ediate			
☐ MEDIUM Likelihood of serious risk to persona intervention and/or follow-up within			rgent sch	neduled		
Likelihood of serious risk to personal safety is low but intervention for specific needs may be required (add notes below, as appropriate)						
Notes (please reference indicator number):						

Older People at Risk

	RISK INDICATORS TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family		
1.	Unable to care for self on a daily basis (see also Health Needs and Disability)						
2.	Older people with no family or other support or neglected by caregivers						
3.	Grandparent or older person headed household						
4.	Lack of access to adequate food, water, shelter or other basic needs						
5.	Chronic physical health concerns (see Health Needs and Disability)						
6.	Impairment in daily functioning due to mental illness (see Health Needs and Disability)						
7.	Exposed to exploitation or psychosocial abuse						
8.	Lack of access to health support (see Health Needs and Disability)						
9.	Sexual abuse / assault						
10	. Non-sexual physical violence						
11	. Threat of sexual violence / assault						
12	. Threat of non-sexual physical violence						
13	Other threat or harassment in community or while conducting daily activities (e.g. collecting water)						
14	. Unsafe in own home or community (e.g. abuse by family or community member)						
15	Experiencing rejection or victimization by own community						
16	. Harmful cultural practices						
17	. Detained / imprisoned / denied freedom of movement (including for own protection)						

		INDICATORS ARDSHIP OR CONDITION	Past	Present	Self	Family	
18. Oth	er:						
Existing protective factors (please reference indicator number):							
		RISK RATING					
Please i	ndicate the ri	sk level of the individual / family of	concern:				
	HIGH	Serious imminent risk to personal intervention and/or follow-up within	-		nmediate		
	MEDIUM	Likelihood of serious risk to perso scheduled intervention and/or follo			, ,		
	LOW	Likelihood of serious risk to perso specific needs may be required (a		•			
Notes (p	olease referer	nce indicator number):					

Survivors of Violence or Torture

RISK INDICATORS TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family
Intellectual impairment caused by torture and / or violence (e.g. head trauma from beatings / torture)				
Impairment in daily functioning due to severe psychological trauma				
Impairment in daily functioning due to mental illness (see Health Needs and Disability)				
Bodily injury caused by torture and / or violence (see Health Needs and Disability)				
Experiencing rejection or victimization by own community				
6. Torture				
7. Severe beating or other severe assault				
8. Rape or sexual assault other than rape				
Repeated, systematic attacks on self or family (including while in detention)				
10. Detention / solitary confinement				
11. Victim of other severe abuse				
12. Forced to do harm to others				
13. Witnessed others killed and / or physical violence to others				
14. Violent death / murder of family or close friends (including during flight)				
15. Prolonged involuntary separation from loved ones				
16. Recruitment as child soldier				
17. Combatant				
18. Forced labour				
19. Village or house raided				

TRA	RISK INDICATORS AUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family
20. Lack of according other basic	ess to adequate food, water, shelter or needs				
21. Harmful cul	tural practices				
22. Other					
Existing protect	tive factors (please reference indicator num	oer):			
	RISK RATING				
Please indicate	the risk level of the individual / family of co	ncern:			
☐ HIGH	Serious imminent risk to personal sa intervention and/or follow-up within a			ediate	
☐ MEDI	JM Likelihood of serious risk to persona intervention and/or follow-up within 4			rgent sch	neduled
☐ LOW	Likelihood of serious risk to persona specific needs may be required (add	-			
Notes (please r	reference indicator number):				

Health and Disability

	RISK INDICATORS (HEALTH) TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family
1.	Physical health problem				
2.	Person with HIV / AIDS or other life-threatening disease or condition				
3.	 Impairment in daily functioning due to mental illness a. Obviously confused thinking (responses are often incoherent) b. Disorientation in time, place or person or marked inattention (unable to identify where/ who they are; unable to follow conversation) c. Obvious loss of contact with reality (e.g. has highly unrealistic or bizarre beliefs) d. Clearly peculiar behavior (behaviour which is regarded nonsensical or bizarre by the own community) e. Severe withdrawal, anxiety, or depression such that daily functioning is greatly affected f. Risk of harm to self or others 				
4.	Intellectual impairment from birth (e.g. Downs Syndrome, intellectual disability) or as a result of injury (e.g. acquired brain injury)				
5.	Drug / alcohol abuse / addiction				
7.	Lack of access to adequate / specialized health care (including psychosocial support)				
8.	Unable to care for self and no caregiver available				
9.	Lack of access to adequate food, water, shelter or other basic needs				
10	. Experiencing rejection or victimization by own community				
11	. Customary punishment or harmful cultural practices				
12	. Detained / imprisoned / denied freedom of movement (for protection or to prevent socialization)				
13	. Engaging in survival sex				
14	. Forced into begging				
15	. Other:				

RISK INDICATORS (DISABILITY) TRAUMA, HARDSHIP OR CONDITION	Past	Present	Self	Family
16. Sight Impairment: Having visual limitations from birth or resulting from illness, infection, injury or old age which impacts daily life and restricts independent movement; or an eye disease which requires ongoing treatment or regular monitoring.				
17. Hearing Impairment: restricted hearing ability from birth or resulting from illness, infection, injury or old age which impacts daily life and social interaction; may require treatment, monitoring or maintenance of artificial hearing device				
18. Mental disability – moderate: mental disability resulting from childbirth, illness, injury, trauma or old age which does not significantly limit ability to function independently and interact (but may require special education); condition requires some monitoring and may require medication				
19. Mental disability – severe: mental disability resulting from childbirth, illness, injury, trauma or old age which requires assistance from caregiver and/or medication; individual cannot function independently; inability to pursue an occupation because of mental impairment; may be receiving medical treatment				
20. Physical disability – moderate: physical disability resulting from childbirth, illness, injury, trauma or old age which may be seriously disfiguring but with reasonable treatment the person can function with a reasonable level of independence; may include loss of fingers or limbs which do not limit their abilities or are corrected with prosthetic device				
21. Physically incapacitated (severely restricted movement): from birth or caused by injury, illness or wounds; inability to pursue an occupation because of physical impairment; requires assistance from caregiver and cannot easily function independently (may be confined to wheelchair)				
22. Speech impairment / disability: unable to speak clearly or to be easily understood as a result of injury, illness or malformation at birth; restricted or limited ability to function independently; may be able to communicate through sign language				
23. Other:				

F		CATORS (DISABILITY) HARDSHIP OR CONDITION	Past	Present	Self	Family
Existing	g protective fa	ctors (please reference indicator num	ber):			
		RISK RATING				
Please	indicate the ri	sk level of the individual / family of co	ncern:			
	HIGH	Serious imminent risk to personal sa intervention and/or follow-up within a			nediate	
	MEDIUM	Likelihood of serious risk to persona intervention and/or follow-up within			urgent sc	heduled
	LOW	Likelihood of serious risk to personal specific needs may be required (add	•			
Notes (please referei	nce indicator number):				

Overall Risk Rating / Referral and Priority

Overall Kisk Kalling / Kelerral and Friority								
	SUMMARY OF RI	SK CAT	EGORY	RATIN	G			
		Self	Family	High	Medium	Low		
Legal and	d Physical Protection							
Women a	nd Girls at Risk							
Children	/ Adolescents at Risk							
Older Ped	ople at Risk							
Survivor	of Violence or Torture							
Health an	nd Disability							
REFERRAL AREAS BY PRIORITY								
	Referral Point			High	Medium	Low		
Legal / Pr	rotection							
Eligibility	/ RSD							
Resettlen	nent							
Sexual and Gender Based Violence								
Best Inter	Best Interest Determination							
Psychoso	ocial							
Medical								
Other:								
<u>OVERA</u>	LL RISK RATING							
HIGH	Serious imminent risk to perintervention and/or follow-up			ng immed	liate			
MEDIUM	Likelihood of serious risk to scheduled intervention and/o							
LOW	Likelihood of serious risk to intervention for specific need as appropriate)				s below,			
SPECIA	AL NOTES							
IDENTIFYING OFFICER								
Name of Officer:								
Date of A	ssessment:							



The HRIT can be downloaded from Refworld at:

http://www.unhcr.org/refworld/docid/46f7c0cd2.html