



User's Guide

“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 second edition 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, 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 by 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; (ii) support UNHCR’s Global Strategic Priorities for 2010-11 Point 4.7, Services for Groups with Specific Needs and Point 5, Community Participation and Self Management; (iii) strengthen needs-based planning, identification methodologies and case management systems; and (iv) promote age, gender, and diversity mainstreaming.

The first edition of the HRIT issued in June 2008 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. UNHCR undertook the pilot project of the HRIT in Bangladesh in March 2007, with the support of the UNHCR Office in Bangladesh and involvement of a multidisciplinary 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.

The HRIT was further field tested by a multi-disciplinary team in east Sudan in 2008 in addition to being used by numerous field operations throughout the world. A field test was also undertaken in urban Nairobi in late 2009 to demonstrate its utility in an urban context. This second edition of the HRIT has a number of improvements to enhance its utility and user friendliness based on these field tests and feedback received from HRIT users in 2008 and 2009. Furthermore, this second edition of the HRIT has linkages with the specific needs codes in UNHCR’s proGres database to allow for connectivity between the HRIT and UNHCR’s registration and case management systems.

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

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Office of the United Nations High Commissioner for Refugees
94, Rue de Montbrillant
1202 Geneva
Switzerland
Website: www.unhcr.org

INTRODUCTION

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

WHAT IS THE HRIT?

The Heightened Risk Identification Tool (HRIT) is a tool to enhance the identification of persons at risk by asking a series of questions to a person of concern. Most of the questions are open which will allow the interview to be conducted in a conversation-like atmosphere rather than a formal interview. The answers given to these questions will point to the areas of risk faced by that person and/or members of her/his family.

The tool is simple to use and does not require extensive note-taking or interview transcription. By looking at the risk areas applicable to the individual and/or family members, it will be possible to determine the urgency and type of intervention required. The tool is designed to assist with identifying the likelihood of risk faced by individuals for the purpose of recommending an appropriate follow-up, which may include referral for a more detailed assessment or immediate protection intervention.

WHO CAN USE THE HRIT?

UNHCR staff and NGO partners should use the HRIT as a means to enhance identification of persons at heightened risk. Colleagues of various background including protection, community services, durable solutions are encouraged to use the HRIT. Since it is a tool to assist early identification of persons at heightened risk for further referral for an in-depth assessment / evaluation, colleagues using the HRIT do not need to be experts in the field of risk assessment.

HOW CAN THE HRIT BE USED?

TO 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 can be used to identify and prioritize individuals at risk, thereby enabling early intervention to mitigate the risk.

TO UNDERSTAND RISKS IN THE COMMUNITY

The HRIT can be used to survey a sample of the community of concern, enabling UNHCR offices 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 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 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 extrapolate / 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 and gaps in protection delivery.

It should be noted that the HRIT is only meant to be a first and quick assessment of risks individuals are facing. It is possible that persons interviewed will not share all sensitive information.

WHEN CAN THE HRIT BE USED?

The HRIT can be used during all stages of displacement, in urban as well as rural and camp situations. It can, for instance, be used as follow-up to registration exercises and to participatory assessments, and during protection monitoring.

WHO SHOULD BE INTERVIEWED?

It is important to carefully select the interviewee among the household members since the choice may have implications for the risk identification and may lead to overlooking risks. Husbands may not indicate risk of domestic violence against wives, while wives may not necessarily represent the interests of the whole household. There may be situations where women have a stronger role than men as caregivers, and they may be more likely to be aware of the specific situation of children, older persons or other household members that may be at risk. None of them may want to talk about persons with disabilities and/or other conditions in the household if it is perceived as embarrassment, taboo or stigma.

Prior participatory assessments with groups may inform who ought to be interviewed. For example, if participatory assessments indicate a high prevalence of domestic violence, it may be advisable to interview women, since this may more likely bring up SGBV / domestic violence issues. If problem with youth violence and/or school drop out has surfaced during the participatory assessments, it might be good to interview the children.

It is important to ensure the principle of age,

gender and diversity mainstreaming (AGDM) to reach out to and identify the risks of all individuals, including older persons, persons with disabilities, children and adolescents, etc.

HOW IS HEIGHTENED RISK DETERMINED?

The identification of individuals who are at heightened risk should be done by considering their exposure to trauma, human rights violations and other hardship and conditions. 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 existing support mechanisms and solutions.

THE 2 BASIC METHODOLOGIES

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

- 1) STRUCTURED INTERVIEWS
- 2) CHECKLIST (WITHOUT INTERVIEW)

The methodologies are simple to use and do not require extensive note taking or interview transcription.

METHODOLOGY 1: STRUCTURED INTERVIEW

This methodology aims at obtaining 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, other structured identification systems as well as when field colleagues meet persons at risk on a spontaneous or ad-hoc basis.

PREPARATIONS FOR THE INTERVIEW

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

1. Familiarize yourself with the HRIT

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

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

Participatory assessments are an essential protection monitoring tool. It is important to hold such 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 local 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 and potential solutions.

Both participatory assessments 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.

3. 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. Both participatory assessments and group consultations can assist in this process.

4. Identify groups and/or individuals to be interviewed

The UNHCR *proGres* database and participatory assessments can assist in determining who will be interviewed. *proGres* uses the standardized Specific Needs Codes (SNCs), which is a list of codes that can be assigned to a person at risk or with specific needs during registration and/or at any stage of the asylum process. Using the SNCs, UNHCR staff member(s) responsible for *proGres* can generate a list of individuals for interviewing. Representative sample surveys using HRIT can also be used in specific situations to help determine the target groups or individuals.

5. Gather biodata

Once individuals to be interviewed have been identified, staff must gather information already available concerning each interviewee to facilitate completion of the Biodata Section of the HRIT. If the individual is registered with UNHCR, 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.

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

When conducting an interview, ensure that interview location protects confidentiality and has sufficient space for interviewees and interpreters (if applicable). To the extent possible, clear the interview room / space of breakable objects or any items that could be used dangerously. It may be necessary to consider the need for a health service provider (e.g. nurse) and security personnel to be on stand-by. Advice of the Field Security Advisor concerning precautions and practices to be followed in each location should be sought. For further details on security arrangements during reception and interview, see “Procedural Standards for RSD under UNHCR’s Mandate”, Unit 2.

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, Best Interests Determination (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 that appropriate follow-up monitoring procedures are respected.

CONDUCTING THE INTERVIEW

The HRIT interview is brief (no more than 30 minutes) and only one member of the family is necessary for the interview. The interview should ideally be conducted in a relaxed manner, similar to a discussion rather than a formal 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.

If a woman or girl is interviewed, she should routinely be offered to talk with a same-sex interviewer and interpreter. It is important to recall that many women and girls may not be comfortable speaking with somebody of the opposite sex in an interview setting and about subjects such as sexual and gender-based violence.

INTRODUCTIONS

1. Introduce interviewer, interpreter, and anyone else present.
2. Explain that the interview will take around 30 minutes.
3. Explain the purpose of the interview.

It is important to provide a clear and honest explanation of the purpose of the interview.

Sample language

“I [interviewer] am working to assist UNHCR understand your [interviewee’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.”

4. Explain the confidential nature of the interview and the possibility of information-sharing with partners (non-

governmental and governmental).

5. Explain UNHCR's expectation / need for interviewee's honesty.
6. Inform that the person of concern is free to stop the interview at any time.
7. Clarify expectations / outcome of the interview.

Sample language

"Do you have any questions?"

"Do you understand these explanations?"

"Are you willing to participate?"

"Once this interview is complete, I may ask you to speak with someone else. If so, you will be informed and assisted."

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

Special considerations when interviewing children: interviews with the child should take place in a confidential and child-friendly atmosphere. If possible, the venue should be chosen by the child. Remember that during the interview the child is subject to two kinds of stress. One is the interview itself; to be able to understand the questions and why the interview is taking place. Secondly, the stress-factor is linked to being a victim or witness to traumatic events. Therefore, when interviewing the child, emphasis should be placed on putting the child at ease and developing a relationship of trust. The environment and tone of the interview should be as informal as possible. Children should always be allowed to say no or refuse to answer the questions. Simple, age-appropriate language should be used. One-to-one interviews, especially with an adult who is a relative stranger, may be too pressuring for many.¹

¹ Further guidance on how to interview children is found in "UNHCR Interviewing Applicants for Refugee Status" Training Module RLD 4, Geneva 1995; "UNHCR Procedural Standards for RSD under UNHCR's Mandate", at 4.3.7.; "UNHCR Resettlement Handbook (November 2004)" Chapter 6.5

QUESTIONS

As aforementioned, the interview is more like a discussion than an interview. It is important for the person to feel reassured and at ease with the process. Interviewing staff should engage the discussion by asking a series of questions listed in each risk category. This will allow the individual to explain the difficulties s/he and/or family members face 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 question phase of the interview should ideally not exceed thirty minutes. Staff are not expected to take detailed notes, however, basic points can be noted down to assist with identifying the risk indicators.

There are **FIVE RISK CATEGORIES** thematically clustered that list known trauma, human rights violations and other hardship and conditions indicative of heightened risk. These categories are:

- Older People
- Children and Adolescents
- Women and Girls at Risk
- Legal and Physical Protection
- Health and Disability

The order of the five risk categories does not suggest any hierarchy or prioritization among them, as each has equal importance. However, they have been ordered to allow the interview to flow in a non-confronting way and to ease the process of obtaining relevant information.

The interview does not need to strictly adhere to the suggested order of questions. Depending on the conversation flow, it is possible that the questions listed in any category can be asked at anytime, however it is important that all five risk categories are covered in the interview.

LIST OF QUESTIONS

Older People

- Do you have older persons in your family or living with you?
- Do your older family members face any problems with their current living situation?
- Are there any people, organizations or community groups that can help address these problems?
- What support do you need to solve these problems?

IF YOU ARE INTERVIEWING OLDER PERSONS THEMSELVES, QUESTIONS CAN BE TAILORED AS FOLLOWS.

- Do you face any problems with your current living situation?
[Optional probing questions]
 - How is your relationship with other family members?
 - Do you feel included or isolated in your family?
- Are there any people, organizations or community groups that can help address these problems?
- What support do you need to solve these problems?

Children and Adolescents

- Do you have children in your family or living with you?
- Please tell me about your children's living situation and what your children do during the day.
- Do your children or the children you are caring for have any problems with their current living situation?
- Are there any people, organizations or community groups that can help address these problems?
- What support do you need to solve these problems?

IF YOU ARE INTERVIEWING CHILDREN THEMSELVES, QUESTIONS CAN BE TAILORED AS FOLLOWS.

- With whom are you living?
- Can you tell me what you do during the

day?

- Do you have any problems with your current living situation?
[Optional probing questions]
 - Do you have any problems with your parents / your neighbours / your school / your teachers / other children?
- Are there any people around you that can help address these problems?
- What support do you need to solve these problems?

Women and Girls at Risk

- Do women and girls feel safe here?
[Optional probing questions]
 - Has anything happened to you / the women in your family?
 - When / where did it happen?
 - Did you receive any help or support?
 - What support do you need?
- Are there any people, organizations or community groups that can help address these problems?
- What support do you need to solve these problems?

Legal and Physical Protection

- How is the security situation in your community / living area?
[Optional probing questions]
 - Have you or your family ever been threatened or felt afraid?
 - When / where did it happen?
 - Did you receive any help or support?
 - What support do you need to solve these problems?

Health and Disability

- Do you / your family have any health problems, conditions or disabilities?
- What treatment or care do you / family member(s) receive for these health problems?
- What support do you need to address these problems?

RISK INDICATORS

Each risk category has a subset of **RISK INDICATORS** that highlight commonly known traumas, hardships or conditions. Based on the responses to open questions, staff should check the relevant risk indicators in each risk category.

Please note that only open questions should be used – the description of risk indicators should not be used as questions. Many of them touch upon highly traumatic experiences (e.g. rape) and there is no need to directly ask the person if such events occurred. Rather, the interviewer should follow up on answers given to the open questions to get more specific information through probing questions.

RISK INDICATORS RELATED TO HEALTH AND DISABILITY

Users of the HRIT should not feel intimidated by the risk indicators related to Health and Disability. It is understood that the majority of staff and partners using the HRIT are not medical experts. Staff should use their best judgment to identify the likelihood of risk. Identifying health and disability risks will generally be based on observations by the interviewer or by responses from the individuals.

SELF / FAMILY, PAST / PRESENT CHECK BOXES

The check boxes in the risk categories allow staff to specify whether the trauma, human rights violations, hardship or conditions apply to the person of concern and/or his or her family member(s) and whether this is the past or present situation.

The HRIT takes into consideration the family members and dependants of any individual being interviewed. 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 neighbour'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.

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

Trauma, human rights violations, 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.

POSSIBLE SPECIFIC NEEDS CODES (SNC) BOXES

These boxes indicate possible (non-exhaustive) corresponding standardized Specific Needs Codes (SNC)², where staff records HRIT results into UNHCR's *proGres* database.

The SNC provide a standardized and exhaustive list of an individual's particular characteristics, background, or risks that may provoke protection exigencies. The SNC are relevant to all types of UNHCR operations, whether related to asylum-seeker, refugee, IDP, stateless or returnee populations.

Given that the HRIT is only a rudimentary identification tool, the SNCs should preferably only be entered into *proGres* after a full, follow-up assessment has been made.

"OTHER" BOX

Each of the six risk categories contains an

² For further information on the Specific Needs Codes, see IOM/ 030/2009 FOM/030/2009, *Guidance on the Use of Standardized Specific Needs Codes*, dated June 2009.

“Other” box at the end of the risk indicators. When appropriate, staff should use this field to record additional context-specific risk indicators not already accounted for.

RISK RATING BOX / REMARKS

In each risk category, staff will be asked to indicate whether the individual / family member is believed to be at high, medium, or low risk as defined below:

HIGH: reflects serious imminent risk to personal safety requiring **immediate intervention and/or follow-up by UNHCR or a partner agency within a few days**. Staff should immediately refer the individual to the appropriate service provider, and follow up with the provider on a daily 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 the likelihood of serious risk on individual’s safety requires **urgent scheduled intervention and/or follow-up within 4-6 weeks**. 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.

LOW: denotes that likelihood of serious risk to personal safety is low but intervention for specific needs may be required. 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 analyze 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 her/his 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.
- Any comments relating to the risk rating should be included in the “Remarks” box.

Country teams should try to have a uniform understanding of the levels of risk. Regular meetings should be held to discuss difficult or uncertain cases. A focal point within an operation can be assigned to help clarify questions users may have, or field operations may establish guiding parameters to help achieve a degree of consistency.

OVERALL RISK RATING / REFERRAL AREAS BY PRIORITY

Staff should then proceed to the **OVERALL RISK RATING / REFERRAL AREAS BY PRIORITY** section of the HRIT, and complete it as follows:

In the section **SUMMARY OF RISK CATEGORY RATING**, staff should check the risk level corresponding to each risk category for the individual of concern and family members.

In the section **REFERRAL AREAS BY PRIORITY**, staff should indicate the type and priority of referral needed for the individual of concern and/or family member(s).

In the section **OVERALL RISK RATING**, staff should then assign an overall risk rating to the individual of concern and/or family member(s). 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.

CLOSING THE INTERVIEW

Staff should conclude the interview by advising the person of concern as to next steps and referrals if required. Ideally, this should not exceed five minutes.

1. Ask the interviewee whether s/he has any additional information to provide;
2. Note any questions the person of concern needs answered, or need for follow-up (not already been accounted for above);
3. Notify individual of next step(s) and / or referral(s).

FOLLOW-UP

FOLLOW-UP ON REFERRALS

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

PROGRES UPDATES

Staff will also need to **record the risk rating in UNHCR's proGres database** by using the 'Standardized Specific Needs Codes (SNC)' and 'Comments' fields in *proGres*. The SNC should preferably only be entered into *proGres* after a full, follow-up assessment has been made. SNC should also be updated when no longer applicable.

If a case file does not already exist for the individual of concern, UNHCR staff responsible for registration should be notified and steps should be taken to register the person and establish an individual case record.

METHODOLOGY 2: CHECKLIST

(without interview)

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

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;
- caseworkers proceed directly to determining the relevant risk categories and risk indicators.

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;
- 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.

