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| **Form 3- PROTECTION RISK ASSESSMENT[[1]](#footnote-1)**  **Individual Protection Case Management for Persons with Specific Needs** | |
| **1.Administrative Information** | |
| **Staff Code\***  **رمز الموظف**  **{{staff\_code}}**  **Case Code:**  **رمز الحالة**  **{{case\_code}}** | **Date Assessment\***  تاريخ المقابلة (يوم/شهر/سنة)  {{date}}  **Type of Assessment:** {{Check\_1}} Home Visit زيارة منزلية  {{Check\_2}} Phone عبر الهاتف  {{Check\_3}} Community Development Centre مركز مجتمعي {{Check\_4}} Mobile Safe Space مساحة آمنة متنقلة  {{Check\_5}} Other (please specify): {{assessment\_type}} |
| **2.Address Any barriers** | |

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| **Do you need any support to take part in this meeting?** | {{Check\_6}} Yes {{Check\_7}} No |
| **Note down support required and what has been put in place (if answer is Yes)** | {{support\_required}} |

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| **3.Registration, Documentation and Legal Status التسجيل، الاوراق الثبوتية والوضع القانوني** | | | |
| **Is everyone in your household registered with UNHCR?**  {{Check\_8}} Yes {{Check\_9}} No  {{Check\_10}} Don't know   **Do all of your children have official birth certificates?** {{Check\_11}} Yes {{Check\_12}} No  {{Check\_13}} Don't know  **If answer is No, are you aware of how to register your child’s birth in Lebanon?** {{Check\_14}} Yes {{Check\_15}} No  {{Check\_16}} Don't know  **Do you have a valid residence permit/residency card?** {{Check\_17}} Yes {{Check\_18}} No  {{Check\_19}} Don't know  **Does anyone else in your household have a valid residence permit/residency card?** {{Check\_20}} Yes {{Check\_21}} No  {{Check\_22}} Don't know | | | |
| **4. Safety and Risks** | | | |
| Do/did you or your family face any safety or security threat or  incidents? | | {{Check\_23}} Yes Explain: {{explain\_1}}  {{Check\_24}} No | |
| **5. Household Information** | | | |
| **Who are you living with?** | | {{Check\_25}} Living with immediate family {{Check\_26}} Relatives {{Check\_27}} non-relatives {{Check\_28}} Independently {{Check\_29}} Other | |
| **How many people are you living with?** | | {{number\_of\_people\_living\_with}} | |
| **If not with family members:**  **Where are your immediate family members?** | | {{Check\_30}} In another country  {{Check\_31}} In another location in this country  {{Check\_32}} Don’t know  {{Check\_33}} Other specify: {{explain\_2}} | |
| **If separated from family:**  **Are you in need of family tracing and reunification support?** | | {{reunification}} | |
| **6.Housing condition / ظروف السكن** | | | |
| **What is your housing situation?** | | {{Check\_34}} Owned (Apartment or House) {{Check\_35}} Rented, specify amount {{rental\_amount}} {{Check\_36}} Informal tenure/unpaid (Collective Shelter, Centre, Garage) {{Check\_37}} Living with host family, paying rent, specify amount {{family\_rental\_amount}}  {{Check\_38}} Living with host family, not paying rent {{Check\_39}} Camp or informal settlement {{Check\_40}} Other (Specify): {{explain\_3}} | |
| **Do you have a written lease agreement?** | | {{Check\_41}} Yes {{Check\_42}} No Explain: {{explain\_4}} | |
| **Do you feel safe/secure that you can stay in this shelter as long as you want to?**  *(Have the family been threatened with or experienced eviction, have they fallen behind on rent payments?)* | | {{Check\_43}} Very Stable {{Check\_44}} Stable {{Check\_45}} Insecure {{Check\_46}} Very Insecure If insecure or very insecure, please provide further details: {{secure\_details}} | |
| **How would you assess the accessibility of the place you are living in?** | | {{Check\_47}} Accessible {{Check\_48}} Limited accessibility - Needs Rehabilitation  {{Check\_49}} Not accessible at all -Needs Rehabilitation | |
| **If limited or no accessibility: What arrangement you might need to make this place more accessible?** | | {{Check\_50}} Hand rails {{Check\_51}} Ramps at the entrance  {{Check\_52}} Ramps at the door step {{Check\_53}} Install Bathroom and toilet aids {{Check\_54}} Install external electric Elevator  {{Check\_55}} Other (Specify): {{explain\_5}} | |
| **Comment/observation on housing situation:**  *(Observe the condition of the housing, whether there is adequate lighting and sanitation and the smell. Can all people within the household enter, circulate and use it, privacy between families, and security of tenure)* | | Notes: {{housing\_situation}} | |
| 7.Access to basic needs and services including information | | | |
| **Do you experience any difficulties accessing your daily food**  **and/or water needs**? | | {{Check\_56}} Yes Explain: {{explain\_6}}  {{Check\_57}} No | |
| **Do you experience any challenges/barriers hindering your**  **access to basic services you need?** | | {{Check\_58}} Yes Explain, and mention services that are affected: {{explain\_7}} {{Check\_59}} No | |
| **If yes, what type of barriers are you experiencing?**  *List all that apply* | | {{Check\_60}} Physical barriers in the buildings {{Check\_61}} Inaccessible transportation {{Check\_62}} Lack of accessible communication means {{Check\_63}} Exclusion from services {{Check\_64}} Financial barriers {{Check\_65}} Service unavailable {{Check\_66}} Other (Specify): {{explain\_8}} | |
| **Do you currently receive any assistance from other**  **organization or have you received any in the past?** | | {{Check\_67}} Yes Explain: {{explain\_9}}  {{Check\_68}} No | |
| **If yes, what type of assistance are you currently receiving:**  *(Please indicate amount and timeframe for each type*  *of assistance, if applicable)* | | {{Check\_69}} Cash for Rent {{Check\_70}} MCAP {{Check\_71}} PCAP (1&2) {{Check\_72}} PCAP 3 {{Check\_73}} CFP {{Check\_74}} ECA {{Check\_75}} In-kind (specify) {{Check\_76}} Other (specify) | |
| **8.Economic Situation** | | | |
| **Do you/your Household have any income?** | | {{Check\_77}} Yes {{Check\_78}} No Explain: {{explain\_10}} | |
| **If yes, what is the source of this income?** | | Notes:{{income\_source}} | |
| **Do you have a form of control over the use of your income and/or your household’s income?**  *(Can you buy what you need by yourself? Do you need*  *permission? If yes, would that conversation be easy*  *or difficult?)* | | {{Check\_79}} Yes {{Check\_80}} No Explain: {{explain\_11}} | |
| **Do you feel that your material needs are being met?** | | {{Check\_81}} Yes {{Check\_82}} No Explain: {{explain\_12}} | |
| **Has there been a sudden change in your income/financial situation in the past 30 days?**  *(Note if this has caused tension in the household, change in living situation)* | | {{Check\_83}} Yes Explain: {{explain\_13}}  {{Check\_84}} No | |
| **9.Health and Well being** | | | |
| **Do you have any health concerns?** | | {{Check\_85}} Yes (If yes, continue to answer the following questions in the health section) {{Check\_86}} No  Explain: {{explain\_14}} | |
| **Do you receive any treatment or support?** | | {{Check\_87}} Yes {{Check\_88}} No  If yes, who is providing it?  {{received\_treatment}} | |
| **Do you need any support to take care of yourself?** | | {{Check\_89}} Yes {{Check\_90}} No If yes, who normally provides this support to you? {{selfcare\_support}} | |
| **Does your household give you the support you need?** | | {{Check\_91}} Yes {{Check\_92}} No Explain: {{explain\_15}} | |
| **10.Basic MHPSS Assessment**  *Ask the PoC in an informal discussion how they have been feeling for each of the following symptoms during the last* ***two weeks****? For each question, note the PoCs answer in the box, which will support you in doing your final assessment.* | | | |
| **Questions** | | **Answers** | |
| **How often over the last two weeks have you…** | | | |
| **1. Had little interest or pleasure in doing things?** | | {{Check\_93}} Not at all (0) {{Check\_94}} For several days (1) {{Check\_95}} For more than half the days (2) {{Check\_96}} Nearly every day (3) | |
| **2. Been feeling down, depressed or hopeless?** | | {{Check\_97}} Not at all (0) {{Check\_98}} For several days (1) {{Check\_99}} For more than half the days (2) {{Check\_100}} Nearly every day (3) | |
| **3. Had trouble falling/staying asleep or are sleeping too much?** | | {{Check\_101}} Not at all (0) {{Check\_102}} For several days (1) {{Check\_103}} For more than half the days (2) {{Check\_104}} Nearly every day (3) | |
| **4. Been feeling tired or having little energy?** | | {{Check\_105}} Not at all (0) {{Check\_106}} For several days (1) {{Check\_107}} For more than half the days (2) {{Check\_108}} Nearly every day (3) | |
| **5. Had poor appetite and did not want to eat, even when food was available, or overate?** | | {{Check\_109}} Not at all (0) {{Check\_110}} For several days (1) {{Check\_111}} For more than half the days (2) {{Check\_112}} Nearly every day (3) | |
| **6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down?** | | {{Check\_113}} Not at all (0) {{Check\_114}} For several days (1) {{Check\_115}} For more than half the days (2) {{Check\_116}} Nearly every day (3) | |
| **7. Had trouble concentrating on things, such as reading or watching television?** | | {{Check\_117}} Not at all (0) {{Check\_118}} For several days (1) {{Check\_119}} For more than half the days (2) {{Check\_120}} Nearly every day (3) | |
| **8. Been moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?** | | {{Check\_121}} Not at all (0) {{Check\_122}} For several days (1) {{Check\_123}} For more than half the days (2) {{Check\_124}} Nearly every day (3) | |
| **9. Had thoughts that you would be better off dead or of hurting yourself in some way?** | | {{Check\_125}} Not at all (0) {{Check\_126}} For several days (1) {{Check\_127}} For more than half the days (2) {{Check\_128}} Nearly every day (3) | |
| **Total score (0-27):** (i.e. combined total number) | | | |
| **This question looks at functionality based on the symptoms that the PoC identified above. Use this question as a scale to assess how affected the PoC is by the symptoms. IF for the above questions the PoC responded ‘For several days’, ‘For more than half the days’ or’ Nearly every day’; THEN complete Question 10.** | | | |
| **10. You indicated that you are [insert above relevant questions…example: having trouble sleeping…]. How difficult has this problem/have these problems made it for you to do your work, take care of things at home, or get along with people?** | | {{Check\_129}} Not difficult at all  {{Check\_130}} Somewhat difficult  {{Check\_131}} Very difficult {{Check\_132}} Extremely difficult | |
| **Note on scoring:** the mental health assessment scores represent minimal (0-4), mild (5-9), moderate (10-14), moderately severe (15-19), and severe depression (20-27). Where PoCs are categorized as moderate or above (score 10 out of 27 or above), it is recommended that protection caseworkers complete a referral to an MHPSS specialist. If PoC expresses suicidal ideation, responding several days or more (score of 1 or above) to question 9, it is essential that protection caseworkers immediately consult their supervisor and activate appropriate MHPSS referrals and provide support services, when appropriate and within their scope of work. | | | |
| **Summary MHPSS assessment (caseworker only)** Include any additional comments or observations about your PoC, and their appearance or behaviour, which could indicate their mental health and psychosocial wellbeing. | | | |
| **11.Risk analysis (Protection Risk Equation)**  *\*Remember to note down any changes to the specific risk(s) since the identification & intake step & to update the risk-level for the case.* | | | |
| **Protection Risk:**  *What protection risk is the individual facing or currently experiencing?* | | {{protection\_risk}} | |
| **Based on the analysis below, what is the current risk level?** | | {{Check\_133}} **High** | {{Check\_134}} **Medium** |
| التهديدات | | {{threats}} | |
| Vulnerabilities  الهشاشة | | {{vulnerabilities}} | |
| Capacities  القدرات | | **Personal Strengths**  {{personal\_strengths}} | **Family/Community Support**  {{family\_support}} |
| 12. Summary | | | |
| **PoC Summary** | **From what we have discussed, what do you feel are the three things which are worrying you most?** | {{most\_worrying\_about}} | |
| **Do you have any suggestions for what you and I can do to help this situation?** | {{suggestions}} | |
| **Caseworker Summary** | | {{summary}} | |
| **Expected Protection Outcome** | | {{ex\_protection\_outcome}} | |

1. To be completed Within two weeks of the client’s identification. In some cases, you may conduct the risk assessment at the same meeting as the identification and registration meeting. [↑](#footnote-ref-1)