

# METHODOLOGICAL MANUAL

# STANDARD OPERATING PROCEDURES FOR COMPREHENSIVE SERVICES PROVIDED BY THE HEALTHRIGHT DAY CENTER AND THE HEALTHRIGHT HALFWAY HOUSE



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Kyiv, 2023

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## HEALTHRIGHT INTERNATIONAL

is an international organization working in the field of public health and human rights protection to provide health care opportunities for those who find themselves in difficult life circumstances. Since 2005, the organization has been implementing projects in Ukraine.



## UKRAINIAN FOUNDATION FOR PUBLIC HEALTH

a local charitable organization established by HealthRight in 2008 to improve the quality of life and realize the basic rights of socially vulnerable population groups.



*This manual was developed by the HealthRight International in Ukraine and ICF “Ukrainian Foundation for Public Health” as the systematized information about comprehensive services provided by the HealthRight Day Center and the HealthRight Halfway House.*



Photo: HealthRight Halfway House, Kyiv, July 2023

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# INTRODUCTION

**Dear readers,**



*This document is the systematized Standard Operating Procedures for the comprehensive services provided by the HealthRight Day Center and the HealthRight Halfway House. This manual is an important step in our common mission to provide quality and comprehensive services to those who most need our support.*

*The HealthRight Day Center and the HealthRight Halfway House are projects that carry an important mission to help people in difficult life circumstances who face traumatic experiences, social vulnerability, and other life challenges. Our dedicated team demonstrates a high degree of professionalism, empathy, and commitment. We always strive to provide the best possible services to our clients.*

*This manual is an important handbook for our employees working in the Day Center and the Halfway House. It contains operating procedures that help us to ensure consistency and continuous quality of service delivery. This document is our guide and defines the norms and principles that we are required follow in our daily work.*

*Understanding the importance of our role and the impact we have on people's lives drives the recognition of our responsibility and the need for continuous improvement. This manual will help us enhance our skills, coordinate our actions, and ensure that we can provide the highest level of client satisfaction.*

*I would like to express my gratitude to all the employees who are involved in the work of the Day Center and the Halfway House. Your work and contributions are invaluable and reflect our shared commitment and passion for improving the lives of others.*

*I would also like to express our sincere gratitude to our donors and partners who invest significant efforts, financial resources, and support in the implementation of these important initiatives. In addition, I want to extend our heartfelt thanks to World Vision International for their generous support and partnership in making our mission a reality.*

*Your support allows us to provide appropriate conditions and quality services to our clients. Your contributions help us to provide healthcare, psychological, legal and educational services, as well as to organize assisted self-testing for serious infectious diseases.*

*We appreciate your belief in our mission and your confidence in the efficiency of our work. Your support is critical to the sustainability and success of our projects.*

**Sincerely,**

A handwritten signature in black ink, appearing to read 'H. Skipalska'.

**Halyna Skipalska**

**Country Director of HealthRight International in Ukraine**

**Executive Director of the ICF "Ukrainian Foundation for Public Health"**





# GENERAL SECTION

Photo: HealthRight Day Center, Kyiv, July 2023

## 1. Definitions

The terms used in this document comply with international and national legal documents and standards.

The Standard Operating Procedure (hereinafter referred to as the SOP) is a documented algorithm of actions aimed to meet the requirements of the standards for comprehensive services provided by the HealthRight Day Center and the HealthRight Halfway House.

The SOPs are used by specialists when identifying beneficiaries, organizing the provision of comprehensive services, and referring clients at the HealthRight Day Center and the HealthRight Halfway House.

## 2. Purpose and Objectives of the Standard Operating Procedures

The purpose of the SOP is to ensure compliance with the requirements and standards for the provision of comprehensive services.

The objectives of SOPs are to organize the provision of services under the established standards, ensure their comprehensiveness and continuity, define the duties and responsibilities of specialists, and ensure the efficiency and quality of service provision by defining control and risk assessment procedures.

The SOP documentation helps specialists to coordinate their actions and ensure a unified approach to service delivery to improve service quality and efficiency, as well as to meet clients' needs.

## 3. Guiding Principles

Guiding principles are fundamental ideas, provisions, and requirements that determine the content and essence of the organization's activities and each specialist's work.

### 3.1. The principle of respect for human rights and freedoms

The HealthRight Day Center and the HealthRight Halfway House provide services to establish the rights and freedoms of each person and prevent them from further violation. Activities are based on the fundamental principle of human rights.

### **3.2. The principle of voluntariness**

The HealthRight Day Center and the HealthRight Halfway House provide services to clients based on their free will to independently decide to seek help and be motivated to resolve issues.

### **3.3. The principle of confidentiality**

The specialists of the HealthRight Day Center and the HealthRight Halfway House guarantee the safety of personal information in the interests of the client. Any confidential information may not be disclosed within the organization or among any other governmental or non-governmental institutions (structures), as well as among third parties without the person's informed consent.

### **3.4. Ensuring the best interests of the child**

Assistance to a child in difficult life circumstances is provided on an individual basis, considering their best interests, characteristics, life experience, and needs. Each action plan is individualized and based on aspects that will help overcome the difficult life circumstances. Plans include measures for the child's development, including mental and emotional development. The child is guaranteed the right to receive assistance in accordance with the child's chronological and developmental age.

### **3.5. The principle of non-discrimination**

Every person seeking the assistance of the HealthRight Day Center and the HealthRight Halfway House has the right to receive all services provided by these institutions, regardless of gender, age, religion, sexual orientation, nationality, social status, health status, and disability.

### **3.6. The principle of "Do No Harm"**

When providing assistance, it is taken into consideration that harm can be caused not only by inaction but also by actions. If there is a risk that certain actions may cause harm, they are deferred or ceased, however, measures are planned to reduce the risks.

It is important to consider that each client has their own unique needs, and therefore, an individualized approach and respectful attitude towards the client helps ensure the effectiveness and safety of social services, in accordance with the principle "Do No Harm".

Everyone who finds themselves in difficult life circumstances has the right to receive urgent support and assistance from all organizations and institutions listed in this document.

### **3.7. Comprehensiveness and continuity of services**

When providing services to clients in difficult life circumstances, their individual needs and characteristics must be considered.

To ensure the interaction of specialists in the provision of services, a responsible person, the case manager, is appointed to coordinate the work of all involved specialists, including interactions with other service providers.

The main goal of the principle of comprehensiveness and continuity of services is to ensure that clients receive necessary and effective services that meet their needs and help them achieve their goals. This approach helps to ensure the client's full integration into society, improving their quality of life, and guaranteeing their personal security and safety.



## 4. Terminology

When providing services, the specialists at HealthRight International in Ukraine and the ICF “Ukrainian Foundation for Public Health” use international and national standards, such as the UN Declaration on the Elimination of Violence against Women, the UN Convention on the Elimination of All Forms of Discrimination against Women and its recommendations, the Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, the UN Convention on the Rights of the Child, the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, and the International Labor Organization Convention on the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor.

Terms are also based on the following laws in Ukraine: “On Preventing and Combating Domestic Violence”, “On Ensuring Equal Rights and Responsibilities of Women and Men”, “On Childhood Protection”, “On Social Services”, “On Counteracting the Spread of HIV-related Diseases, Legal and Social Protection of People Living with HIV”, “On the Public Health System”, “On the Fundamental Principles of the Ukrainian Health Legislation”, “On Social Work with Children, Youth and Families”, and “On Combating Trafficking in Human Beings”.

**Acquired Immunodeficiency Syndrome (AIDS)** is a stage of the disease resulting from the HIV virus (HIV infection), characterized by clinical manifestations caused by deep damage to the human immune system under the influence of HIV.

**Assessment of a person’s/family’s needs for social services** is an evaluation of a vulnerable person’s/family’s difficult life circumstances and determination of the individual needs of a person/family, as well as available services.

**Child** is a person under the age of 18 unless, under the law applicable to him or her, he or she acquires the rights of an adult earlier.

**Child abuse** is any form of physical, psychological, sexual or economic violence against a child, including domestic violence, as well as any illegal child-related transactions, including recruitment, moving, hiding, transfer or receipt of a child, and committed for exploitation, using fraud, blackmail, or the child’s vulnerable state.

**Child neglect** is a form of child abuse. Child neglect is an act of caregivers that results in depriving a child of their basic needs, such as the failure to provide adequate supervision, health care, clothing, or housing, as well as other physical, emotional, social, educational, and safety needs.

**Child who is a victim of domestic violence** (hereinafter referred to as a Child Victim) is a person under the age of 18 who has experienced domestic violence in any form or has witnessed such violence.

**Difficult life circumstances** are the situations that negatively affect the life, health, and development of a person and/or family functioning, which the person/family cannot overcome on their own. Factors that may cause difficult life circumstances are:

- a) *Old age;*
- b) *Partial or complete loss of motor skills, or mental capacity;*
- c) *Incurable diseases or chronic health conditions;*
- d) *Mental and behavioral disorders, including those resulting from the use of psychoactive substances;*
- e) *Disability;*
- f) *Homelessness;*
- g) *Unemployment;*
- g) *Low income;*
- i) *Behavioral and emotional disorders in children such as attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), autism spectrum disorder (ASD), anxiety or depression;*
- j) *Parental neglect or legal guardian's failure to provide a child with necessities;*
- k) *Losing social ties, including while incarcerated;*
- l) *Cruelty to children;*
- m) *Gender-based violence;*
- n) *Domestic violence;*
- o) *Human trafficking;*
- p) *Damage caused by fire, natural disaster, catastrophe, hostilities, terrorist acts, armed conflict, and military occupation.*

**Domestic violence** means acts (actions or inactions) of physical, sexual, psychological or economic violence committed in the family or within the place of residence, or between relatives, former or current spouses, or other persons, who live/lived together in the same family but are/were not in family relationships with each other or married to each other, although the perpetrator of domestic violence lives in the same place as the victim, as well as threats to perform such acts. Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions, threats of actions, and/or other patterns of coercive behavior that influence another person within an intimate partner relationship. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound.

**Economic violence** is a form of domestic violence that includes intentional deprivation of housing, food, clothing, other property, funds and documents (or the ability to use them), abandonment or neglect, obstruction of necessary treatment or rehabilitation services, prohibition to work, compulsion to work, prohibition to study, and other economic offenses.

**Gender discrimination** means a situation in which a person and/or a group of persons who actually or presumably were, are or may be subject to gender-based restrictions in the recognition, exercise, or enjoyment of rights and freedoms or privileges in any form established by the Law of Ukraine "On Principles of Prevention and Combating Discrimination in Ukraine", except when such restrictions or privileges have a legitimate and justified purpose, which has appropriate and necessary means of achieving (for example, positive discrimination).

**Gender equality** means equal legal status of women and men and equal opportunities for its realization, which allows persons of both sexes to participate equally in all spheres of society.

**Gender-based violence** refers to any type of harm that is perpetrated against a person or group of people because of their factual or perceived sex, gender, sexual orientation and/or gender identity. Gender-based violence can be sexual, physical, verbal, psychological (emotional), or socio-economic and it can take many forms, from verbal violence and hate speech on the Internet, to rape or murder. It can be perpetrated by anyone: a current or former spouse/partner, a family member, a colleague from work, schoolmates, friends, an unknown person, or people who act on behalf of cultural, religious, state, or intra-state institutions. Gender-based violence, as with any type of violence, is an issue involving relations of power. It is based on a feeling of superiority, and an intention to assert that superiority in the family, at school, at work, in the community or in society as a whole.

**HIV** is a human immunodeficiency virus that causes HIV infection.

**Persons Living with HIV/AIDS (PLWHA)** is a person in whose body the HIV virus was found, but who is asymptomatic.

**Human trafficking** is the trade of humans for the purpose of forced labor, sexual slavery, or commercial sexual exploitation. Human trafficking can occur within a country or trans-nationally. It is distinct from people smuggling, which is characterized by the consent of the person being smuggled. Human trafficking is recognized as a crime under the Criminal Code of Ukraine.

**Person who is a survivor of human trafficking** is an individual who has been trafficked and recognized as such under the provisions of national legislation.

**Internally Displaced Person (IDP)** is a citizen of Ukraine, a foreigner, or a stateless person who is legally on the territory of Ukraine and has the right to permanent residence in Ukraine, who was forced to leave or abandon their place of residence as a result of or to avoid the negative consequences of armed conflict, temporary military occupation, widespread violence, human rights violations, and natural or technology-related emergencies.

**Perpetrator** is a person who carries out a harmful, illegal, or immoral act. A perpetrator can be involved in various illegal acts, such as child abuse, family domestic violence, etc.



**Person who is the victim of domestic violence** (hereinafter referred to as the victim) is a person who suffered domestic violence in any form.

**Physical violence** is a form of domestic violence that includes slapping, kicking, pushing, pinching, flogging, and biting, as well as illegal deprivation of liberty, battery, torture, infliction of bodily harm of varying severity, leaving in danger, failure to assist a person in a life-threatening condition, causing death, and committing other violent offenses.

**Post-Exposure Prophylaxis** is a short-term course of antiretroviral treatment aimed at reducing the likelihood of HIV infection in a person who is at increased risk of infection.

**Program for the victim** is a set of measures aimed to remove emotional dependence and self-distrust, develop the victims' ability to defend their dignity and protect their rights in private relationships, as well as using authorized state agencies and local governments.

**Psychological violence** is a form of domestic violence that includes verbal abuse, threats, threats against third persons, humiliation, harassment, intimidation, and other acts aimed at restricting the person's will, and control in the reproductive sphere. Such actions or inaction cause victims to fear for their safety or the safety of third persons, create emotional uncertainty, inability to protect themselves or harm their mental health.

**Risk assessment** is an instrument that helps to determine the level of danger an abused woman has of being killed by her intimate partner.

**Sexual harassment** is defined as any behavior of a sexual nature that affects the dignity of women and men, which is considered as unwanted, unacceptable, inappropriate and offensive to the recipient, and that creates an intimidating, hostile, unstable or offensive work environment. It includes actions of a sexual nature, expressed verbally, for example threats, intimidation, socially and culturally, inappropriate and unwelcome comments with sexual overtones, persistent proposals and unwelcome requests. Sexual harassment can also be non-verbal, for example unwelcome gestures, suggestive body language, indecent exposure or unwelcome display of pornographic materials. Physical sexual harassment can be manifested by intentionally touching, caressing, pinching, and hugging to sexual assault and/or rape.

**Sexual violence** is a term to describe any sexual activity that happened without consent. It refers to crimes like sexual assault, rape, and sexual abuse. Sexual violence is a form of domestic violence that includes any act of a sexual nature committed against an adult without the adult's consent or against a child with the child's consent or in the child's presence, coercion to engage in a sexual act with a third person, and other violations of a person's sexual freedom or sexual integrity, including those committed against a child or in a child's presence.

**Vulnerable groups** are individuals/families who are at the highest risk of falling into difficult life circumstances due to the impact of unfavorable external and/or internal factors.



Photo: HealthRight Day Center, Uzhhorod, May 2023

## 5. HealthRight Day Center

The HealthRight Day Center (hereinafter referred to as the Day Center) is a project that provides vulnerable people with comprehensive services, including healthcare, social, psychological, legal, educational, as well as assisted self-testing for HIV, viral hepatitis and sexually transmitted infections.

The Day Center supports people who, as a result of armed conflict, natural disasters, domestic and gender-based violence, or a real threat of violence, human trafficking or forced displacement, are in difficult life circumstances and cannot overcome them on their own, and to individuals/families belonging to vulnerable groups (hereinafter referred to as people in difficult life circumstances).

The Day Center is a project implemented by the ICF “Ukrainian Foundation for Public Health” (hereinafter – UFPH), in cooperation with the representative office of HealthRight International in Ukraine and the city center of social services, with the financial support of international organizations, charitable foundations, donations, and other legitimate sources.

All Day Center services are free of charge for its clients, regardless of their place of residence, gender, age, health status, religion, sexual orientation or ethnicity. At the client's request, services are provided anonymously and in compliance with confidentiality rules.

The Day Center aims to provide access to quality social, psychological, legal, healthcare and social services for girls and young women in difficult life circumstances, as well as social services for individuals/families from vulnerable groups and those in difficult life circumstances. As necessary, women with children can be accommodated in the HealthRight Halfway House.



## 6. HealthRight Halfway House

The HealthRight Halfway House (hereinafter referred to as the Halfway House) is a project that operates to provide temporary accommodation for women who have experienced trauma, pregnant women, and mothers with children under 12 years of age, who are in difficult life circumstances that can potentially result in child abandonment or the removal of parental rights.

The Halfway House was created by UFPH in cooperation with the representative office of HealthRight International in Ukraine and the city center of social services for families, children and youth. The Halfway House provides services to women free of charge.

The main goal of the Halfway House is to prevent social orphanhood by providing a range of services to women who have undergone particularly traumatic experiences, pregnant girls and women with children in difficult circumstances (also referred to as "DLC"), including temporary shelter, social and psychological rehabilitation and adjustment, and assistance in further independent living.

### **The objectives of the Halfway House are:**

- Protect women's rights and interests;
- Prevent the abandonment of newborn children or the removal of parental rights;
- Provide temporary accommodation and comprehensive social services to women in DLC;
- Identify and analyze the causes and conditions that led to the social maladjustment of women, such as substance abuse or violation of social norms;
- Develop and implement individually customized programs for women aimed at overcoming or solving DLC-related problems;
- Prevent the use of psychoactive substances, develop women's skills to lead a healthy lifestyle;
- Interact and assist in organizing independent living for women;
- Assist in obtaining health care services for women and their young children;
- Organize training for women for their professional orientation and assistance in finding employment;
- Implement educational and methodological activities to disseminate the positive experience of the Halfway House;
- Provide a range of social services to women with children according to an individual plan based on the assessment of their needs, to help them overcome DLC, take measures for their further socialization and re-integration into communities;
- Develop healthy lifestyle skills in women, assist in obtaining first aid, health examinations, and treatment of mother and child, as necessary;
- Provide consultations on current legislation to prepare or review documents, register women's places of residence, apply for state social assistance, protect children's rights, as well as recover alimony.

## 7. Network of partners (authorized government and local government authorities, other institutions and organizations that assist vulnerable groups)

Partnerships and collaborations form the cornerstone of our operations at the Day Centers and Halfway Houses. We firmly believe that through shared efforts and partnerships, we can collectively accomplish our shared objectives of providing invaluable support to vulnerable populations.



**Our network of partner agencies encompasses a wide spectrum of professionals and institutions, including:**

- **Police and GBV Specialized Services:** Collaborating with law enforcement and specialized services in gender-based violence (GBV) empowers us to respond effectively to cases of violence and offer specialized support to survivors.
- **Educational Institutions:** Our alliance with educational institutions aids us in addressing the unique needs of children and adolescents in challenging situations, facilitating their access to education and psychosocial support.
- **Psychologists and Mental Health Services:** Collaboration with psychologists and mental health services ensures comprehensive and tailored emotional support for our clients.



**This alliance of partner agencies also includes:**

- **Maternity Hospitals:** Collaborating with these facilities enables us to provide care and support to pregnant women and mothers with infants facing complex life circumstances.
- **Hospitals:** Our partnership with hospitals facilitates comprehensive medical assistance, aiding in identifying and addressing medical concerns.
- **District and Regional Authorities:** Working with these authorities enables coordinated assistance and optimal conditions for our clients.
- **Social Service Centers:** Our partnership with these centers ensures holistic support and assistance across various aspects of our clients' lives.
- **Centers for Social and Psychological Assistance:** This partnership ensures vital psychological aid for our clients.
- **Child Rights Services:** Collaboration with child rights services safeguards the welfare and support of children within challenging family dynamics.
- **Shelters and Safe Spaces:** Our collaboration with shelters provides secure temporary accommodations for individuals who have undergone traumatic experiences.

In addition, we engage with international, public, non-governmental, and charitable organizations that share our values and support our initiatives. This extensive partner network facilitates timely referrals for our clients, ensuring they access the suitable support and assistance they require.

Our collective effort and engagement with these institutions amplify our impact, allowing us to deliver high-quality and comprehensive services to our clients. This united and compassionate community stands firmly by those in need, providing invaluable help and support.



# DESCRIPTION OF STANDARD OPERATING PROCEDURES

Photo: HealthRight Halfway House, Kyiv, July 2023

## SOP 1. Identification and detection of clients in difficult life circumstances

Identification and detection of clients in difficult life circumstances is the process of identifying and detecting people who may be vulnerable or in need of assistance.

**Such clients may include persons who are unable to overcome the negative impact of circumstances caused by the following factors:**

- Incurable and chronic diseases;
- Mental and behavioral disorders, including those related to the use of psychoactive substances;
- Disability;
- Homelessness;
- Unemployment;
- Low income;
- Behavioral and emotional disorders in children such as attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), autism spectrum disorder (ASD), anxiety or depression;
- Parental neglect or legal guardian's failure to provide a child with necessities
- Social isolation due to war-related curfews;
- Ill-treatment of a child;
- Domestic violence;
- Gender-based violence;
- Human trafficking;
- Damage caused by fire, natural disaster, catastrophe, hostilities, terrorist acts, armed conflict, and temporary military occupation.

**Individuals/families who are at the highest risk of experiencing difficult life circumstances due to the impact of unfavorable external and/or internal factors include the following categories:**

- Families whose children have been illegally taken away from their parents;
- Families in which the parents are in the process of divorce and attempts are being made to resolve parental conflict in relation to the children's place of residence, the amount of child support, as well as custody arrangements;
- Families with children in which the parents' long-term illness prevents them from fulfilling their parental responsibilities;
- Families with children with disabilities and families with children whose parents have disabilities;
- Families in which parental rights were reinstated after they had been terminated by a court;
- Families with children in which parents are labor migrants;
- Low income families with children;
- Families whose children are in facilities of institutional care;
- Families whose children are placed in foster families;
- Families whose children systematically abscond from their place of residence without permission;
- Families whose children systematically fail to attend educational institutions without valid reasons;
- Women who have expressed an intention to abandon their newborn babies;
- Single, teenage mothers;
- Children in foster care, foster families, adoptive families, family-group houses;
- Orphans and children deprived of parental care;
- Persons with special educational needs;
- Internally displaced persons;
- Adult incapacitated persons (if they do not have guardians);
- Persons released from places of incarceration such as prisoner-of-war camps, labor camps or prisons;
- Participants of anti-terrorist operations and persons who carried out measures to ensure national security and defense.

Clients can apply for the services provided by the Day Center and Halfway House either independently or upon referral from government bodies, local government authorities, and partner institutions and organizations.

**Based on the experience of HealthRight International in Ukraine and UFPH in working with clients who find themselves in difficult life circumstances, the main ways to identify clients are the follows:**

- Outreach work of mobile teams;
- Referral of clients to city and district centers of social services and offices of children's services;
- Liaison with maternity hospitals, primary health care centers, and other health care facilities;
- Referrals from partners (public organizations, charitable foundations, and volunteers);
- Referrals from hotlines and support telephone lines;
- Referrals from online platforms (SafeWomenHUB, Brave&Safe, and SupportME);
- Self-referrals.



Photo: HealthRight Halfway House, Kyiv, July 2023

## SOP 2. Informing clients about their rights

Providing information is an essential part of any client protection and support program, to enable them to make decisions on how to solve the problem and minimize future risks.

Informing about the rights and opportunities of a person is carried out in a convenient form, considering all their needs.

**When informing the client about their rights, the specialist must explain the right to refuse the proposed assistance. The client's rights include the following:**

- Effective and immediate protection of violated rights and prevention of recurrence of such violations;
- Application personally or through their representatives to authorized government bodies and other structures;
- Possibility to obtain complete information from authorized government bodies and other structures about their rights and availability of social services, healthcare, social, and psychological assistance;
- Possibility to receive social services, healthcare, social and psychological assistance in accordance with the needs of the person;
- Possibility to receive free legal aid in the manner prescribed by the Law of Ukraine “On Free Legal Aid”;
- Respectful and humane treatment by authorized government bodies, social service providers and other entities;
- Maintaining confidentiality of personal information when working with the client, and protecting personal data;
- Possibility to choose a specialist by gender (if available);
- Compensation by the offender for material damage and damage to physical and mental health in the manner prescribed by law;
- Possibility to apply to law enforcement agencies and courts to bring the offender to justice;
- Timely receipt of information on the scope of assistance, alternatives and possible ramifications of receiving assistance.



### SOP 3. Notifying clients about all of HealthRight’s comprehensive services

When communicating, the specialist of the Day Center or the Halfway House shall inform the client about the list of available services that can be provided to meet their specific needs, as well as possibilities to respond to their request.

#### **The Day Center provides the following services:**

- Consultations of psychologists, child psychologists and social workers, both individual and group ones, with adults (parents, guardians) and children;
- Providing information about clients’ rights;
- Referral of clients to health care facilities;
- Psychological support for women and girls, who were victims of violence, and their families;
- Assistance with placement in crisis centers and shelters;
- Assistance in finding jobs;
- Sports and creative activities for children;
- Peer support groups for relevant categories of clients;
- Non-formal education;
- Assisted self-testing for HIV, hepatitis B and C, and syphilis (Kyiv and Uzhhorod).

Since February 2023, the HealthRight Day Centers have set up children's corners where volunteers conduct stress management classes, play educational games, and help with homework.

#### **The following services are provided at the Halfway House:**

- Comprehensive legal, social, and psychological assistance to overcome difficult life circumstances while carrying out individual and group work;
- Providing a safe temporary shelter;
- Assistance in obtaining healthcare services, signing a medical declaration (contract) with the general practitioner to provide access to healthcare services for providing consultations with pediatricians and gynecologists;
- Assistance in accessing educational services for children;
- Assistance in finding further employment options.

## SOP 4. Client coordination across HealthRight services

The client may encounter HealthRight independently via Multidisciplinary Mobile Team, the Day Center, or the Halfway House. Specialists who first work with cases carry out initial needs assessments and provide the client with comprehensive information about the available services, and, if necessary, refer them to other care providers.



Photo: HealthRight Day Center, Uzhhorod, May 2023

### Interactions between the Multidisciplinary Mobile Teams, the HealthRight Day Centers and the HealthRight Halfway Houses include:

- Exchange of information between the Multidisciplinary Mobile Team, the Day Center or the Halfway House about persons affected by the hostilities in Ukraine, gender-based violence/domestic violence who need help and support, in a manner to protect clients' confidentiality;
- Informing about the services the Multidisciplinary Mobile Team, the Day Center or the Halfway House to clients;
- Effectively responding to cases of gender-based violence/domestic violence, considering the risk assessment of the victim;
- Coordinating joint activities and providing effective assistance to victims of war and gender-based violence/domestic violence to IDPs and their families carried out by different assistance providers;
- Organizing joint activities to prevent and respond to gender-based violence/domestic violence, HIV, sexually transmitted infections, and assistance to victims of military actions in Ukraine;
- Sharing experiences;
- Coordinated cooperation;
- Specialists of the Multidisciplinary Mobile Team, the Day Center, or the Halfway House engage public associations, foreign non-governmental organizations and other stakeholders to cooperate to organize and implement activities and provide effective assistance to victims, as well as ensure coverage of such events and activities in the media, whilst maintaining client's confidentiality.

In addition, our partners and volunteers are an important part of the effective work of the Multidisciplinary Mobile Teams, Day Centers and Halfway Houses. Their contribution to providing support and assistance to vulnerable groups is integral and enormous.

**Interaction with our partners includes:**

- Mutual information: We support the exchange of information with our partners about people in need of assistance, considering the legal regime of restricted information.
- Dissemination of information: We share information about our services with our clients and partners to maximize access to the assistance they need.
- Responding to incidents: We respond together to incidents of violence, war, and other emergencies, and provide assistance and support to those in need.
- Coordinating activities: We work together to coordinate and provide effective assistance to individuals and families affected by hostilities, violence, and other negative impacts.
- Organizing joint events: We jointly organize events in the areas of prevention of hostilities, violence, protection of women's and children's rights, combating sexually transmitted diseases, and many other areas.

This joint action and cooperation allow us to achieve better results in providing support and assistance to those who need it most. Confidence in the power of collaboration and gratitude to our volunteers and partners are key to the success of our mission.



Photo: HealthRight Halfway House, Kyiv, July 2023



## SOP 5. Interviewing and initial needs assessing

When a client in difficult life circumstances applies to the Day Center and/or the Halfway House, the specialist follows the regulations of the Day Center and Halfway House, the internal policies of the organization, and adheres to the guidelines for activities.

The specialist conducts interviews/surveys with the client in a way that minimizes negative consequences for their health and mental health. The specialist asks questions in a language understandable to the client, considering their age, mental abilities, gender, and cultural characteristics.

While interviewing the client, the specialist of the Day Center and/or the Halfway House conducts an initial assessment of the client's needs by completing the Initial Client Needs Assessment Form (Annex 4) and the Consent to the Processing of Personal Data (Informed Consent) Form. When completing the Initial Client Needs Assessment Form, the client is coded under the approved internal methods of the organization to ensure the confidentiality of client data.

### **The purpose of the initial assessment is to:**

- Establish contact with the client;
- Obtain basic information about the client;
- Determine their basic needs;
- Identify risks and threats to the client's life and the need for immediate action.

The completed Initial Client Needs Assessment Form is reviewed at a meeting of the interdisciplinary team of the Day Center and Halfway House within one day from the date of application and interviewing the client, and, in a crisis situation, within three hours to decide on the need to provide certain services/case management services/refusal to provide services. The client is notified of the relevant decision through designated communication channels.

If a decision is made to provide certain services and/or case management, the responsible specialist shall agree on the date of the next meeting with the client to further assess their needs.

In line with our survivor-centered approach and in accordance with the additional SOP for GBV Case Management, we remain committed to providing assistance that empowers survivors of gender-based violence. Our focus remains on ensuring the well-being, safety, and choices of survivors throughout this process.



Photo: HealthRight Halfway House, Kyiv, July 2023

## SOP 6. Conducting the client and child needs assessment

During the meeting with the client, the responsible specialist assesses the needs of the client, collects and analyzes information about the client, and identifies needs and problems to be addressed in the course of case management. To document the process, the specialist completes the Client Needs Assessment Form (Annex 5).

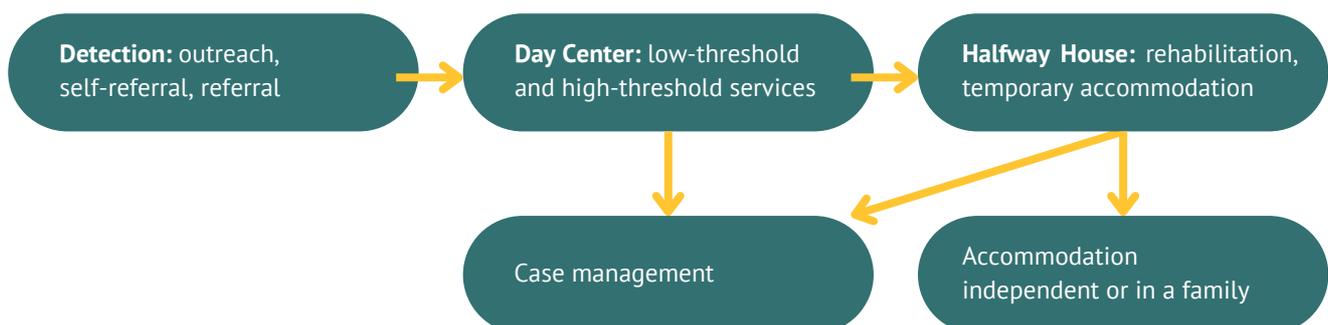
### The purpose of the client's needs assessment is to:

- Assess the client's needs;
- Establish links between the client and their environment, determine available resources and impediments;
- Clarify possible ways to solve problems;
- Determine the required competences and possible limitations to the specialist's ability to effectively assist the client. Other specialists may also be involved in the needs assessment, depending on the needs of the client.

The needs assessment of a parent or guardian of a child is carried out simultaneously with the needs assessment of the adult. When assessing the child's needs, the responsible specialist considers the child's age, gender, health status, developmental stage, life experience, family, cultural and ethnic background to ensure the best interests of the child are met.

A separate needs assessment form is completed for each client's child, and each child's needs assessment is accompanied by an informed consent form for the provision of services to the child, which is signed by one of the child's parents, or a legal representative or a person Acting in loco parentis.

### Considering the needs assessment, the algorithm for working with a client can be as follows:





## SOP 7. Drawing up a case management card for the client or child

A case management card (Annex 8) is developed based on the assessment of the client's needs and includes an individual support plan.

The process of developing a case management card and a support plan includes the following actions:

- Formulate goals;
- Define activities;
- Identify resources (available and essential);
- Identify staff members responsible for specific activities (including supervisor, respond specialist, involved additional specialists, the client and persons from their immediate environment);
- Set deadlines for implementation;
- Review achieved results of the intervention and areas of improvement.



Photo: HealthRight Halfway House, Kyiv, July 2023

## SOP 8. HealthRight Day Center programming

### 8.1. “Steps for Health” training sessions for adolescents aged 14-19

Since 2012, the Day Center has been implementing an educational and preventive program of training sessions for adolescents aged 14-19 called “Steps for Health (STEPS)”, which was developed by experts from UFPH in cooperation with psychologists and medical doctors. The program is aimed at education and prevention work with adolescents in relation to HIV infection, drug addiction, STIs and risk behaviors.

The STEPs training program is unique in focusing not only on the primary prevention of adolescent risk behavior but also on secondary and tertiary social prevention, which can be carried out by a trainer individually or in a group of adolescents who engage in high-risk behavior.

The program includes 10 sessions, each meeting lasting 1.5-2 hours. The topics of the sessions are related to a healthy lifestyle and are aimed at preventing high-risk behavior:

- Introduction
- Life Values
- Basics of Hygiene
- Reproductive System
- Exposure to STIs, Hepatitis, Tuberculosis
- HIV/AIDS
- Pregnancy, Childbirth, Abortion
- Prevention of Addictions
- Violence
- Responsible Behavior

The special feature of the program is that after 10 sessions, a new cycle begins, so the program is delivered year-round. Some adolescents go through several cycles of the program, due to their individual comprehension of information. The sessions are interactive, and this allows participants to acquire a variety of valuable life skills.

Attending the training sessions is free of charge. The sessions are conducted by a social worker who has been trained in this program.

<https://www.healthright.org.ua/wp-content/uploads/2014/10/shodinki-print-----7.pdf>

### 8.2. Comprehensive program for correctional and rehabilitation work with girls (14-18 years old) and women survivors of violence or members of risk-behavior groups

The program was developed by UFPH in the framework of the project titled “Freedom from Violence: Empowering Girls and Women in Difficult Life Circumstances” with the support of the UN Entity for Gender Equality and the Empowerment of Women (UN Women) and the UN Trust Fund to End Violence against Women.

The program is based on the contributions from experts, academics, practitioners, and specialists who work directly with families, women and men facing violence, and it is based on international and Ukrainian practical experiences.

[https://elibrary.kubg.edu.ua/id/eprint/10307/1/T\\_Zhuravel\\_K\\_Sergeieva\\_PKPRZZHPVN\\_KSP&SR\\_IL.pdf](https://elibrary.kubg.edu.ua/id/eprint/10307/1/T_Zhuravel_K_Sergeieva_PKPRZZHPVN_KSP&SR_IL.pdf)



## SOP 9. Clients' referral to and enrollment in the HealthRight Halfway House

If the client needs safe shelter and comprehensive social and psychological assistance, she may be referred to the HealthRight Halfway House to receive services.

Women, girls, and young mothers in difficult life circumstances, who live in Kyiv, Lviv, or Uzhhorod, regardless of their place of registration, are provided with accommodation in the Halfway House. In certain cases, a child under the age of 14 may live with the mother.

The condition for women to live in a Halfway House is their individual responsibility and active cooperation with the houses' specialists.

**Women are enrolled in the Halfway House by order of the Director of the UFPH/representative office of HealthRight International in Ukraine, according to the decision of the working meeting of the Halfway House based on:**

- Letter of request from social services;
- Personal application of a woman, providing a copy of her identity document (copy of passport, birth certificate or other identity documents), or;
- Referral letter from the HealthRight Day Center if identity documents are unavailable.

**Accommodation in the Halfway House is not permitted in the following cases:**

- Mental illness;
- Active forms of aggressive behavior;
- Quarantine infectious diseases;
- Active forms of tuberculosis;
- Active use of psychoactive substances, remission for less than six months;
- Other diseases that pose a threat to the health of other clients and staff and require treatment in specialized healthcare facilities.

**The client may be denied accommodation in the Halfway House in the following cases:**

- Repeated gross violation of the rules of public order, the terms of the contract and the internal regulations;
- Other circumstances prevent the client from living in the Halfway House.

## SOP 10. Supporting documents

When enrolling in the Halfway House, a tripartite agreement on the provision of services under the Halfway House project is jointly developed with the client.

**A personal record file is created for each client enrolled in the Halfway House. This file contains the following documents:**

- Referral (if available) issued by one of the entities specified in Clause 19 of the Model Regulations on a shelter for victims of domestic and/or gender-based violence (approved by the Cabinet of Ministers of Ukraine No. 655 of 08/22/2018);
- Written application for enrollment;
- Obligation not to disclose the address of the Halfway House;
- Consent to take photos/video during the stay in the Halfway House;
- Consent to the processing of personal data;
- Copy of an identity document (if any);
- Minutes of the working meeting (consideration of the situation and a joint decision on the need and possibility of enrollment);
- Order on accommodation in the Halfway House, within three working days after placement;
- Service agreement, within three working days following the admission;
- Needs assessment (personal file, case management card, pre-admission questionnaire) is completed during the first week by the responsible social worker and senior social worker based on the results of contact and personal interviews with the client;
- Individualized plan of work with the victim is drawn up based on a needs assessment by a senior social worker together with the client;
- Application for extension of the period of stay, an order to extend the period of stay in the Halfway House, an annex to the agreement on the extension of the period of stay;
- Terms for expulsion;
- Exit questionnaire (feedback);
- Minutes of the case meeting in relation to the expulsion;
- Order to leave the Halfway House;
- Letter to a relevant center of social services/office of children's and families' service about the family's departure and the need for further support at the place of residence.

**The personal record file is compiled by the responsible social worker and the senior social worker. The Halfway House Manager monitors the case management and at least once a month holds working meetings of the multidisciplinary team to discuss progress and difficult issues. Every week, the senior social worker discusses with the client the implementation of the individual plan, adjusts, if necessary, and plans further steps.**



## SOP 11. Monitoring the quality and efficiency of services provided by the HealthRight Day Center and the HealthRight Halfway House

Evaluation of the quality and efficiency of service delivery is an integral part of the work of the Day Center and the Halfway House. An ongoing monitoring and evaluation process helps not only to assess the achievement of goals but also to ensure continuous improvement of services to meet the needs of clients.

The Day Center and Halfway House complete monthly assessments of the quantitative and qualitative aspects of service provision by completing the Service Reporting Questionnaire. This format helps to systematically collect information on various aspects of service provision and to make a generalized analysis of the results.

**In addition, the intervention results are evaluated at the end of the work. This stage of service provision is aimed at analyzing the results of the work and provides answers to important questions related to the success of the entire process such as:**

- Has the problem been resolved;
- Has the goal been achieved;
- How well the results correspond with the case plan;
- Whether the client is satisfied with the results of the work;
- What they consider to be their greatest success;
- What is the practical significance of achievements from the point of view of specialists;
- What are the prospects for the client's applying the knowledge and experience gained;
- Whether the client is ready to cease the relationship with the organization's employees;
- How the relationship has been concluded.

Evaluation of the intervention results is most often done during direct communications with the client and by providing the client with a Feedback Questionnaire (Annex 10).



# ANNEXES TO THE SOP



- Annex 1.** Regulations on the HealthRight Day Center
- Annex 2.** Regulations on the HealthRight Halfway House
- Annex 3.** Procedure for interaction between Multidisciplinary Mobile Teams, the HealthRight Day Centers and the HealthRight Halfway House
- Annex 4.** Initial Client Assessment Form
- Annex 5.** Client Needs Assessment Form
- Annex 6.** Child Needs Assessment Form
- Annex 7.** Support Plan Form
- Annex 8.** Client Case Management Card Form
- Annex 9.** Child Case Management Card Form
- Annex 10.** Feedback Form



# Annex 1. Regulations on the HealthRight Day Center

## 1. GENERAL PROVISIONS

1.1. The HealthRight Day Center (hereinafter - the Day Center) is a project that can provide certain categories of people with comprehensive services, including healthcare, social, psychological, legal, and educational services, as well as it can organize assisted self-testing for HIV, viral hepatitis and sexually transmitted infections. The Day Center provides support to persons who are in difficult life circumstances, as a result of armed conflicts, natural disasters, domestic and gender-based violence, or a real threat of it, as a result of human trafficking, forced displacement, etc., and they cannot overcome such circumstances on their own, and provide services to persons/families belonging to vulnerable groups (hereinafter - persons in difficult life circumstances).

1.2. The Day Center is a project implemented by the ICF “Ukrainian Foundation for Public Health” (hereinafter – the UFPH) in cooperation with the HealthRight International representative office and the City Center of Social Services with the financial support of international organizations, charitable foundations, donations and other sources not prohibited by law.

1.3. All services provided by the Day Center are free of charge for its clients, regardless of their place of residence, gender, age, health status, religion, sexual orientation and other characteristics. At the client's request, services are provided anonymously and in compliance with confidentiality rules.

## 2. PRINCIPLES OF THE DAY CENTER'S ACTIVITY

2.1 The Day Center operates on the following principles:

non-discrimination; respect for human rights; respect for the rights of the child and the rights of persons with disabilities; humanism; ensuring equal rights and opportunities for women and men; respect for honor and dignity; tolerance; legality; accessibility and openness; impartiality and safety; voluntariness; individual approach; comprehensiveness, confidentiality; maximum efficiency and transparency in using funds; ensuring a high level of quality of social services; ensuring the protection of personal data of social service recipient, under the Law of Ukraine “On Personal Data Protection”.

## 3. THE DAY CENTER GOAL

3.1. The goal of the Day Center is to ensure access to quality social, psychological, legal, healthcare and social services provided by the involved specialists of the Day Center for girls and young women in difficult life circumstances. The Day Center also provides access to social services for individuals/families from vulnerable groups and those in difficult life circumstances (IDPs, victims of war, domestic and gender-based violence, human trafficking, etc.), including cases when a woman applies together with a child, and to provide them (if necessary) with the possibility of round-the-clock stay in the HealthRight Halfway House, which is provided with utilities and is intended to provide round-the-clock services to victims who apply to the Day Center.

#### **4. THE DAY CENTER OBJECTIVES**

4.1 The objectives of the Day Center are the following:

4.1.1. Provide a range of targeted social services to women with children according to individual plans formed following the assessment of their needs to help them overcome difficult life circumstances, and take measures for their further socialization and adaptation in society.

4.1.2. Provide comprehensive social, psychological and primary legal aid to families in difficult life circumstances.

4.1.3. Organize and conduct seminars, webinars and training for families, children and adolescents in difficult life circumstances to prevent violence, develop parenting skills, prevent HIV/AIDS and STIs, promote healthy lifestyles, develop communication skills, develop stress resistance, etc.

4.1.4. Conduct social and preventive work to eliminate repeated cases of violence against victims, stop the cycle of violence and form zero tolerance for its manifestations in society.

4.1.5. Develop women's skills for a healthy lifestyle.

4.1.6. Conduct events (talks, training) on professional orientation and employment assistance.

4.1.7. Consult on current legislation to issue or renew documents, register residence and state social assistance, protect children's rights, impose alimony, get a divorce, etc.

4.1.8. Inform the population of the territorial community and individuals/families about the list, scope and content of social services provided by the Day Center, conditions and procedures for obtaining its services.

4.1.9. Assess the needs of individuals/families for social services, provide social services under state standards, and assist individuals/families to solve their social and domestic problems.

#### **5. THE DAY CENTER ACTIVITIES**

5.1. Providing psychological support to the Day Center clients.

5.2. Informing victims of violence or their legal representatives (if such representative is not the perpetrator) about the functions and powers of other entities involved in the prevention and counteraction of violence, the possibility of receiving further support and providing information about these entities, if necessary.

5.3. Explaining the causes of domestic and gender-based violence and its consequences for the future life of victims and their children.

5.4. Conducting an assessment of the needs of victims in the form determined by the Ministry of Social Policy of Ukraine, drawing up individual action plans with victims to eliminate difficult life circumstances caused by violence, with the establishment of deadlines for implementation.

5.5. Determining the need for emergency psychological assistance (crisis intervention) and deciding whether to refer victims to general or other specialized victim support services.

5.6. Ensuring that clients are assisted in the formation, development and maintenance of social skills, abilities and social competencies.

5.7. Assisting persons in difficult life circumstances to identify the main problems and ways to solve them.

5.8. Assisting in obtaining free legal aid by clients under the Law of Ukraine “On Free Legal Aid”.

5.9. Facilitating clients' access to health care, if necessary.

5.10. Conducting cultural and leisure programs, and master classes to organize meaningful leisure for IDP families in difficult life circumstances.

5.11. Providing motivational counseling and referring clients to specialized support services and other entities, if necessary.

5.12. Organizing assisted self-testing for HIV, viral hepatitis, and STIs for at-risk clients.

5.13. Referring clients to health care facilities and, if necessary, supporting them.

## **6. ORGANIZATION OF THE DAY CENTER WORK**

6.1. The work of the involved specialists of the Day Center is organized on the basis of service contracts and terms of reference, which are drawn up under these provisions.

6.2. When providing services, the Day Center specialists act based on consistency, continuity and a unified approach. The main issues are discussed and resolved at meetings of the multidisciplinary team and working meetings.

6.3. To perform the tasks assigned to the Day Center, the involved specialists have the right to:

6.3.1. Accompany clients to organizations, and specialized services that provide assistance to children and families and receive information about the measures taken.

6.3.2. Provide targeted social assistance to children and their families, submit to other organizations requests for the necessary materials and documents.

6.3.3. Invite parents or other legal representatives and other persons to cooperate to resolve issues related to the provision of comprehensive support to children and families.

6.3.4. Participate in working meetings and conferences that address issues related to clients.

6.3.5. Cooperate with all actors involved in the prevention and response to domestic and gender-based violence, and provide services to war victims and IDP families.

6.4. To ensure effective work, the Day Center specialists are obliged to:

6.4.1. Know the legal acts that regulate the following issues: social protection and social work with girls, women, orphans and children deprived of parental care, families, children and youth in situations of violence, IDPs, overcoming homelessness and neglect; prevention of socially negative phenomena in children and youth environment; prevention of violence, etc.

6.4.2 Have reference information on institutions and organizations that provide social support to families and children. Provide clients with reference information within their competence.

6.4.3. Timely and accurately enter accounting information into the client database; exchange data with other social work entities.

6.4.4. Immediately inform the management about dangerous, controversial and conflict situations that arise in the course of practical work.

6.5.5. Maintain confidentiality in working with families; provide limited access to confidential information following the established procedure.

6.5.6. Maintain discipline, responsibility, tact and restraint while working with clients, their families and colleagues.

6.5.7. Provide planning and reporting documentation on time.

6.5.8. Establish effective partnerships with representatives of state and non-state social institutions, employment centers, healthcare, education and cultural facilities to meet the needs of women.

6.5.9. Comply with the current legislation of Ukraine.

## **7. ORGANIZATION OF WORK OF THE DAY CENTER'S MULTIDISCIPLINARY MOBILE TEAM**

7.1. Members of the multidisciplinary mobile team shall participate in meetings and working sessions of the multidisciplinary mobile team (hereinafter - MMT). The MMT manager is responsible for convening the MMT meeting. One of the members of the MMT, namely, a social worker, psychologist, or lawyer, may perform an additional function of the head of the multidisciplinary mobile team. During the meetings and working sessions, the MMT manager organizes and coordinates work with women, in particular with women, who have gone through particularly traumatic experiences, children and families, determines the measures of individual plans, prepares information on the implementation of measures, and monitors the implementation of plans.

7.2. Meetings of the multidisciplinary mobile team should be held as needed, but at least twice a month.

7.3 Family members and other persons involved in working with children and their families may also be invited to participate in the meetings.

7.4 The multidisciplinary mobile team works in a coordinated manner, following the case management plan.

7.5. The results of the working meeting of the multidisciplinary mobile team are documented in a protocol; the responsibility for drafting the protocol is assigned to a specialist appointed by the MMT manager.

## Annex 2. Regulations on the HealthRight Halfway House

### 1. GENERAL PROVISIONS

1.1. The HealthRight Halfway House (hereinafter - the Halfway House) is a project that operates to provide temporary accommodation for women with particularly traumatic experiences, pregnant women and mothers with children under 12 years of age who are in difficult life circumstances that create a real danger of abandoning a newborn child or deprivation of parental rights (hereinafter - women).

1.2. The Halfway House was created by the ICF “Ukrainian Foundation for Public Health” (hereinafter - the UFPH) in cooperation with the HealthRight International representative office and the City Center of Social Services for Families, Children and Youth.

1.3. Halfway houses operate in the following cities: Kyiv, Lviv, and Uzhhorod.

1.4. The Halfway House provided women with services free of charge.

### 2. MAIN GOALS AND OBJECTIVES OF THE HALFWAY HOUSE

2.1. The main goal of the Halfway House is to prevent social orphanhood by providing a range of services to women who experienced particularly traumatic experiences, pregnant girls and women with children in difficult life circumstances (hereinafter - DLC), including temporary accommodation, social and psychological rehabilitation and adaptation, as well as assistance in further independent living.

2.2. The objectives of the Halfway House are the following:

2.2.1. Ensure the protection of the rights and legitimate interests of women.

2.2.2. Implement measures to prevent the abandonment of newborn children or deprivation of parental rights.

2.2.3. Provide temporary accommodation and comprehensive social services to women in DLC.

2.2.4. Identify and analyze the causes and conditions that led to women's social maladjustment.

2.2.5. Develop and implement individual programs for women to overcome or solve problems related to DLC.

2.2.6. Prevent the use of psychoactive substances and develop women's skills to lead a healthy life.

2.2.7. Provide social, psychological and other assistance to women in overcoming DLC and restoring their social status.

2.2.8. Interact and assist women in organizing their independent living.

2.2.9. Assist women and their young children to obtain health care services.

2.2.10. Organize training of women, their professional orientation and assistance in employment.

2.2.11. Carry out educational and methodological activities to disseminate the positive experience of the Halfway House.

2.2.12. Provide a range of social services to women with children according to individual plans formed in accordance with the assessment of their needs to help them overcome difficult life circumstances, and take measures for their further socialization and adaptation in the community.

2.2.13. Create appropriate living conditions for temporary accommodation of pregnant girls and women with children in difficult life circumstances.

2.2.14. Develop healthy lifestyle skills for women; assist them in obtaining first aid, health examination, and treatment of mothers and children (if necessary).

2.2.15. Provide consultations on current legislation regarding the issue or renewal of documents, registration of residences and state social assistances, protection of children's rights, imposing alimonies, etc.

### 3. CONDITIONS OF ADMISSION, ACCOMMODATION AND EXPULSION FROM THE HALFWAY HOUSE

3.1. The Halfway House admits women, girls and young mothers who are in difficult life circumstances (including adolescent girls, orphans and children deprived of parental care, mothers who are at risk of abandoning their newborn children in maternity hospitals or other health care facilities, or who have expressed an intention to abandon their newborn children in maternity hospitals or other health care facilities, mothers who do not have safe places to return with their child after hospitals, survivors of violence, etc.) and reside in the cities of Kyiv, Lviv, or Uzhhorod, regardless of their place of registration. In certain cases, another child under 14 years old may live with the mother.

3.2. The Halfway House admits women by an order of the Director of the UFPH, the HealthRight International representative office, according to the decision of the working meeting of the Halfway House based on the following:

- Letter of request from social services;
- Personal application of a woman with a copy of her identity documents (copy of passport, birth certificate or other identity documents);
- Referral letter from the HealthRight Day Center in case of absence of an identity document.

3.3 To be admitted to the Halfway House, a woman must provide a medical certificate of health, and in the case of a mother with a child, a medical certificate of birth, which must certify that there are no contraindications for cohabitation.

3.4. Women are admitted and stay in the Halfway House voluntarily. Women sign agreements on their participation in the Halfway House project, which defines their rights and obligations.

3.5. Women are expelled from the Halfway House by order of the Director of the UFPH, the HealthRight International representative office, according to the decision of the working meeting at the Halfway House based on personal applications or the existence of circumstances specified in clauses 3.10. and 3.11 of these Regulations.

3.6. The period of stay of women in the Halfway House is determined taking into account the peculiarities of DLC, an individual program and does not exceed 12 months.

3.7. The Halfway House operates around the clock. Accommodation in the Halfway House is regulated following its operating hours and internal regulations.

3.8. The Halfway House living rooms are equipped for comfortable living of women.

3.9. The condition for women to live in the Halfway House depends on their individual responsibility and active cooperation with the Halfway House specialists in solving their problems.

3.10. Contraindications for staying in the Halfway House are:

- Mental illness,
- Active forms of aggressive behavior,
- Infectious diseases which require quarantine,
- Active forms of tuberculosis,
- Active use of psychoactive substances, remission for less than 6 months,
- Other diseases that pose threats to the health of other clients and staff and require treatment in specialized healthcare facilities.

3.11. A woman may be denied accommodation in the Halfway House

- In case of repeated gross violation of the rules of public order, the terms of a contract and internal regulations;
- In case of revealing other circumstances that prevent her from living in the Halfway House.

#### **4. ORGANIZATION OF THE HALFWAY HOUSE WORK**

4.1 The Halfway House carries out its activities under the principles of human rights protection, humanity, legality, accessibility of services, confidentiality and respect for the individual.

4.2 The work of the Halfway House specialists is organised based on contracts, terms of reference, and work schedules.

4.3. When providing services to women, the Halfway House specialists act based on consistency, continuity, and a unified approach. The main issues are discussed and resolved at meetings of the multidisciplinary teams and working meetings.

4.4. The Halfway House creates living conditions that are close to home and contribute to the social rehabilitation of women. Valuables, items that pose a danger to the life and health of residents and others are stored or transferred to the woman's relatives.

4.5. To provide services to women, the Halfway House specialists have the right to:

4.5.1. Accompany women to institutions, facilities, and organizations that provide assistance and receive information about the measures taken.

4.5.2. Request necessary materials and documents from other organizations to provide targeted social assistance to women and their families.

4.5.3. Invite parents or other legal representatives and other persons to address issues related to the social rehabilitation of women.

4.5.4. Apply to municipal and district organizations for information on the forms and types of services they provide to women, pregnant girls and young women with children in difficult life circumstances.

4.5.5. Participate in meetings and conferences where issues related to women are discussed.

4.5.6. If necessary, verify information on the situation of a woman and her family received from family members and other organizations.

4.6. To ensure effective work, the Halfway House service providers are obliged to:

4.6.1. Know the legal acts regulating social protection and social work with girls, women, orphans and children deprived of parental care, families, children and youth in difficult life circumstances, women patients of SMT; overcoming homelessness and neglect; prevention of socially negative phenomena in children and youth environment; prevention of STIs, prevention of violence, etc.

4.6.2. Have reference information on institutions and organizations that provide social support to families, children, and SMT patients. Provide women with reference information within their competence.

4.6.3. Timely and accurately enter the accounting information into the client database; exchange data with other social work entities.

4.6.4. Immediately inform the management about dangerous, controversial and conflict situations that arise in the course of practical work.

4.6.5. Maintain confidentiality in working with women and their families, and provide limited access to confidential information following the established procedure.

4.6.6. Maintain discipline, responsibility, tact and restraint in working with clients, their families and colleagues.

4.6.7. Provide planning and reporting documentation on time.

4.6.8. Comply with applicable laws, internal regulations and other standards.

4.7. The founder determines the number of places in the Halfway House and the scope of social services there.

4.9. The Halfway House shall have equipped living rooms (the number of beds is determined by the founder), employees' rooms, a food area (for self-service of clients), and hygiene rooms.

4.10. The Halfway House service providers establish working hours and daily routine of the social room.

4.11. The Halfway House service providers determine the client's room and place of residence.

## **5. WORKING MEETINGS IN THE HALFWAY HOUSE**

5.1. Working meetings of the Halfway House (hereinafter - working meetings) are held to ensure the effective functioning of the Halfway House.

The meetings may be attended by women living in the Halfway House, as well as their family members.

5.2. The working meetings shall consider issues related to enrollment in the Halfway House and expulsion of women from the Halfway House; controversial issues related to the implementation of individual programs of social rehabilitation of women, and other issues related to the functioning of the Halfway House.

5.3. Working meetings are held as needed, but at least twice a month.

## Annex 3. Procedure for interaction between Multidisciplinary Mobile Teams, the HealthRight Day Centers and the HealthRight Halfway House

This Protocol defines the mechanism of interaction among multidisciplinary mobile teams (MMTs), HealthRight Day Centers (DCs) and Halfway Houses (HHs), which provide comprehensive and professional psychological, social, informational, humanitarian, legal and counseling medical assistance to families in difficult life circumstances caused by the war in Ukraine, domestic violence, gender-based violence (GBV) with a focus on internally displaced persons (IDPs), women who found themselves in difficult life circumstances due to the war in Ukraine, etc.

### **1. The activities of the MMTs, DCs and HHs are based on the following principles:**

- Guarantee of security, fundamental human and citizen's rights and freedoms to victims, in particular, the right to life, liberty and security of person, respect for private and family life, fair trial, and legal aid;
- Due consideration of the fact of violence in the implementation of measures to prevent and combat domestic and gender-based violence;
- Recognition of the social danger of violence and the provision of intolerance to any of its manifestations;
- Respect and impartial, non-indifferent attitude to victims by service providers, ensuring the priority of the rights, legitimate interests and safety of victims in the implementation of measures to prevent and combat domestic violence and gender-based violence (hereinafter – DV/GBV), prevention of HIV and sexually transmitted infections;
- Strict adherence to the internal policies of the UFPH and HealthRight International;
- Confidentiality of information;
- Voluntariness of receiving assistance;
- Consideration of the special needs and interests of victims, including persons with disabilities, pregnant women, children, incapacitated persons, and the elderly;
- Effective interaction of MMTs, DCs and HHs with public associations, international organizations, mass media, and other interested legal entities and individuals;
- Prevention of discrimination on any grounds during the implementation of activities, ensuring a tolerant attitude;
- Provision of services is free of charge.

### **2. Multidisciplinary mobile teams:**

- Provide psychological counseling and support to IDP families and victims of DV/GBV;
- Respond to requests for assistance and support, and to cases of violence on a planned or emergency basis;
- Inform about social, medical, legal and other services that families or victims can receive;
- Refer clients to other general or specialized institutions (halfway houses, day centers);
- Inform clients about their rights and ways to get help;
- Develop safety plans and risk assessments for victims of DV/GBV;
- Conduct awareness-raising activities to prevent violence and overcome difficult life circumstances; reintegrate IDP families into host communities;
- Distribute humanitarian aid, and motivational kits, keep their records and reports; assess the needs of IDPs, their families, and other victims of the war in Ukraine.

### **3. Day centers:**

- Provide psychological support to IDP families and people in difficult life circumstances;
- Inform the victim of violence or his/her legal representatives (if such representative is not the perpetrator) about the functions and powers of other actors involved in preventing and combating violence, on the possibility of receiving further support and providing information about these actors, if necessary (MMTs, HHs);
- Determine the need for emergency psychological assistance and decide whether to refer victims to crisis rooms or HHs;
- Assist clients in the formation, development and maintenance of social skills, abilities and social competence;
- Conduct activities for the social adaptation of clients;
- Facilitate clients' access to emergency health care in case of need;
- Organize activities for the prevention of HIV and sexually transmitted infections;
- Provide cultural and leisure programs, and master classes to organize meaningful leisure for IDP families in difficult life circumstances;
- Provide motivational counseling and refer clients, if necessary, to HHs, other DCs, and MMTs;
- Provide pre-test counseling and testing for HIV, hepatitis, STIs, and TB screening for at-risk clients;
- Refer and, if necessary, accompany clients to AIDS Centers.

### **4. Halfway house:**

- Take measures to prevent the abandonment of newborn children or deprivation of parental rights;
- Provide temporary accommodation and a range of social services to IDP women with children in difficult life circumstances;
- Identify and analyze the causes and conditions that led to social maladjustment of women;
- Develop and implement individual programs for women to overcome or solve their problems related to difficult life circumstances;
- Prevent the use of psychoactive substances and develop women's skills to maintain a healthy lifestyle;
- Provide social, psychological humanitarian assistance to women in overcoming difficult life circumstances and restoring their social status;
- Cooperate and assist in organizing independent living for women with children;
- Assist in organizing medical care for women and their young children;
- Create conditions for providing legal aid and protecting the interests of women and children;
- Organize women's training, professional orientation and employment assistance, in cooperation with DCs.

### **5. Cooperation among MMTs, DCs and HHs includes:**

- Mutual informing MMTs, DCs and HHs on persons affected by the military actions in Ukraine and DV/GBV, who are in need of assistance and support, following the legal regime for restricted-access information;
- Disseminating information about the services provided by MMTs, DCs and HHs among their clients;

- Responding to cases of DV/GBV, in accordance with the competence and taking into account the assessment of risks to victims, and referrals;
- Coordinating joint activities and providing effective assistance by different providers to the victims of war and DV/GBV, and IDP families;
- Organizing joint activities to prevent and respond to DV/GBV, HIV, and STIs and to assist victims of military actions in Ukraine, in accordance with the competence;
- Exchange of experience;
- Coordinated activities;
- MMTs, DCs and HHs engage public associations, foreign non-governmental organizations and other interested persons to cooperate in organizing and implementing events and providing effective assistance to victims; they cover such events and activities in the media following the legal regime for restricted-access information.

### **6. Algorithm of cooperation among MMTs, DCs and HHs:**

Persons may apply to MMTs, DCs and HHs on their own. Specialists, working with the case for the first time, carry out an initial needs assessment and provide persons with comprehensive information about the services available at MMTs, DCs and HHs and, if necessary, refer them to other assistance providers:

- If the MMT identifies a woman with a child in need of shelter and comprehensive social and psychological assistance, the MMT provides the person with comprehensive information about the HH, which the person can apply to independently, and, with the client's consent, the MMT manager transmits the information and contacts of the person to the HH head within a day by phone or email for further approval and possible enrollment of the client in the HH;
- If clients who need services available in the respective DC apply to the MMT, the MMT manager, with clients' consent, within 3 days transmits the clients' contacts through telephone or email to the DC manager for further provision of the relevant services to clients;
- If the MMT identifies a person in need of comprehensive long-term social and psychological assistance, including persons with risky behavior, the MMT manager provides the person with comprehensive information about a DC, and, with the person's consent, within three days emails the person's contacts to the DC manager for further contact with the client and appointment;
- If it is necessary to involve the MMT members in the case management of the HH/DC clients, the HH/DC manager within 3 days sends an email to the MMT manager with a description of a case and a request for cooperation. Within 3 days, the manager responds, providing information about the possible participation of the relevant specialist and contacts for cooperation;
- If a person in difficult life circumstances, who resides in the territory of the MMT's operations and needs social and psychological assistance, calls by telephone to an HH/DC, the HH/DC manager/social worker provides the person with the contacts of the relevant MMT and, with the person's consent, transmits within a day the person's contacts to the MMT manager by telephone or email;
- When planning the expulsion of a client from an HH, the HH manager provides the woman with comprehensive information on possible further support from the relevant DC and/or MMT, and, with the woman's consent, within 3 days after expulsion, he/she transmits the client's contacts and brief information to the DC manager and/or MMT manager by email for further support of the client.

## Annex 4. Initial Client Assessment Form

Client's full name: \_\_\_\_\_

Specialist's full name: \_\_\_\_\_

Date: DD/MM/YYYY. Assessment location: \_\_\_\_\_ Gender: rmale/ rfemale

Client's date of birth: DD/MM/YYYY, full years \_\_\_\_\_, citizenship: \_\_\_\_\_

Residence registration:  Has,  Does not have,  Does not know.

Actual place of residence: city/town/village \_\_\_\_\_, Str. \_\_\_\_\_, bld. \_\_\_\_\_

Phone: \_\_\_\_\_, Contact person - \_\_\_\_\_

Reason for applying (according to the client): \_\_\_\_\_

Who referred (How to find out): \_\_\_\_\_

### 1. What documents do you have (not necessarily with you)?

- Passport
- Birth certificate
- Identification code

### 2. What kind of housing do you have (including parents' or relatives' apartments)?

- 1. Separate apartment/house
- 2. Communal apartment
- 3. Dormitory
- 4. Shelter
- 5. Boarding school
- 6. Non-residential premises (basement, attic, train station, etc.)
- 7. Other \_\_\_\_\_

### 3. What is the highest level of education you have received?

\_\_\_ Graduated from high school      \_\_\_ Graduated from vocational school  
\_\_\_ Graduated from college      \_\_\_ Bachelor's degree \_\_\_ Master's degree

### 4. What are your sources of income?

- Money from parents/guardians
- Pension, r Social assistance, r Scholarship, r Salary (remuneration)
- Illegal income
- Other \_\_\_\_\_

### 5. Have you ever used drugs or alcohol in your life?

- No
- Yes (What kind?) \_\_\_\_\_

6. When was the last time you used drugs or alcohol? \_\_\_\_\_

**7. Have you been subjected to violence? Physical violence**

- Yes
- No
- I do not want to answer

**Sexual violence?**

- Yes
- No
- I do not want to answer

**Moral violence?**

- Yes
- No
- I do not want to answer

**Economic violence?**

- Yes
- No
- I do not want to answer

**8. Who committed this violence?**

---

**9. Have you ever committed violence?**

- Yes
- No
- I do not want to answer

**Sexual violence?**

- Yes
- No
- I do not want to answer

**Moral violence?**

- Yes
- No
- I do not want to answer

**Economic violence?**

- Yes
- No
- I do not want to answer



## Annex 4. Initial Client Assessment Form

Client full name: \_\_\_\_\_

Responsible specialist's full name \_\_\_\_\_

No.	Key indicators	Sign of presence (yes/no)
1.	<b><i>Social history</i></b>	
	Married	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Unregistered marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Widowed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IDP	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Survivor of GBV and/or trafficking	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Educated in a boarding school	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Deprived of parental rights	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Not deprived of parental rights, but children live separately	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was in a place of detention	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is under investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<b><i>Social contacts</i></b>	
	Has a sufficient social circle	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Keeps in contact with family	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has support from family and friends	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the support of specialists (Which ones? _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<b><i>Emotional state</i></b>	
	Stable and balanced	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Shows:	
	Self-absorption	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fear	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Aggression towards oneself	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Aggression towards others	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Confusion of thoughts	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sleep disturbance	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Panic attacks	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Need of psychological support	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<b><i>Health status, need for examination and treatment</i></b>	
	Availability of a declaration with a family doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Presence of disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Need to register disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Presence of chronic diseases (Which ones? _____)	
	_____ )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Need to undergo examinations and tests (Which ones? _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.	<b><i>Presence of bad habits and signs of deviant behavior</i></b>		
	Smoking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Systematic alcohol consumption	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	History of alcohol consumption	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Use of psychoactive substances (currently)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	History of substance use (in the past)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Vagrancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Committing offenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	<b><i>Self-service skills (to be filled in only for 24-hour facilities)</i></b>		
	Knows how to cook for themselves and their child	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Can clean and keep the place of residence clean	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Practice personal hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Practice child's hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Can plan a budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Talks about his/her needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	<b><i>Employment</i></b>		
	Permanent job	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Shift work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Formal employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Non-permanent seasonal work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Temporary work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Part-time work (partial employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Unemployed (registered with an employment center)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Not working (not registered with an employment center)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does not want to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	<b><i>Personal income</i></b>		
	Salary and wages	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Social assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Unemployment benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Scholarship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Humanitarian aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Debts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	<b><i>In need of humanitarian aid</i></b>		
	Food products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hygiene products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Household chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Clothing and footwear	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	<b><i>Awareness of problems and willingness to cooperate with service providers</i></b>		
	Aware of problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Ready to cooperate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Annex 6. Child Needs Assessment Form

<i>Indicators of meeting the child's needs</i>	<i>Sign of presence</i>	<i>Specialist's comment</i>
<b>Health</b>		
The child gets sick within the norm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All necessary vaccinations were carried out	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Weight and height are within the norm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clothes are according to the season and weather	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clothes and the child are clean	<input type="checkbox"/> Yes <input type="checkbox"/> No	
There are injuries on the child's body	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child has a disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Education</b>		
The child attends an educational institution for children /school/vocational school/high educational institution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child is studying according to an individual plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child attends study clubs and sections	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child shows interest in new information, games, and storytelling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child has the necessary materials for learning and development	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Emotional development and behavior</b>		
The child is usually in a good mood	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child often screams, is capricious	<input type="checkbox"/> Yes <input type="checkbox"/> No	
When the child screams and cries, he/she can usually be easily calmed down	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child responds to requests or instructions from adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child reacts to restrictions or punishment in the following way: <ul style="list-style-type: none"> <li>• aggressively</li> <li>• depressed</li> <li>• indifferently</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

The child shows interest in the environment, people, and toys	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mealtimes and bedtime are without crying or arguing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child spends a lot of time alone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child has some understanding of property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child trusts familiar adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child concentrates attention on a certain task according to age	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Speech development is according to age	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Self-care skills</b>		
Hygiene skills are appropriate for the child's age (ability to brush teeth, take a shower)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child dresses independently	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child knows how to use cutlery	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child makes his/her bed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child eats independently	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child tries to take care of his/her appearance, to be tidy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Self-awareness and social presentation</b>		
The child responds to his/her name	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child goes into strangers' arms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child over 6 months old waves goodbye and hugs an adult when asked	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child generally has a positive attitude towards himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child is proud of his/her achievements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child is self-confident	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child knows his/her surname, name, age, gender, date of birth, home address	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child behaves confidently in the circle of peers, defends his/her own rights	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Family and social relationships</b>		
The child shows attachment to his/her parents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child is happy to play with brothers and sisters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child is friendly with other children	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child treats familiar and unfamiliar people differently	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child helps parents to take care of younger brothers and sisters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child has a friend	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The child mostly communicates with		
• peers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• younger children	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• older children	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>Ability to establish contact with others:</p> <ul style="list-style-type: none"><li>• initiates friendly relations with others (peers, older, younger)</li><li>• maintains friendly relations</li><li>• does not maintain contacts with others</li><li>• hurts the weaker, mocks others</li><li>• seeks to control others</li><li>• shares things and food with others</li></ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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## Annex 7. Support Plan Form

Goal/Objective	Activity	Responsible	Deadline	Outcome	Notes



## Annex 8. Client Case Management Card Form

Date of case management start: DD/MM/YYYY.

Client's full name: \_\_\_\_\_

Responsible specialist's full name \_\_\_\_\_

### Case analysis

1. Client's needs:

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2. Client's goal:

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3. Client's problems:

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4. Client's resources:

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5. Related organizations:

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6. Working goal:

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## SUPPORT PLAN

Specialist	Activity	Responsible	Deadline	Outcome
<b>Social worker</b>				
<b>Lawyer</b>				
<b>Psychologist</b>				
<b>Social pedagogue</b>				
<b>Healthcare worker</b>				

Decision on completion/termination of work with the client or his/her return to the project (the decision is made collectively at a joint working meeting of project specialists)

Date of case closure: “      “ \_\_\_\_\_ 202\_\_

## Annex 9. Child Case Management Card Form

Date: DD/MM/YYYY.

Child's full name: \_\_\_\_\_

Specialist's full name: \_\_\_\_\_

Gender:  male/  female

Date of birth: DD/MM/YYYY, full years \_\_\_\_\_, citizenship: \_\_\_\_\_

Contact person - \_\_\_\_\_ phone \_\_\_\_\_

### INFORMATION ABOUT PARENTS AND GUARDIANS:

#### **MOTHER**

Full name \_\_\_\_\_

#### Parental rights:

- Has  
 Deprived of

#### **FATHER**

Full name \_\_\_\_\_

#### Parental rights:

- Has  
 Deprived of

#### 1. With whom does the child live?

\_\_\_\_\_

#### 2. Does the child have a birth certificate?

- Yes  
 No

#### 3. Does the child attend an educational institution (kindergarten, school)?

- Yes  
 No

#### 4. How often does the child attend an educational institution?

- Attends every day or almost every day  
 Has not attended for the last few weeks/months  
 Left school or kindergarten  
 Has never attended  
 Finished school

#### 5. Does the child have any chronic diseases?

- Yes (What kind of diseases?)

\_\_\_\_\_

- No  
 I don't know, I'm not sure  
 I do not want to answer



## Annex 10. Feedback Form

*Dear clients, we need to know your opinion on the quality of services provided by the Halfway House. Therefore, we ask you to take part in a short survey. The results of the survey will be used to improve the quality of the Halfway House services.*

*The survey is anonymous and conducted only with your voluntary consent.*

### HALFWAY HOUSE ARRANGEMENT

**1. Was it easy to reach our apartment?**

Yes  No

If not, why?

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**2. Did you receive a warm welcome when settling in the Halfway House?**

Yes  No

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**3. In your opinion, does the Halfway House meet your needs?**

Yes  No

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**4. Please rate the arrangement of the Halfway House**

No.	Halfway House arrangement and equipment	Please rate on a scale from 1 to 4, with 1 - unsatisfactory, 2 - satisfactory, 3 - good 4 - excellent
1	Bathroom	
2	Kitchen	
3	Your room	
4	Surrounding area	
5	Access to telephone/internet	
6	Bed linen and towels	
7	Cleaning equipment	
8	Heating/cooling system	
9	Support with food, hygiene products	

Please provide additional information on what you liked or disliked

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**5. How safe did you feel in the Halfway House?**

Not safe

Explain why \_\_\_\_\_

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Almost safe

What exactly was missing for your safety

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Quite safe

**6. From which sources did you receive information about the Halfway House:**

Internet

Multidisciplinary mobile team

Right to Health Day Center

Center of Social Services

Relatives, friends

Other \_\_\_\_\_

**SUPPORTING SERVICES**

**1. In your opinion, did the services provided help you?**

Yes  No

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**2. Was your support plan useful?**

Yes  No  Partially  I did not have an individual support plan

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**3. Did you feel that your confidentiality was respected and ensured?**

Yes  No

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**4. Did you feel that you received the freedom to express your own opinion and make your own decisions?**

Yes  No

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**5. Did you receive the necessary emotional support?**

Yes  No

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**6. Did you have enough time to talk about your needs and concerns?**

Yes  No

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**7. Did you understand which question to ask and which specialist to contact?**

Yes  No

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**8. Did you receive the necessary services from the specialists of the Halfway House?**

Yes  No

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**9. Did you feel a tolerant attitude toward yourself?**

Yes  No

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**10. Were you provided with information about other services outside of the Halfway House?**

Yes  No

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**11. Did you receive information on the prevention of HIV, hepatitis and sexually transmitted diseases?**

Yes  No

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#### ATTITUDE TOWARD CULTURE

**1. To what extent were your cultural characteristics (beliefs, values) respected?**

**(Please rate on a scale from 1 to 5, with 1 - not respected, 5 - respected)** \_\_\_\_\_

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**2. Were your cultural peculiarities taken into account when organizing events in the Halfway House?**

**(Please rate on a scale from 1 to 5, with 1 - not respected, 5 - respected)** \_\_\_\_\_

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#### CHILDREN

**1. Did your children feel comfortable in the Halfway House?**

Yes  No

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**2. Were appropriate facilities available for your children?**

Yes  No  Partially  What was missing

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**3. Were your children in a safe environment?**

Yes  No

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