

HELP & SHELTER



SHELTER MANUAL

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I PURPOSE OF THIS MANUAL

The purpose of this manual is to set out the policies and procedures that apply to Help & Shelter's shelter for abused women and their children and female victims of human trafficking and their children.

It is to be read in conjunction with Help & Shelter's Governance, Policies and Procedures Manual.

II INTRODUCTION TO THE SHELTER

1. Establishment

- 1.1 The establishment and maintenance of a shelter for abused women and their children is one of organisation's main objectives in pursuance of its goal to widen options for victims of abuse.
- 1.2 The shelter was built in 1999 with funding provided by the Basic Needs Trust Fund on land donated by the Government of Guyana.
- 1.3 First opened in November 2000, the shelter had to be shut for 3 months in 2003 and from February 2004 to March 2006 due to lack of funds. The re-opening on 7 March 2006 was made possible through an arrangement with the government for the shelter to be used as both a place of safety for victims of domestic violence and as a temporary home for female and under-14 male victims of trafficking in persons.
- 1.4 In May 2007 the shelter was named 'The Ixora'.

2. Aim

- 2.1 The aim of the shelter is to provide temporary (up to 6 months) accommodation for abused and/or trafficked women and their children with training that can develop psychological and practical skills needed for increased self-sufficiency.
- 2.2 Help & Shelter recognises that leaving an abusive situation is a very difficult thing to do and that a woman can be extremely vulnerable at this time. Long term abuse can leave persons cut off from family, friends and access to finances, making it seem impossible to leave home and gain some independence.
- 2.3 The shelter aims to help abused and/or trafficked women and girls through this vulnerable period, to act in place of the family or friends they may have lost touch with and to give them the space and power and skills to regain and rehabilitate their lives.

3. The Shelter Welcomes

The shelter welcomes:

- Female victims of abuse and/or human trafficking who are 16 years and over
- Female children of residents

- Male children of residents provided they are under 14
- Teenage girls under 16 who are victims of abuse and/or human trafficking and are assessed as having reached a sufficient level of maturity to be capable of deciding for themselves whether they wish to come to the shelter
- Children placed at the shelter at the request of the Childcare & Protection Agency

4. The Shelter Provides

The shelter provides entirely free of cost:

- Accommodation
- Meals
- Counselling
- Life skills training (parenting, literacy, numeracy and home economics)
- Opportunity to acquire training in marketable - including non-traditional – skills
- Opportunity to become involved in projects that promote the self-sustainability of the shelter
- Opportunity to continue in employment or education while at the shelter

III PHYSICAL FACILITIES

The health and safety of all residents and staff are of utmost importance. The shelter should provide a clean, safe and comfortable environment inside secure and carefully planned surroundings.

All facilities and furnishings should be in good condition and in compliance with local health, fire, electricity and building codes.

1. Requirements

Kitchen and Dining Area

Food preparation and serving areas should be adequate to ensure safe food preparation and storage.

The kitchen should contain appropriate and adequate cooking, serving and eating utensils.

Group/Recreation Living Area

There should be a room set aside or space for groups of residents to congregate and engage in activities.

Bathroom facilities

Toilets and washing and bathing facilities should be in good repair, clean and available in sufficient numbers for residents. Shelter residents must be called upon to keep the facilities clean.

Bedrooms and Sleeping Facilities

All residents should have adequate sleeping space, their own beds in good repair, clean bed sheets and pillows and a place to store their clothing and personal items.

Keeping in mind that many abused persons and their children are often forced to make do with a minimum of comfort, including sleeping on the floor or doubling up with other persons, it is important not to duplicate this environment in the shelter, even for short periods.

In an emergency and provided staff have decided that it is safe and appropriate to do so, residents may sleep in cots or appropriate alternative arrangements. Such alternatives must however be used on a

strictly short-term basis until more space becomes available at the shelter or suitable arrangements are made at an alternative location.

Private Counselling Room

At least one room should be available at all times for private individual counselling sessions with residents. Conversations with and counselling of residents will include sensitive and confidential information that should not be overheard by other staff members or residents. It is advisable for this room to be located away from the common areas.

Office for Staff

One room must serve as an office for staff.

Medical Examination Room

As far as possible a room should be set aside for rendering medical assistance. This room must be kept securely locked at all times when not in use. Medications must remain locked in secure cabinets in this room.

Even if an individual medical room is unavailable there should be a well stocked first aid kit and related items.

Laundry and Washing Facilities

Such facilities must be available to residents.

Recreation Area

Indoor and safe outdoor recreation space should be available, even if small.

Children's Play Room

A separate room must be allocated adequately stocked with appropriate and safe toys and educational materials for resident children. Adult supervision must be in place whenever children are in the play room. Children, in particular young children and toddlers, must never to be left unattended or unsupervised in any area inside or outside of the shelter. Shelter staff are responsible for ensuring and reminding parents of children resident at the shelter of their responsibility for the supervision of their children at all times. A system of shared child supervision by parents should be worked out between residents and staff.

Storage Space

It is advisable to have a designated storage room for shelter supplies, personal hygiene items and extra clothing for residents etc.

An inventory of all goods stored should be carried out every quarter.

Fire Precautions

The shelter must have a fire evacuation plan, which must be posted up in every room.

Fire drills must be conducted at least once every fortnight.

Adequate fire extinguishers in working order must be located at key points in the building in accordance with advice from the Guyana Fire Service.

2. Maximum Capacity

The shelter's maximum residence capacity (i.e. the total number of residents who can be safely accommodated in accordance with local health and safety regulations, shelter staff supervisory

capacity and resources) is 35.

3. Repairs and Maintenance

The shelter should have arrangements in place for routine and emergency maintenance and repairs to be effected.

Because of security concerns, the staff must know in advance who to contact for any maintenance work or related issues.

Maintenance should include regular checking of:

- Utilities
- Furniture
- Equipment
- Physical structure of the building

4. Sanitary Conditions and Services

- 4.1 The shelter must maintain standards of cleanliness and hygiene in line with local health regulations and practices.
- 4.2 The staff shall be responsible for ensuring that standards of cleanliness and hygiene are observed throughout the shelter.
- 4.3 Residents shall cooperate and participate in the maintenance of the shelter and be responsible for keeping their sleeping space clean.
- 4.4 The manager shall establish and post cleaning responsibilities for staff and residents, along with specific daily tasks.

Specimen schedule of daily shelter tasks and regulations

Kitchen, Food Preparation and Eating Areas:

- Cleaned at least twice a day
- Written instructions to ensure that residents are provided with 3 nutritious, well-balanced meals, or the ingredients for a well-balanced diet, plus 2 snacks a day for children
- Post kitchen rules and opening hours
- Reasonable arrangements for residents requiring special diets

Bathroom and Toilets:

- Cleaned once a day
- Post schedule for use of bathing facilities, if necessary

Bedrooms & Sleeping Areas:

- Cleaned once a day
- Kept clean and neat by residents
- Bed Sheets, pillow slips etc. washed regularly
- Written policies and procedures regarding security of residents' belongings

Offices, Play Room and Recreation Areas:

- Cleaned once a day

Entire Premises

- Swept and dusted regularly

Garbage Disposal

- All garbage to be disposed of in the garbage bins in the yard
- Staff to ensure that all garbage is collected from the premises on at least a weekly basis

IV ADMISSIONS & DEPARTURES

1. Admissions Policy & Procedures

The following shall apply to all admissions to the shelter:

- 1.1** Help & Shelter's Crisis Service in Georgetown must handle all admissions.
- 1.2** In no circumstances will the shelter accept an admission except with authorisation of the Crisis Service or, in an emergency, the Crisis Service coordinator or a member of the shelter committee.
- 1.3** Except in an emergency, all persons requiring shelter, including those referred by government agencies and other NGOs, must attend the Crisis Service during working hours, where they will be interviewed and if approved for admission, be accompanied to the shelter by a Help & Shelter staff member or volunteer.
- 1.4** If admission outside normal working hours is necessary for immediate safety reasons:
 - Contact must be made with the Crisis Service coordinator or a member of the shelter committee, whose contact information shall be made available to all networking partners
 - If the Crisis Service coordinator or member of the shelter committee agrees to the admission she will authorise the shelter manager on duty to accept the admission, and make arrangements for the person(s) to be admitted to be accompanied to the shelter
 - The admissions form and all other paperwork must be completed as soon as possible after the admission
- 1.5** All agencies referring persons for admission to the shelter must:
 - At the time of referral provide the Crisis Service with a document containing all relevant information about the persons referred
 - Provide regular updates as to the progress of court cases
 - Acknowledge Help & Shelter's right to require the removal of persons referred who fail to adhere to the rules for residency at the shelter
 - Remove persons within 48 hours of receipt of a written removal requirement

2. Admissions Documentation

2.1 Admissions Form

Except in the case of an emergency admission outside of normal working hours, an admissions form containing all relevant information (see Appendix 1) shall be completed and signed by the person(s) to be admitted prior to admission.

2.2 Delivery of Admissions Form

The admissions form shall be delivered to the manager on duty by the member of staff or volunteer accompanying the person(s) to be admitted.

2.3 Copy of Admissions Form

A copy of the admissions form shall be made and retained at the Crisis Service for records and statistical purposes.

2.4 Opening & Maintenance of File

The manager on duty shall open a file, in which shall be recorded all relevant information relating to the person(s) admitted during their residency at the shelter.

3. Departures Policy & Procedures

3.1 Length of Residence

Generally speaking, it is anticipated that residents will be ready to leave the shelter within 6 months of their admission.

While residence in excess of 6 months is not encouraged, in the event that a resident is not, in the opinion of the counsellor, ready to leave the shelter, she will not be required to do so.

3.2 Circumstances of Departure

The different circumstances in which residents may leave the shelter are:

- They themselves feel that they are ready to leave as a result of the services provided to them while at the shelter
- They are dissatisfied with one or more aspects of shelter life
- They are encouraged to leave because they have been assessed by the counsellor as ready to do so
- They have failed to comply with their obligations as shelter residents

3.3 Departure

The manager on duty is responsible for arranging the smooth departure of residents and the completion of departure documentation.

3.4 Ongoing Counselling

Residents leaving the Shelter should be informed that if they wish, they may continue to receive counselling at Help & Shelter's Crisis Service in Georgetown.

4. Departures Documentation

4.1 Departure Form

Departing residents 16 years and over should complete and sign a departure form (see Appendix 2).

Copies of all departure forms should be delivered to the Crisis Service.

4.2 Questionnaire

Departing residents should be requested to complete a departure questionnaire (see Appendix 3) and place it in the box provided.

V SHELTER MANAGEMENT

1. Staff

1.1 Staff Complement

Shelter staff comprises:

- A manager
- A relief manager
- A full-time counsellor
- Two full-time security guards
- A relief security guard
- A gardener

In addition, in so far as possible, an arrangement shall be in place for a reliable and competent woman living in the locality to be on call to assume temporary management responsibility in the event of an emergency requiring the manager on duty to leave the shelter.

1.2 Shelter Staff Employment Policy

Given the nature of the shelter, all shelter staff shall be female, with the exception of the gardener if necessary.

1.3 Discipline

1.3.2 Help & Shelter's Policy on Sensitive & Other Important Issues

All staff must sign Help & Shelter's Policy on Sensitive & Other Important Issues (see Appendix 4).

1.3.2 Staff Rules

All staff must adhere to the staff rules (see Appendix 5).

If any of the rules and regulations are disregarded or contravened, the manager shall take appropriate action. The manager shall call the staff member's attention to the rules and their purpose and why it is essential to respect them. Any action or conduct in breach of security regulations or confidentiality shall receive the most serious attention.

1.3.3 Behavioural issues

In case of any problems related to a staff member's behaviour other than infringement of shelter rules and regulations, the manager shall bring this to the attention of the person concerned and encourage and advise on improvement.

1.4 Confidentiality

All members of staff are required to sign the confidentiality agreement (see Appendix 6). One copy is to be given to the staff member and one copy kept as a record.

1.5 Staff Meetings

Regular staff meetings should be called by the manager to review staff and residents' progress and to provide the opportunity to discuss:

- Incoming/departing cases
- Case coordination
- Means to resolve any case problems
- Ethical issues
- Relationships with other service providers
- Evaluation of shelter policies and procedures

The manager should encourage feedback from other staff and maintain communication on all aspects related to the work of the shelter.

2. Volunteers

- Help & Shelter volunteers and other volunteers can be used to assist with a variety of services and activities for residents
- As a general rule while volunteers' assistance may be used to supplement services and activities at the shelter, volunteers are not to be used to conduct essential tasks normally assigned to regular staff
- The decision to use volunteers will be at the discretion of the shelter committee
- A staff member must always be present during any activity conducted by a volunteer
- All volunteers should sign the confidentiality agreement and respect shelter rules

3. Manager

3.1 Responsibility

The manager shall maintain overall responsibility for the shelter's day to day operations, including supervision of other shelter staff and services to residents. She is responsible for ensuring that the principles and goals of the shelter and the safety, health and well-being of shelter residents and staff are maintained. In carrying out her duties the manager is required to collaborate with the relief manager, the counsellor, the Crisis Service staff (particularly the coordinator), volunteers and counsellors.

3.2 Duties

The duties of the manager are to:

- Maintain the personnel file for each staff member
- Maintain client intake, departure and case records
- Maintain accounting records
- Ensure that expenditure is within budgeted limits
- Manage the acquisition of food and other necessary supplies
- Maintain the inventory of furniture, equipment and appliances
- Maintain the inventories of food and other supplies
- Maintain linkages with MMC Security Force, the police, the medical profession, fire & public health officials and such social welfare and other agencies that can assist in maintaining the security of the shelter and the health and safety of residents
- Collaborate with the Ministry of Human Services & Social Security with regard to the use of the shelter as a temporary residence for victims of trafficking in persons
- Maintain the routine of household chores
- Secure valuables left by residents for safe keeping
- Supervise shelter staff
- Provide guidance to residents regarding daily activities
- Plan and supervise the preparation of meals
- Organise various skills development activities for clients
- Make contact with resource persons who can facilitate training sessions with clients
- In coordination with counsellors, inform clients of available programs and services to meet their individual needs and encourage participation in the most appropriate activities and use of available services
- Make appropriate arrangements for the education of children of clients
- Coordinate client counselling sessions
- Ensure that the rules and guidelines of the shelter are adhered to and that an acceptable level of discipline is maintained
- Support clients in making and keeping appointments with appropriate medical and social services and agencies appointments related to their children's welfare

- Establish and maintain effective working relationships with clients, families, caregivers, service providers, volunteers, community agencies and the public
- Prepare and submit calendar monthly reports in such formats as are specified and such additional and other reports as may be required from time to time
- Attend such meetings as are necessary to ensure the smooth running of the shelter
- Participate in, monitor the progress of and report on shelter based self-sustainability projects
- Monitor the condition of the building and contents, advise the shelter committee of necessary repairs and maintenance and arrange for approved repairs and maintenance to be carried out
- Regularly test the alarm system and report faults to MMC Security Force Inc.
- Ensure that confidentiality is maintained at all times
- Attend monthly board meetings and such other meetings with the board as may be required from time to time
- Perform any other appropriate duties assigned by the shelter committee and/or board of directors from time to time

4. Relief Manager

4.1 Responsibility

The relief manager shall perform the duties of manager when the manager is not on duty.

4.2 Duties

The duties of the relief manager are to:

- Adhere to the procedures for intake and departure of clients
- Write up client intake, departure and case records
- Manage the acquisition of food and other necessary supplies
- Maintain records of all expenditure
- Maintain the routine of household chores
- Secure valuables left by residents for safe keeping
- Supervise the security staff
- Provide guidance to residents regarding daily activities
- Plan and supervise the preparation of meals
- Organise activities for clients
- Ensure that the rules and guidelines of the shelter are adhered to and that an acceptable level of discipline is maintained
- Support clients in making and keeping appointments with appropriate medical and social services and agencies appointments related to their children's welfare
- Make contact with state and non state agencies (including but not limited to MMC Security Force, the police, the medical profession, fire & public health officials and social welfare and other agencies) as is necessary to maintain the security of the shelter and the health and safety of residents
- Regularly test the alarm system and report faults to MMC Security Force Inc.
- Arrange emergency counselling for clients if necessary
- Provide the manager with a report with respect to each period of duty
- Provide calendar monthly reports for submission to the board
- Attend such meetings as are necessary to ensure the smooth running of the shelter
- Ensure that confidentiality is maintained at all times
- Collaborate with the Ministry of Labour, Human Services & Social Security with regard to the use of the shelter as a temporary residence for victims of trafficking in persons
- Perform any other duties assigned by the shelter committee and/or board of directors

5. Counsellor

5.1 Responsibility

The counsellor will provide ongoing counselling to residents and their children and will be responsible for monitoring the progress of each resident according to their case plans.

5.2 Duties

The duties of the counsellor are to:

- Attend or conduct first meetings with residents (see section VI 3) and assist in shelter orientation for new residents
- Ensure residents understand and accept the services offered at the shelter
- Identify residents' immediate and secondary needs
- Establish counselling routines for individual residents and children as necessary.
- Counsel both adult and children residents, both individually and in groups
- Contribute to residents' emotional and psychological needs and where appropriate to assist them to understand and deal with their personal situations
- Conduct group awareness sessions on the dynamics of domestic violence, child abuse and human trafficking, on HIV/AIDS prevention and care, healthy relationships etc.
- Help to create a safe, comfortable and stimulating environment for residents
- Encourage residents to create and maintain positive social and personal relationships in their lives, including with other residents
- Help residents to develop their parenting skills
- Develop individual case service plans together with the residents, the shelter staff and other care providers
- Document and maintain a counselling case file for each resident
- Monitor residents' cases and progress and make appropriate interventions
- Arrange appropriate referrals to off-site service providers and if necessary accompany residents to appointments
- Attend case conferences, staff meetings and such other meetings as are required
- If the mental capacity of a resident is in question inform the manager and other relevant service providers
- Identify and recommend residents who show signs of psychiatric disorders for psychiatric diagnosis and treatment
- Assist with resident departure procedures as necessary
- Attend such training and retraining programmes as may be available from time to time
- Perform such other duties that may be required from time to time that are commensurate with the position held

6. Staff Health

6.1 Stress

6.1.1 Work-related stress particularly affects persons in high-risk, high-pressure occupations such as staff working with victims of domestic violence, child abuse and human trafficking.

6.1.2 The sources of stress are multiple and significant. Some of the major causes of stress include:

- Security concerns
- Workload carried especially where there is a high number of residents and limited resources
- Aggressive, seemingly ungrateful or resentful behaviour from residents
- The feeling of having only a limited impact, or that the other systems (e.g. law enforcement) are failing
- Feeling that there is no one to speak to about problems, nowhere to shift any burden
- Self-blame, frustration, anger at negative case outcomes (e.g. when residents leave the programme, respond poorly to assistance, or do not meet expectations)
- Disapproval of family members and/or friends to the work being done and the 'type of people' being assisted

6.1.3 The most common physical symptom of stress associated with shelter staff has been identified as tiredness and difficulty in sleeping.

6.1.4 When working with vulnerable people it is not unusual for shelter staff and other support persons to misjudge their capacity to assist (and the limitations of victims to respond).

- 6.1.5 Staff may also neglect to recognise their own need for psychological support in their work. Even the most seasoned professional may experience intense feelings of hopelessness, disappointment, failure, anxiety or anger when working with victims of human trafficking and domestic violence.
- 6.1.6 It is also important to consider the possibility that staff may also have a personal history of physical violence or sexual abuse, or may currently be experiencing an abusive situation. A staff member's personal history of abuse or discrimination can play a role in the way she is affected by a trafficked or abused person's story and may even impede their work. Where appropriate, it can be helpful to identify ways of discussing the subject of past abuse with a supervisor or shelter committee member. For some individuals, discussing their personal experiences and gaining the understanding and support of management or colleagues can be a source of comfort and strength; for others, this type of discussion can be seen as a breach of privacy and an unwelcome intrusion into their personal life.

6.2 Measures for Supporting Shelter Staff & Preventing & Reducing Stress

- 6.2.1 Staff recruited to serve victims of domestic violence, child abuse and human trafficking must be carefully selected, supported and supervised. Among the basic values and behaviours required before being allowed to assist residents of the shelter is ability to show respect, ensure confidentiality and dignity and work always in the best interests of residents.
- 6.2.2 Key measures that can be undertaken in order to reduce or prevent job-related stress and improve the physical and psychological well-being of shelter staff include:
- The shelter committee, manager and other staff working together to ensure that all staff are and feel safe. This is the first and most basic stress prevention measure
 - Staff being regularly asked to share health and stress related concerns as they feel the need and acknowledge the range of staff concerns
 - Staff recognition of the limits as to how much they can do and limits of residents they are assisting. There will always be some situations that cannot be resolved
 - Organising work in ways that allow adequate breaks and off time
 - Ensuring that staff roles and responsibilities are clearly defined and set out. This may include improving the definition or roles and responsibilities

6.3 Dealing with Stress

- 6.3.1 Programmes and techniques specifically aimed at stress management should be identified and staff enabled to attend them as necessary.
- 6.3.2 Staff must be encouraged to take care of themselves and set limits on the amount of emotional energy they can safely give to their work

6.4 Burnout

- 6.4.1 If constant stress is allowed to build up over time, burnout can occur. Burnout is a state of physical, emotional and mental exhaustion caused by long term involvement in an emotionally demanding situation.
- 6.4.2 Some symptoms of burnout are:
- Physical symptoms – fatigue, sleeping difficulties, headaches, exhaustion, colds and flu
 - Emotional symptoms- irritability, anxiety, guilt, depression, sense of hopelessness
 - Behavioural symptoms- aggression, callousness, negativity, don't care attitude
 - Work related symptoms – poor performance, absenteeism, lateness to work etc
 - Interpersonal symptoms- inability to concentrate, withdrawal from residents or co-workers, lack of communication

6.5 Burnout Interventions

If a member of staff is showing such symptoms the following interventions should be made:

- Give support, encouragement, advice and practical help

- Remind them of limitations and realistic expectations
- Make appropriate adjustments to schedules and responsibilities as are possible
- Arrange counselling
- During weekly meetings encourage staff to express their feelings and frustrations; focus on developing positive strategies and solutions.

6.6 Precautions against HIV Infection

- Shelter staff should take appropriate precautions at all times to reduce their risk of exposure to HIV infection
- Any member of staff who undertakes a task that involves coming into contact with potentially infectious blood and/or other body fluids should wear latex gloves and wash their hands before and afterwards
- In the event that exposure does occur post-exposure prophylaxis (PEP) treatment must be administered as soon as possible to reduce (but not eliminate) the risk of infection

7. Staff Training

Training is an essential component of service provision. No staff member can be expected to perform to the highest standards without receiving adequate training.

The better informed staff members are about their work, the better they will feel about themselves, the more confident they will feel about the services they are providing and the better they will be able to assist residents.

The following are important areas for training:

- Human trafficking – definition, dynamics, forms, causes, forms of violence and exploitation, consequences (health in particular), victims, perpetrators, stigma
- Domestic Violence - definition, dynamics, forms, causes, consequences, victims, perpetrators, stigma ,etc
- Child Abuse – definitions, dynamics, forms, causes, consequences, victims, perpetrators
- General Knowledge of the law relating to trafficking, domestic violence and child abuse
- Security measures
- HIV/AIDS
- Sexual and reproductive health
- Human rights and rights of the child
- Culture, customs and practices (aimed at identifying the populations most commonly assisted)
- Trauma and its consequences

8. Confidentiality

8.1 Principles

8.1.1 The key principle governing the handling of all documents and information about residents is ‘need to know’. Staff should follow this rule in all cases and communicate about and disclose information internally and externally only to such persons whose need and right to receive such information is acknowledged.

8.1.2 The same principle must be diligently applied within Help & Shelter as a whole.

8.2 Disclosure

8.2.1 Information about a resident may only be disclosed if:

- She gives prior written and informed consent
- She is suicidal and/or a danger to herself
- She is homicidal or is threatening to engage in behaviour which is likely to result in harm to others
- She is a child and the parent or guardian or authority legally responsible for the child

- Disclosure is court ordered

8.2.2 Even where a resident has consented in writing to the disclosure of confidential information, the information should be examined to ensure that disclosure does not increase the risk to the victim, or any other resident or member of staff. If that is a possibility, Help & Shelter should reserve the right to withhold the data in the interest of the resident or any other person that may have been identified as being put at risk if the information is disclosed.

8.3 Rules

8.3.1 Case files should be identified only by code numbers.

8.3.2 Master files connecting individual names to identification code numbers must be kept in a secure location with restricted access.

8.3.3 Case files must never be left unattended (on desks, tables, in common areas etc.)

8.3.4 Communication about cases between staff members, or between staff and partner organisations, should never take place in a public location (in hallways, waiting areas, in an office with open door, in front of other residents, at a restaurant etc.)

8.3.5 Details of a domestic violence, child abuse or human trafficking case should never be discussed with other residents. If, in certain cases it is useful to offer examples from a case similar to another resident's experience names and personal details should be altered sufficiently so that the case being discussed cannot be identified.

8.3.6 Staff members may discuss details of their work with residents they are working with during supervision or in staff meetings. Any information shared during such supervision or staff meetings must be kept confidential.

8.3.7 Staff members are forbidden to discuss case and case details with a resident's family or friends, except in the case of a child whose family member is also their legal guardian but in such cases the child should be consulted to find out if, by revealing information about the child, she may be put in any danger or caused any harm.

8.3.8 No member of staff (including security and ground staff) may take a resident to their home or give out their address or telephone number or the address or telephone number of any other staff member to a resident.

8.4 Sharing of Information between Care Providers

8.4.1 Although there are risks involved in sharing case file information, when information is shared following appropriate security and confidentiality procedures between a limited number of key persons, the benefits outweigh the risks.

8.4.2 Sharing information between social workers, health workers, etc. reduces the need for residents to repeat information already given.

8.4.3 Residents must be made aware of the purpose of sharing this information and give their consent.

8.4.4 Appropriate criteria and procedures for the sharing of information with agencies and organisations that also assist victims of domestic abuse, child abuse and human trafficking must be adopted and followed.

8.5 Public Release of Information

8.5.1 In the course of their work staff will gather information and knowledge about domestic violence, child abuse and human trafficking that could, if made public, be beneficial to influencing policy and procedures for the reduction and elimination of such practices.

- 8.5.2 Any and all information about individual cases put into reports, newsletters, research findings or offered to journalists must be sufficiently altered to ensure that no individual can be identified. Not only names, but all possible means of identification must be changed.
- 8.5.3 The person(s) to whom the information will be released and the purpose for which it will be used must be clear. The only acceptable uses of information are those that have a beneficial aim, such as promoting good policies, supporting the development of better services, increasing funding for assistance or decreasing prejudice and xenophobia.

9. Files & Other Records

9.1 Residents' Files

The manager and counsellor shall keep residents' files updated with all relevant information.

9.2 Activities Log

The manager shall maintain a log in electronic format of activities in which residents have taken part and education and skills training sessions.

9.3 Incidents Log

The manager shall maintain a log in electronic format in which all serious infractions of rules by residents and other incidents, such as accidents and emergencies, must be recorded.

Every time an entry is made in the incidents log the manager making the entry shall send the log to the shelter committee and other members of the board.

9.4 Residents' Right to their Medical Records

All residents must be informed of their right to copies of all their medical records. They should receive a copy of these before leaving the shelter. In cases where medical records are in the possession of an outside provider (e.g. a hospital,) staff are responsible for assisting individuals to obtain copies of all records.

10. Financial Procedures

The following procedures are to be followed at all times.

10.1 Lists

The manager shall maintain in electronic form:

- A stock list showing the amount of stocks of food, toiletries, office, medical, cleaning and other regularly required items on hand at the beginning of each calendar month, the use to which the stocks are put during the month and the balance remaining at the end of the month
- A supplies donation list, which should be cross referenced with the stock list, showing the items, amounts, frequency and source of donated supplies
- A list of contents requirements showing the items and quantity of furniture, fixtures, fittings, bed and bath linen etc. needed and their estimated cost
- A list of repair and maintenance works needed and their estimated cost
- A list of staff and their current wages and salaries

10.2 Forward Planning

10.2.1 At least one month's supply (based on an occupancy of 20 persons) of all of the items appearing the stock list shall be kept on hand

10.2.2 Menus should be prepared on a calendar monthly basis at least one week in advance and a list of the items required and their estimated cost should be drawn up.

10.2.3 A calendar monthly list of toiletries, cleaning and other items estimated to be required and their estimated cost should be drawn up at least one week in advance.

10.2.4 The lists referred to at 10.2.2 and 10.2.3 shall be collated with the stock list and supplies donation list referred to at 10.1 above and a list of purchases required to be made during the coming month (excluding fresh food that can be bought locally) and their estimated cost shall be compiled and sent electronically to the Crisis Service

10.2.5 Upon receipt of the list of purchases required the Crisis Service will order, take delivery and pay for the items required, and arrange delivery to the shelter

10.2.6 Wherever possible purchases should be made wholesale

10.2.7 Wherever possible purchases should be paid for by cheque issued by the Crisis Service

10.2.8 Purchases of fresh food requirements (bread, fruits, vegetables, fish etc.) available locally should be made as required

10.3 Payment of Wages & Salaries

Cheques for payment of salaries and cash for payment of wages shall be uplifted by the manager or relief manager from the Crisis Service by arrangement with the accountant/finance officer.

The manager or relief manager uplifting the cheques and cash shall be responsible for ensuring that the vouchers for payment of wages and salaries are signed by the payees and returned to the Crisis Service.

10.4 Petty Cash

10.4.1 The shelter petty cash float shall be \$25,000 or such other amount as may be determined by the board from time to time.

10.4.2 A minimum of \$10,000 petty cash must be on hand at all times to cater for an emergency.

10.4.3 The petty cash float is to be used for the purchase of fresh food available locally, manager's , relief manager's and residents' travel and other incidental expenses.

10.4.4 All petty cash expenditure shall be recorded in a petty cash book and insofar as possible a receipt for each item of expenditure shall be obtained.

10.4.5 Depending upon the nature of the expenditure, an honour voucher may be accepted in lieu of a receipt.

10.4.6 The record of and receipts for petty cash expenditure must be submitted to the Crisis Service before a replenishment may be obtained.

10.5 Procurement of other goods and services

No expenditure on goods other than regular food, toiletries, office, medical, cleaning and other supplies or on services may be incurred except with

- The approval of the shelter committee where the cost of the good or services is \$20,000 or less, or
- The approval of the board where the cost of the good or services is more than \$20,000

11. The Shelter Committee

11.1 Function

The shelter committee is a standing committee of the board of directors and has general supervisory powers with regard to the operation of the shelter and such specific authority as may be conferred on it

by the board from time to time.

11.2 Composition

The shelter committee shall comprise at least 3 members of the board and such other persons as are invited to sit on the committee.

11.3 Meetings, Shelter Visits & Residents' Evaluation

11.3.1 The committee shall meet as often as necessary but at least once a month. The manager and/or relief manager shall attend committee meetings when requested to do so.

11.3.2 The committee shall visit the shelter at least once a month.

11.3.3 The committee shall be responsible for administering the quarterly residents' evaluation.

12. Reporting Requirements

12.1 Manager's Reports

The manager must submit a monthly report to the board by the 7th of the month and shall prepare and submit such additional reports as the board may request from time to time.

Copies of all manager's reports to the board should be sent to the shelter committee.

12.2 Shelter Committee Reports

The shelter committee must submit a monthly report to the board by the 7th of the month and shall prepare and submit such additional reports as the board may request from time to time.

12.3 Counsellor's Reports

The counsellor must submit a monthly report to the board by the 7th of the month and shall prepare and submit such additional reports as the board may request from time to time.

Copies of all the counsellor's reports to the board should be sent to the shelter committee.

12.4 Admissions & Departures Reports

The manager must submit a monthly report by the 7th of the month of all admissions and departures in the specified format.

VI ASSISTANCE TO RESIDENTS

1. Basic Concepts

1.1 To ensure appropriate care and intervention for shelter residents, all shelter staff should be familiar with and have a firm understanding of the key principles, characteristics, types, psychological, emotional and physical health effects and causes of domestic violence, child abuse and human trafficking.

1.2 The attitude and demeanour of shelter staff towards human trafficking, domestic violence and child abuse victims are of utmost importance in the rehabilitation and social reintegration process.

1.3 Shelter staff should be mindful of the following:

- Acceptance – staff should have and convey a sympathetic attitude to residents and show genuine concern, be non-judgemental in their approach to residents and their problems and encourage a climate of mutual respect at all times. It is of primary importance that residents do not feel they are to blame for their problems.
- Affirming individuality- staff should acknowledge the unique qualities of particular residents and should encourage residents to express their own feelings and concerns.
- Objectivity – staff should try to examine situations objectively and not interject personal opinions and judgements into their working relationship with residents.
- Victim’s energy level – staff should always try to adjust any intervention to the physical and emotional state of the victim concerned. This may mean avoiding lengthy questioning and being attentive to what is being said or not said by a particular resident.
- Controlled emotional involvement – staff should be sensitive to expressed or unexpressed feelings and demonstrate an understanding based on their knowledge of human behaviour. Staff should not appear cold or lacking interest, but at the same time they should not become too emotionally involved with a client so as to lose objectivity.

2. Establishing a Trust Relationship

- 2.1 Staff must be mindful that domestic violence, child abuse and human trafficking causes a severe breakdown of confidence and trust for the victims and that to rebuild trust and a normal relationship for victims requires patience, concentration and skill.
- 2.2 Helpful techniques for working with trafficked and abused residents at the shelter include:
- Focusing on the individual situation
 - Listening carefully
 - Responding honestly and humanely
 - Being calm, attentive, concerned, empathetic
 - Avoiding a controlling patronizing attitude
 - Offering decision-making control when possible
 - Explaining the system of assistance for trafficked persons, domestic violence & child abuse survivors
 - Knowing available resources for trafficked and other abused persons
 - Being flexible to meet individual needs
 - Getting extra help and support for victims and self when needed

3. First Meeting with New Residents

3.1 Time, Place & Attendance

- 3.1.1 The first meeting with a new resident should be held as soon as possible after she arrives at the shelter.
- 3.1.2 The meeting should be conducted by the manager with the counsellor in attendance or if the manager is not on duty, the meeting should be conducted by the counsellor with the relief manager in attendance.
- 3.1.3 The meeting will necessarily deal with sensitive, confidential information that should not be overheard by other staff members or residents and should take place in the private.
- 3.1.4 As far as possible, the meeting should not be held in the manager’s office and every attempt should be made to minimise distractions during it.

3.2 Objectives of Meeting

There are four main objectives for the first meeting with a new resident

- Establish rapport

- Ensure safety
- Provide shelter information and orientation
- Obtain information about the resident through the admissions form sent from Help & Shelter's Crisis Centre to form the basis of an individualised case service plan

3.3 Conduct of Meeting

3.3.1 Sensitivity to Physical & Emotional State of Resident

During the first meeting the manager and counsellor must be alert to the physical and emotional state and the response of the new resident to the discussion. Bearing in mind the effects of trafficking and of domestic violence and/or child abuse on survivors it is important to acknowledge an understanding of the situation and try to gain the trust of the person. It is important to reassure the person that she is safe and with people who are there to assist her in re-establishing her life.

3.3.2 Reassurance

To successfully start on a recovery process, the resident's basic physical and emotional safety must be ensured. Therefore, the person conducting the first meeting must reassure the victim that the shelter is set up to ensure the safety of the residents from human traffickers and their accomplices and/or domestic or child abusers and that food, basic necessities, medical care and other assistance as necessary will also be provided.

Once this reassurance has been given the resident will be introduced to shelter rules and orientation.

3.3.3 Residents' Rights

The manager or counsellor should explain to the new resident that she has the following rights:

- To be treated with respect and cultural sensitivity
- To confidentiality
- To privacy
- To self determination, i.e. to have a role in identifying and setting their own service goals and plans
- To receive the services based on their full and informed consent
- To be fully informed about the services provided and their purpose in language she understands
- To have reasonable access to her personal records

In order to ensure the full awareness and understanding of the right to consent, the new resident should be asked to state her consent to all services to be received through the shelter.

A new resident should also be informed that she can bring to the attention of the staff any grievance concerning services or particular treatment at the shelter in a private meeting with the manager at which her concerns will be discussed and appropriate solutions identified.

A written outline of the resident's rights at the shelter should be given to her at the end of the first meeting (Appendix 7) and she should be asked to sign a copy as confirmation that they have been explained to her.

3.3.3 Residents' Obligations

It is important to explain and stress that shelter residents have a duty to observe certain obligations towards themselves, the shelter staff and other residents.

The manager or counsellor conducting the meeting should carefully go through all the rules governing the shelter with the new resident, particularly the Residents' Rules (see Appendix 8). After the rules have been explained, the resident should be asked to sign them as confirmation of her acceptance of and agreement with them and be given a copy to keep. At the end of the first meeting the new resident should have a good understanding of the rules, of the obligation to observe them and the consequences of failing to do so.

3.3.4 Accompanied Children's Rights & Obligations

The Residents' Rights & Rules shall be adjusted for children at the shelter with their mothers, taking account of their age and maturity. The following are sample rules for children:

- Observe personal care and hygiene
- Perform housekeeping chores, such as making their bed and keeping their room and belongings tidy
- Respect the rights of others and their property
- Cooperate with residents, staff and others
- Attend and participate in all scheduled activities

3.3.5 Rights & Obligations of Unaccompanied Children under 16

At the first meeting an unaccompanied child under 16 who has been referred to the shelter by Ministry of Human Services & Social Security or any other agency that has statutory authority to make the referral must have her rights and obligations (Appendix 9) fully explained to her. She should then be asked to sign them as confirmation of her acceptance of and agreement with them and also be given a copy to keep.

3.3.6 Shelter Assistance & Services

After the general rules have been explained and once the new resident understands them and is willing to abide by them, the other available shelter assistance and services should be explained.

The resident should be informed that the following are available to her:

- Transportation home
- Meals
- Basic toiletries package
- Medical care
- Counselling
- Legal information
- Recreational activities

Having provided the new resident with a basic overview of her rights and obligations and the services available, the next step should be to conduct a more extensive counselling session with her.

4. First Counselling Session

4.1 Review of File & Assessment

The counsellor should go through the information provided in the file about the new resident. At this early stage, it is important to bear in mind any confusion and contradictions in the information given so far. The physical and mental condition and circumstances in which the person concerned arrived at the shelter will affect their ability and willingness to answer specific questions. In fact, the person may be exhausted, confused, disoriented and afraid and may have difficulty remembering or describing certain details. If any of these are present, it is up to the counsellor to consider whether to proceed with the interview or postpone it to a later date when the victim will have had time to rest and calm down.

The counsellor should be aware of the possible reasons why a victim may either not respond or be reluctant to disclose personal information. These may include:

- Fear
- Shame and embarrassment
- Depression
- Fear of police involvement

The counsellor should always be flexible and allow residents to disclose when they are ready to do so.

4.2 Establish Needs

During the counselling session and after disclosure by the resident the counsellor should identify issues of immediate concern and any immediate needs. The counsellor should emphasise the importance of the resident's concerns and what services are available to assist her at the shelter.

After restating the priorities to the resident, it is important for the counsellor to validate the concerns expressed. Sometimes they will not appear to be particularly logical or coherent.

When determining the immediate needs of a resident, it is vital to distinguish between a crisis and an emergency situation. Although both involve an element of urgency and the need for attention, an emergency situation, is one in which there exists a sudden state of danger or a medical condition that requires immediate action or treatment.

4.3 Psychological Emergency

A psychological emergency is a situation that requires an immediate response to avoid possible harm. The following examples constitute such emergency situations:

- Risk of suicide – resident expresses or implies a desire to harm herself
- Risk of physical harm to others –resident expresses a wish or ability to harm others
- Resident shows signs of seriously impaired judgement and endangerment (e.g. delirium, psychotic behaviour)

5. Ongoing Counselling

All residents should receive such ongoing counselling as their particular cases require but at the minimum this should be one group and one individual session a week.

Records of all counselling sessions must be made in the residents' case files.

The manager may be invited by the counsellor to sit in on a group counseling session.

The counsellor and manager should meet at least once a week to review and discuss case files in order that ongoing counselling may be tailored to residents' particular needs.

6. Activities

6.1 Avoiding Conflict & Boredom

Shelter settings can be stressful for many reasons (number of traumatised persons living together; persons of different ethnic and cultural backgrounds living side by side; limitations on movement or behaviour; slow pace of time and boredom etc.). Residents may find unhealthy ways of dealing with free time and relieving the tensions of living in a temporary setting e.g. smoking, creating conflict, leaving the premises. Shelter staff should try to prevent these problems by making it possible for residents to participate in physical activities (e.g. walks outside, exercise etc) where and when possible considering security issues. Other educational activities and intellectual stimulation and entertainment activities should be encouraged and promoted.

6.2 Recreational Activities

Daily recreational activities for residents who are willing and able to participate should be planned.

Such recreational activities give residents the opportunity to:

- Work with fellow residents
- Fight boredom and focus attention on alternative, constructive tasks
- Increase energy levels and reduce stress
- Develop skills and self-esteem through physical activities

7. Education & Skills Training

7.1 For Adults

7.1.1 On-Site

The manager should arrange on-site sessions for residents on:

- Parenting
- Literacy
- Numeracy
- Home economics
- Other topics in which residents express an interest

7.1.2 Off-Site

Residents should be encouraged to acquire (further) education and skills training and arrangements should be made for residents to enroll in and attend courses in which they express an interest.

7.2 For Children

Arrangements should where possible be made for children to either attend an educational institution nearby the shelter or to continue to attend the institution at which they are already registered.

8. Residents' Evaluation

Every three months residents will be requested to complete an anonymous evaluation questionnaire. The information collected on the opinions and suggestions about the services provided at the shelter will be reviewed by the staff, shelter committee and board in order that any necessary changes may be made.

VII RESIDENTS' HEALTH

1. Health Consequences of Abuse & Human Trafficking

Trafficked persons, regardless of whether they have been trafficked for the purpose of labour, sexual or any other form of exploitation, are exposed to a range of health-related problems. During captivity they very often experience physical violence, sexual exploitation, psychological abuse, poor living conditions and exposure to a wide range of diseases, which may have long-lasting consequences on their physical, reproductive and mental health.

Many of the risks, abuses and health consequences associated with domestic abuse, child abuse and human trafficking can occur at the same time or overlap. Some of these include:

- Physical abuse -affects physical health
- Sexual abuse – affects sexual and reproductive health
- Psychological abuse – affects mental health
- Forced use of drugs and alcohol – can lead to substance abuse and misuse
- Social Isolation and manipulation – affects social well being
- Economic exploitation and debt bondage – affects financial and economic well being
- Abusive working & living conditions – affects environmental well being and safety

2. Terror

Control tactics used by domestic abusers, child abusers and human traffickers are similar to those associated with perpetrators of torture.

Common control tactics of this type of repeated abuse include:

- **Terrorising:** to install persistent and relentless fear
- **Lying and deceiving:** to undermine the individual's trust in themselves and their understanding of the world around them
- **Unpredictable and uncontrollable behaviour:** to destabilize individuals and to prevent their ability to plan or anticipate events based on their view of the world
- **Eliminating all decision-making power:** to create the sense that the individual's well-being or very survival depends on pleasing the perpetrator and that all decision making is at the pleasure of the perpetrator
- **Emotional manipulation:** to maintain control over and intimacy by manipulating feelings, such as love and dependence. This manipulation also commonly involves traffickers' efforts to falsely highlight some positive things about the trafficking activity in a way that can appeal to the victims mindset such as how the journey or work will enable them to send more money home to dependent family members, enable them to fulfill social or religious obligations and help them to fulfill their individual dreams and aspirations for a better life

The aim of these forms of violence, coercion and psychological manipulation, is to render the person dependent by destroying the individual's sense of self and connection to others.

3. Responses to Trauma

- 3.1 All persons working with domestic abused, child abused and trafficked persons should try to understand the reasons why they behave the way they do. This will help them know how best to offer assistance.
- 3.2 Among the most significant service-related difficulties in giving assistance are the problems of diminished capacity to trust others and themselves, and the sense of loss of control over their own life.
- 3.3 As a service provider, trust is essential, but for trafficked persons and domestic abused persons, trusting another person and accepting assistance means to give part of the control over her life to somebody else. Very often rejecting help (and in many cases, acting self-destructively) gives individuals the impression that they are in control because they are the ones taking action, and not allowing someone else to act for them.
- 3.4 It is also not uncommon for persons who have experienced domestic abuse and trafficking-related trauma to be unable to recall details of events, including, names, dates and locations. If a trafficked person or domestic violence survivor cannot remember or changes the account of events, this does not mean that the individual is lying or being uncooperative. It is essential to show patience in relation to memory problems and not to discourage individuals from adding to or altering their initial account of events as memories may return.
- 3.5 Wherever available, it is extremely useful to employ cultural mediators. A cultural mediator is a go-between who understands the motivations, customs and codes of different ethnic groups. This can help the client/resident to better understand the care provider and vice versa.

4. Supportive Responses to Problems

Common reactions	How residents may behave	Supportive responses
Fear; insecurity; anxiety	Reluctance to meet people, to go outside or to be alone; trembling; shaking or heart racing; difficulty sleeping; nightmares; difficulties sitting still or concentrating	Implementation of security measures; reassurance of security measures; confidentiality; being accompanied to attend appointments etc
Mistrust of others	Wariness of shelter staff and of offers of assistance; reluctance to disclose information; giving false information; difficulties with support persons, co-residents, family etc	Patience and persistence in developing relationships; unconditional provision of practical assistance and moral support; regular inquiries into needs and well being
Mistrust of self; low self esteem	Passivity; difficulty making decisions or trusting one's decisions; difficulty in planning for the future; hyper-sensitivity or hyper-responsiveness to others and outside influences	Creating small tasks; setting short-term goals; fostering short term accomplishments; validating achievements.
Self blame; guilt; shame	Difficulty in making eye contact; difficulty in expressing oneself; difficulty in disclosing details of events and feelings; reluctance to undergo physical examinations or to participate in group or other forms of therapy	Reassurance that what happened was not her fault; reminders that domestic abuse, child abuse and trafficking are crimes that victimise many people and that they are not alone; reminder of her courage and resourcefulness under extreme conditions
Anger towards self or others	Hostility or violence towards shelter staff or others (e.g.) co-residents, family); self inflicted physical harm; sabotaging her own process of recovery; over-reacting; unwillingness to participate; blaming or accusing others; uncooperative or ungrateful responses.	Patience; remaining calm in the face of hostility; not reacting with anger or hostility; not showing frustration; implementation of reasonable measures to ensure person's safety; implementation of reasonable and proportional measures to ensure safety of others
Memory lapses; disassociation	Inability to recall details or entire passages of the past; altering accounts of past events; seeming unwillingness to respond or to answer questions	Not judging or condemning the person; not pressuring or harassing the person; understanding the importance of forgetting for some people
Isolation; loneliness	Sadness; depression; disengagement from others and activities; lethargy; seeming self-absorbed or self-centred; believing no one can understand	Offering phone contact (or other contact) with family, friends etc; opportunities to participate in one-to-one of group activities; planned tasks or events
Dependence; defensiveness; always wanting to please; dependency	Inability or reluctance to make decisions; desire to please; easily influenced; inability to assert self or personal preferences; regular complaining' refusal or reluctance to accept assistance.	Assigning small tasks, setting limited goals; reassuring the person of their abilities and capacities; not fostering dependence by assuming all responsibility for the person's welfare (allowing person to choose when, how or if they wish to be assisted).

5. Health Information

5.1 Availability of Information

Appropriate health information and health education material must be available on the following topics:

- Nutrition and hygiene
- Reproductive health, pre-natal and ante-natal care, termination of pregnancy
- Sexual health, safe sexual practices, contraception, sexually transmitted infections
- HIV/AIDS, including pre and post natal testing & counselling

5.2 Sexual & Reproductive Health

Domestic abuse and trafficking in women have serious implications for sexual and reproductive health. Women who are trafficked or who are domestic violence survivors frequently suffer sexual abuse or exploitation and are often exposed to sexually transmitted infections, including HIV. Women should be informed of the available tests for STIs and HIV.

5.3 Sexual Violence

The likelihood that women who have been trafficked have also experienced sexual violence is very high. This includes women who were not forced to work in the sex industry. Working with individuals who have been victims of sexual violence requires sensitivity and understanding. It is important to approach them with sympathy and kindness, to gain their confidence.

During encounters with police investigations and having to go through questioning or physical examinations can further heighten feelings of helplessness, shame. Once victims have regained some degree of self-esteem and confidence and are able to trust the person offering assistance, the information to be gained concerning their ordeal will facilitate a better diagnosis, treatment and their eventual recovery.

5.4 Pregnancy

Shelter staff must respect the personal decisions of individuals in their care, assisting them with pre-natal, obstetric and post-natal care. In cases where a woman requests the termination of her pregnancy, appropriate health services should be contacted without delay.

5.5 Contraception

The manager and counsellor should advise residents on available contraceptive methods and share culturally appropriate health education material explaining contraceptive choices and methods.

5.6 Respect for Privacy & Modesty

Understanding and respect must be shown for a woman's embarrassment regarding medical examination and the topic of sexuality. Patience may be required to help residents to understand that a gynaecological examination is a standard procedure and the questions asked part of the routine of the examination. She may have to be reassured that she is not being singled out or treated differently on account of her experience. It may be necessary to let her know that, far from being an isolated case, the medical personnel have had to deal with many similar cases. She should be helped to relax and answer the questions necessary to help her.

5.7 Medical Care

5.7.1 On-Site

The manager, relief manager and counsellor should be trained to administer at least first aid.

The medical cabinet should be kept adequately stocked at all times.

5.7.2 Health Clinics & Hospitals

An off-site medical care system for residents to include the nearby health clinic and other medical facilities as necessary should be in place.

Arrangements should be made for children accompanying their mothers or legal guardians to continue to attend post- natal health clinics as required. All mothers must be asked to bring with them on admission their children's clinic and vaccination cards so that these can be checked with the counsellor and staff as to appointment dates.

5.7.3 Psychiatric Care

Arrangements should be in place for the provision of psychiatric or psychological care for residents as the need arises.

5.8 HIV/AIDS

5.8.1 Vulnerability

There are many misconceptions about HIV/AIDS that cause undue distress for both patients and providers. Because women and children who are exposed to domestic and child abuse and trafficking are particularly vulnerable to exposure to HIV it is important for all shelter staff to be informed about the biological, psychological and social implications of HIV/AIDS.

5.8.2 Why do we need to know about HIV/AIDS?

The number of persons becoming infected with the HIV virus that causes AIDS is still increasing. Anyone can be infected with HIV, regardless of social class, race, religion or sexual orientation. Everyone needs to be informed about HIV and AIDS, to know how to protect themselves and others. The best way to create an environment of compassion and understanding and to fight discrimination and fear is to provide information about HIV and AIDS.

5.8.3 What is HIV?

- HIV stands for Human Immunodeficiency Virus
- Persons who are infected with HIV remain infectious for life. Even when they look and feel healthy, they can transmit the virus to others
- HIV is a permanent infection, for which there is no cure or vaccine yet
- HIV infection is not AIDS, but it can lead to AIDS (Auto-Immune Deficiency Syndrome)

5.8.4 How does a person become infected with HIV?

The main ways in which HIV is transmitted are:

- By unprotected vaginal, anal or oral sex with persons who are HIV positive
- Through infected blood from blood transfusions, razors, needles, knives, or other sharp objects
- From mothers to babies during pregnancy, childbirth and breastfeeding.

5.8.5 It is important to know how HIV is **not** passed from one person to another

HIV cannot be transmitted:

- Through everyday contact with HIV positive persons
- By using the same toilet or shower, shaking hands, sharing dishes and utensils, using the same telephones, or sharing clothing with HIV positive persons
- Through sweat, tears, sneezes, coughs, or urine
- Through insect – such as mosquito - bites

No one has ever been infected with HIV by hugging someone who lives with the virus.

5.8.6 How can people protect themselves against HIV?

HIV can be avoided by:

- Abstaining from sex – vaginal, anal, and oral
- Using condoms correctly every time they have sex
- Having sex with only one partner who does not have sex with anyone else
- Not sharing needles with anyone

- Making sure that any needles, syringes and any other instruments used in a process that draws blood are either unused or sterilized

5.8.7 HIV Testing

It is possible to find out if one has been infected with HIV through a blood test. People who know their HIV status can protect themselves and their partners and can take appropriate care of their health and make more informed decisions about the future.

5.8.8 The HIV Testing Process

- All residents should be offered HIV testing at nearby health centres to know their status
- All testing however must be voluntary
- Testing will be done in anonymity: residents will not be required to provide a name at any point during the process unless she wants to do so
- Professional counselling must be made available before and after an HIV test result
- Results for HIV test are provided in writing; arrangements can be made for the written result to be disposed of in a manner agreed with the counsellor
- Residents are not under any obligation to disclose their HIV status

5.8.9 Residents with HIV

Residents with HIV should be encouraged to take their prescribed medication (including retroviral drugs), eat a balanced diet and keep their clinic appointments.

5.8.10 Pregnancy

- HIV can be passed from mother to child during pregnancy, labour, delivery and breastfeeding
- A pregnant woman should be tested early in pregnancy and during the third trimester
- It is important for pregnant residents to be encouraged to join nearby clinics
- There are medicines that women with HIV can take to greatly reduce the risk of their babies being born with HIV

5.8.11 Children

- Children who are at risk for HIV and who are determined by counsellor to have ability to make an informed decision about testing are recommended, but not required, to have an HIV test
- If a child is thought to be at risk for HIV and is not able to make an informed decision about testing, the decision shall be made by the parent, guardian or authority legally responsible for the child
- A child with HIV who is exposed to any childhood disease should receive medical attention, even if the child has been vaccinated against that disease
- Help & Shelter has the right to HIV information about children referred to the shelter by the Ministry of Human Services & Social Security or other authorised agencies but may not disclose such information to anyone else, unless it is for the care and treatment of the child

5.8.12 Advice to Residents to avoid Exposure to HIV

- As residents are not required to disclose their HIV status before or at any time during their stay at the shelter, all residents should receive advice before admission (and reminders during their stay) on how to take precautions against exposure to HIV infection
- Such advice should include refraining from engaging in any activity (e.g. fighting) that may result in coming into contact with potentially infectious blood and/or other body fluids
- In the event of exposure immediate arrangements must be made for the resident to receive post-exposure prophylaxis (PEP) treatment, which can reduce (but not eliminate) the risk of infection.

VIII CHILDREN

1. Who are Children?

As the table below indicates, different organisations use differing definitions when referring to young people.

Convention on the Rights of the Child	Children	0 – 18 years
UNFPA, WHO, UNICEF	Adolescents	10 – 19 years
	Youth	15 – 24 years
	Young people	10 – 24 years

In this manual ‘child’ is used to refer to a person under the age of 18.

2. The Need for Care

2.1 Child victims of abuse and trafficking have been exposed to a physical and psychological environment that damages their potential for normal and healthy development. Abuse and stress can affect a child physically, hinder learning, retard growth and psychological development.

Children who are abused or trafficked are subjected to a persistently threatening and dangerous environment. In the face of this type of chronic abuse and stress, children develop a personality that is suited for survival, but that is ill adapted to cope in normal non-threatening situations.

Children who are abused, witness abuse, including domestic abuse, or who are trafficked adapt their system of meaning and their behaviour to conform to the world they face. As one expert on trauma and violence explains, in abusive situations a child must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for him or herself, s/he must compensate for the failure of adult care and protection with the only means at his or her disposal, a system of psychological defenses.

According to the World Health Organisation, children who are abused often feel compelled to form relationships and develop trust with care-takers who are dangerous. Children whose trust is abused are likely to have difficulties in developing independence and intimacy. Believing that adults are the care takers and that they know best, children often assume that something must be wrong with themselves, and that they are therefore responsible for what has happened. The development effects of abuse are loss of attachment, reduced self-esteem and fewer social relationships. There may also be problems of highly sexualised or highly aggressive behaviour, substance abuse, dissociation, self injury or other dysfunctional ways of dealing with stress and anxiety.

2.2 The physical, emotional and psychological health consequences of child abuse and trafficking can be devastating to children because the abuses occur at a time when they are developing physically, psychologically and socially. Particularly for abused and trafficked pre-adolescents and adolescents the traumatic and disempowering experience further aggravates an already difficult and complex development phase during which they begin to come to terms with issues of identity, sexual and otherwise and self esteem.

2.3 Children are not small adults, and shelter staff and other persons assisting child victims of abuse and trafficking should not treat them as such, but be sensitive to the special needs of a child in

such difficult conditions.

2.4 Caring for children requires

- Developing ways of dealing which show respect and promote participation
- An understanding of the complex ways in which their past experiences has harmed them.
- Tailoring services to meet the needs of each age group and in ways appropriate to the age and characteristics of the child concerned and never merely following programmes designed for adults
- Implementing strategies aimed at mitigating the effects of past trauma and fostering healthier patterns of development

3. Providing Information to & Interviewing Children

- 3.1 No medical examination or medical procedure must be undertaken until appropriate consent has been obtained, except in cases where the child's life is in immediate danger.
- 3.2 In the case of a child under 16 consent to a medical examination or procedure must be given by the child's parent, guardian or authority legally responsible for the child, except in the case of termination of pregnancy when, by virtue of the Termination of Pregnancy Act, notification to or the consent of the child's parent or guardian is not required
- 3.3 A child of 16 years and over may consent to a medical examination or procedure
- 3.4 A child of 16 years and over who has come to the shelter with her mother shall have the right to decide whether or not to leave the shelter when her mother does
- 3.5 In addition to the general guidelines to be followed for all interviews (e.g. ensuring safety, informed consent, confidentiality etc.), the additional and particular principles and techniques for providing information to and interviewing children, include:
 - Finding out as much as possible about the child's case prior to the interview and making clear and friendly introductions
 - Creating a space that is safe and comfortable for conversation (including toys, books, games, etc.)
 - Establishing a rapport by talking about, or doing things that are not related to the child abuse or trafficking experience (e.g. discussing things the child is familiar with; playing games)
 - Taking time for discussion and not rushing
 - Using appropriate and child-friendly language (picking up terms the child uses)
 - Explaining things in a manner the child can easily understand (using visual aids wherever possible).
 - Keeping the atmosphere simple and informal
 - Asking open ended questions; allowing the child to give her own account.
 - Not pressing for details when there are signs that the child has told all she knows (bearing in mind that children will leave information out if the right question is not asked, and will give the answer they believe the counsellor/interviewer wants to hear)
 - Closing the interview in ways that reassure the child that she has done well, and that the interviewer will be available whenever she needs to talk again

4. A Child-Friendly Environment

- 4.1 The shelter should be a child-friendly environment with plenty of opportunity for play as it is through play activities that the young brains of children grow and develop. Play also helps children to learn social and good behavioural patterns and skills.
- 4.2 The special play room set aside for children should be freely accessible and stocked with appropriate and diverse play and education materials for children between the ages of 0-12 years,

building blocks, puzzles, art materials including colouring books, crayons, paints, soft toys, and books

- 4.3 Outdoor play equipment should be available such as swings, see-saws, climbing bars, tricycles, bicycles, push and pull toys, balls, bats and other games equipment
- 4.4 All toys and other play and games materials should be child-friendly and safe for children to use.
- 4.5 Children at play in or outside the shelter must be supervised at all times.
- 4.6 Parenting classes will assist parents to interact and supervise their children at play in a safe, supportive and non-threatening way.

5. Education

Learning and education are cornerstones of child development. As soon as possible after their admission, arrangements should be made for resident children to attend on-site educational classes or off-site schools or other educational institutions available (when safe and appropriate).

Where possible and appropriate peer counselling and peer education programmes and techniques should be considered, especially for teenagers

6. Emergency Placement of Children at the Request of the Childcare & Protection Agency

- 4.1 Help & Shelter will at the request of the Childcare & Protection Agency (CPA) take placement of children at the shelter in emergency situations. Such placements should only be for as long as is necessary for the CPA to make alternative arrangements and in any event should not be for more than 14 days
- 4.2 The CPA will:
 - be solely responsible for arranging for children who have not been medically examined prior to placement to be medically examined within one working day of placement
 - within 2 working days of placement provide the shelter manager with a care plan, which shall:
 - i) assess the child's health, educational, cultural and other needs,
 - ii) indicate how these are to be met during the placement and
 - iii) depending on the level of understanding of the child, be subject to adjustment to take into account her/his views
 - be solely responsible for providing transportation and a CPA officer or other CPA-authorized social worker to accompany children on each occasion that they leave the shelter
 - within 14 days of the placement arrange for children to be either reintegrated with their family or placed in another home
- 4.3 The age criteria for emergency placement are:
 - i. 12-18 years for females
 - ii. 12-14 years for males
- 4.4 If siblings are in need of emergency placement, once one of them is 12 years or older, siblings under 12 will be accepted.
- 4.5 The draft care plan shall be finalised following discussions between the CPA and the shelter counsellor and manager. It should set out the assessed needs of the child and the way in which those needs will be catered for during the placement. Depending on the child's level of understanding, s/he should be given an opportunity to participate in the care plan finalisation process and in reviews of the plan
- 4.6 The shelter counsellor and manager must ensure that the care plan is implemented and reviewed and amended as necessary in consultation with the CPA and after giving due consideration to the views of the child

- 4.7 Any and all contact between the child and parent(s)/guardian(s)/caregiver(s) must be arranged by the CPA and take place away from the shelter

IX SECURITY

1.1 Important Points

The following points are to be noted:

- There is no such thing as complete security
- Personal security can be enhanced by a combination of risk assessment and management and taking responsibility for personal security
- Even though it is possible to cause anxiety, all staff must be fully informed of the risks involved
- All new members of staff should be provided with a detailed security briefing upon taking up their post
- Special staff meetings on domestic violence, human trafficking or other security situations concerning residents should be held so that all staff members are fully up to date with the latest risk assessment
- Under no circumstances are personal details, addresses or telephone numbers of shelter staff to be disclosed to anybody not part of the regular staff
- No staff details apart from names are to be disclosed to residents
- Any information exchanged between staff members shall be strictly limited by the principle of ‘need to know’

1.2 Minimum Security Standards and Procedures

- The full component of security guards – 2 full time and 1 part time - should be in place for minimum security safety
- There must be a comprehensive fire safety plan and adequate fire safety equipment.
- Other measures taken to protect against intrusion must also take into consideration emergency evacuation
- Security guards must be monitored to ensure that they are in compliance with their duties as outlined
- Alarm buttons and internal alarm systems must always be in working order and guidelines on their use known to all relevant staff
- Staff shall always act to ensure the safety and welfare of the residents

1.3 Security Guard Duties

All security staff are required to:

- Be alert and vigilant at all times
- Make periodic checks around the building and grounds
- Report any perceived security threats immediately to the manager on duty
- Maintain a record of all security issues and how they were dealt with
- Do not admit any visitors to the premises without prior authorisation from the manager on duty
- Advise all visitors (other than the police or security force personnel responding to an emergency) of the prohibition on bringing weapons of any sort or alcohol onto the premises
- Maintain a record of all residents leaving and returning to the shelter
- Maintain a record of all visitors and ensure that they sign the visitors log upon arrival and departure
- Ensure that the telephone and alarm panic button are always in good working order
- Ensure that the torches supplied are in working order and that a spare set of batteries is kept in the security hut at all times
- Ensure that an up to date list of emergency contact numbers is posted in the security hut

1.4 Staff Vetting and Contractual Obligations

- 1.4.1 Staff should be required to submit detailed application forms setting out their personal history, qualifications, previous employment and their personal motivation to work at the shelter. The

application is to be accompanied by supporting documentation and subjected to rigorous background enquiry and clearance.

- 1.4.2 All staff must sign employment contracts that oblige them to observe strict confidentiality regarding all information and material they come across in the course of their duties and in particular the confidential information about residents. The same obligation of confidentiality applies to staff of partner organisations and volunteers working at the shelter

1.5 Security Standards and Procedures – Visitors

Shelters often generate a great deal of interest among professionals in the field, donor representatives, academics and journalists, who may request to visit the shelter. Though to refuse access might be unrealistic and perhaps even counter-productive, the issue is sensitive as regards the security and the welfare of the residents and staff and visits must, therefore, be tightly regulated.

For the avoidance of doubt, any person who does not work at the shelter or who is not required to visit the shelter in pursuance of their paid or voluntary work with Help & Shelter is a visitor to whom the following rules apply:

- The numbers of visits and of visitors must be kept to a minimum, not exceeding two visitors at any one time
- Visitors are to be allowed only within a strict timetable of pre-arranged appointments
- Each request to visit the shelter must be cleared by the Crisis Centre
- The visit can only proceed if it is established that no negative psychological consequences for the recovery of the residents are to be expected
- Intending visitor(s) are not to be given the exact address or to be allowed to come to the shelter directly, but are to be taken or accompanied by a Help & Shelter representative
- No visitor(s) shall be allowed to meet or speak with a resident without the express consent of the person concerned and the approval of the manager on duty. If approval is given the counsellor must be present throughout the meeting
- Visitor(s) are not allowed to bring cameras or any other recording device to the shelter and any cameras or recording devices are to be retained by staff and kept safe throughout the time of the visit
- Representatives of the media are not under any circumstances to be granted permission to visit the shelter
- All visits by outsiders are to be carefully noted and the full record kept by the manager on duty

1.6 Procedures to ensure the Safety & Security of Residents

- 1.6.1 Any resident who is required to attend a formal appointment away from shelter shall be accompanied by a Help & Shelter representative.

- 1.6.2 If the appointment is with the police or other law enforcement officials, the counsellor or a court support counsellor should accompany the resident

1.7 Responsibilities of Residents

- 1.7.1 As residents cannot be obliged to always remain at the shelter throughout the day, there is a risk that they will act against the advice of the staff and visit their former haunts and associates, and make their presence known. Many residents will still have emotional ties to their abusers and may want to re-establish contact.

- 1.7.2 Residents must be made fully aware of the risks involved and asked to assume personal responsibility not only to protect their own but also the safety and security of other residents and the staff.

- 1.7.3 Residents are required to observe certain security procedures and rules at all times while at the shelter.

Appendix 1

Admission Form

PERSONAL DATA

NAME _____ DATE ADMITTED ___/___/___

ADDRESS _____

HOME PHONE NO _____ WORK PHONE NO. _____ CELL PHONE NO. _____

AGE: _____ DATE OF BIRTH: ___/___/___

NATIONAL I.D. NUMBER: _____ N.I.S. NUMBER: _____

ETHNICITY: Afro Indo Amerindian Portuguese
Chinese Mixed Caucasian/White Other (please state) _____

RELIGION: Christian Hindu Muslim Other (please state) _____ None

INCOME SOURCES: Employed Partner Other (please state) _____

STATUS: Single Married Divorced Separated
Common-law Visiting relationship Other (please state) _____

Are there any orders made/pending under the DVA? Yes No

If YES, please state type: _____

Are there any proceedings pending relating to:

	YES	NO
▪ Divorce	<input type="checkbox"/>	<input type="checkbox"/>
▪ Custody	<input type="checkbox"/>	<input type="checkbox"/>
▪ Property	<input type="checkbox"/>	<input type="checkbox"/>
▪ Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other	<input type="checkbox"/>	<input type="checkbox"/>

If YES, to any of the above, please state the next court date: _____

NEXT OF KIN

NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE NO _____ WORK PHONE NO. _____ CELL PHONE NO. _____

CHILDREN

NAME	DATE OF BIRTH	PRESENT/LAST SCHOOL/INSTITUTION ATTENDED	PRESENT ADDRESS
1.			
2.			
3.			
4.			
5.			
6.			

ACCOMPANYING CHILDREN

NAME	DATE OF BIRTH	PRESENT/LAST SCHOOL ATTENDED
1.		
2.		
3.		
4.		
5.		

MEDICAL INFORMATION ON ILL/DISABLED ACCOMPANYING CHILDREN

NAME	ILLNESS/DIAGNOSIS	MEDICATION	NAME, ADDRESS & TEL. NO. OF DOCTOR
1.			
2.			
3.			

MEDICAL INFORMATION (TO BE PROVIDED VOLUNTARILY)

DO YOU SUFFER FROM:

- | | YES | NO |
|--|--------------------------|--------------------------|
| • Allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| • Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| • High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| • Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| • Skin disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| • Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sickle Cell Anemia | <input type="checkbox"/> | <input type="checkbox"/> |
| • Nervous complaints | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cardio Vascular disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| • Gastro Intestinal disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any other chronic illness (please state) _____ | | |

SEXUALLY TRANSMITTED DISEASES:

- | | YES | NO |
|------------------------------|--------------------------|--------------------------|
| ○ HIV/AIDS | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Syphilis | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Gonorrhea | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Herpes | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Hepatitis B | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Other (please state) _____ | | |

Are you taking any medication at present? YES NO

If YES, what medicine & dosage are you taking? _____

Nature of illness _____

When last did you have a menstrual period? _____

Are you pregnant? YES NO

Were you hospitalized during the past year? YES NO

If YES, please state for how long, what for and what treatment you received

Do you have any history of substance abuse? YES NO

If YES, type of substance(s): Alcohol Crack Cocaine Marijuana Heroin

Other (please state) _____

Please answer YES/NO to the following questions:

- | | | |
|--|------------------------------|-----------------------------|
| Do you or any of your children have any physical disability? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you or any of your children have any mental disability? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If YES, to any of the above, please give details: _____

Please describe any visible signs of abuse:

EMPLOYMENT

What job do you do? _____

Please describe your job _____

Address of employer _____

Do you plan to continue this job while you are at the shelter? YES NO

What are your hours/days of work? _____

EDUCATION

Educational level attained: Primary Secondary Tertiary/University Technical/Vocational

Other (please state) _____

Qualifications: _____

Special skills: _____

Interests/Hobbies: _____

PERPETRATOR INFORMATION

NAME: _____ AGE: _____

ADDRESS: _____

Is the perpetrator employed? YES NO

If YES, state the name and address of employer _____

Occupation: _____

Was any of the following present during the domestic violence incident?

	YES	NO
➤ Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
➤ Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
➤ Heroin	<input type="checkbox"/>	<input type="checkbox"/>
➤ Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
➤ Other (please state) _____		

If YES, to any of the above, how long has this problem existed? _____

Has the perpetrator ever sought treatment? YES NO

If YES, give brief details: _____

CASEWORK INFORMATION

Referred by: _____

Reason for leaving home: _____

Have you ever left before? YES NO

Have you ever stayed at a shelter before? YES NO

If YES, please state the name of shelter: _____

Date attended: ____ / ____ / ____

What type of abuse was it? (please check YES/NO for each type of abuse)

	YES	NO
Physical	<input type="checkbox"/>	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	<input type="checkbox"/>
Verbal	<input type="checkbox"/>	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	<input type="checkbox"/>

For how long has the abuse been occurring? (please specify if there is more than one type of abuse)

- 1) Began within the past year _____
- 2) 1 – 5 years _____
- 3) 5 – 10 years _____
- 4) More than 10 years _____

Were the Police ever called? YES NO

Were charges ever laid? YES NO

If YES, please give brief details: _____

Did you get support from family/friends? YES NO

Are you currently involved with any social agency e.g. legal aid, social worker, police etc? YES NO

If YES, please give details: _____

I hereby request that [my children and] I be admitted to the shelter.

Signature

Appendix 2

Departure Form

Date:

As of _____ hrs. today [my children and] I will no longer be resident at the shelter.

I acknowledge that any possessions left behind will only be kept for one week and that after that they may be disposed of. .

I will never reveal the location of the shelter.

I understand that if I wish to contact anyone at the shelter, I must make this contact through the Crisis Service and not come to the shelter directly.

Name of resident: _____

Signature: _____

Manager's signature: _____

Appendix 3

Resident's Quarterly Evaluation/Departure Questionnaire

The purpose of this questionnaire, which we ask you to complete anonymously, is to collect information on the opinions, impressions, ideas and suggestions so that we can continue to provide improved services to all residents.

This questionnaire will be placed with the other questionnaires collected this month. At the end of each month, we will review the responses to the questionnaire in order to make any necessary changes to services provided at the shelter.

Please tick your answer on the dotted line. We appreciate your answers to the following questions:

1. Do you feel you are/were treated reasonably and fairly at the shelter?

Always Usually Sometimes Never

2. Are/were you satisfied with the services and care provided?

Always Usually Sometimes Never

3. Do you feel the staff considered your wishes and views properly?

Always Usually..... Sometimes Never

4. Please rate the following services and make any comments you wish:

- Accommodation Excellent Very Good Good Poor

Comments.....

- Food Excellent Very Good Good Poor

Comments.....

- Counselling Excellent Very Good Good Poor

Comments.....

- Activities Excellent Very Good Good Poor

Comments.....

- Medical Care Excellent Very Good Good Poor

Comments.....

5. If you could change something regarding the services, what would it be?

.....

6. Do you have any other comments or suggestions?

Appendix 4

Staff Rules

1. A manager (substantive manager, relief manager or emergency manager) must be on the premises at all times.
2. All members of staff shall behave with courtesy and consideration towards all other members of staff, residents and visitors.
3. No abuse or threat of abuse will be tolerated. Any abuse or threat of abuse towards another member of staff, resident or visitor will result in summary dismissal.
4. Obscene language should not be used by anyone at any time.
5. No weapons are allowed on the premises.
6. No alcohol is to be consumed in or around the premises.
7. No food is to be allowed on the upper level.
8. All information relating to residents must be kept absolutely confidential.
9. Information disclosed or discussed at any meeting must be kept confidential except where the manager or shelter committee expressly directs that it be discussed with (a) resident(s).
10. Professional standards of dress, cleanliness and grooming must be observed while on duty.
11. Staff issues must never be discussed in front of or with residents.
12. All staff issues should as far as possible be addressed by the manager. In the event that she is unable to resolve the issue or it is one that it is inappropriate for her to deal with, the issue should be raised with the shelter committee in the first instance and with the board of directors in the final instance.
13. Permission to be absent from work must be obtained from the manager at least 24 hours in advance. In an emergency, a message must be sent to the manager or the relief manager as soon as possible.
14. A weekly roster shall be posted for cleaning of the common areas, meal preparation and other duties.
15. Periodic inspections of the building and grounds shall be carried out to ensure that proper standards of cleanliness and order are being maintained.
16. The manager shall maintain a list of persons (authorised visitors) who may visit the shelter without her prior approval. This list shall be posted in the office and guard hut and each member of staff shall have a copy.
17. No persons other than authorised visitors shall be allowed into the compound without the prior approval of the manager on duty.
18. No males over 15 other than authorised visitors or persons responding to an emergency shall be allowed into the compound.

Appendix 5

Confidentiality Agreement

I understand the importance of maintaining confidentiality in order to protect the safety of the shelter, residents and staff.

I am required to keep a resident's information confidential and will not disclose personal information without the permission of the resident or my supervisor in case of an emergency.

I will not discuss residents or shelter operation matters with the media unless I request and receive express permission from my supervisor regarding the nature, purpose and limits of any communication with the press.

I will not discuss resident matters in public areas.

I will not discuss matters related to staff or shelter operations in public areas.

I will direct any question or concerns regarding confidentiality to my immediate supervisor.

I understand that a willful violation of the confidentiality policy will entail disciplinary action against me, including suspension or termination of employment.

Name

Signature

Date

Appendix 6

Residents' Rights

WHILE YOU ARE WITH US YOU HAVE THE FOLLOWING RIGHTS

1. To be treated with respect and cultural sensitivity.
2. To confidentiality.
3. To privacy.
4. To self determination, i.e. to have a role in identifying and setting you own service goals and plans.
5. To receive our services based on your full and informed consent.
6. To be fully informed about the services provided and their purpose in language you understand.
7. To have reasonable access to your personal records.

You can bring to the attention of the shelter staff any grievance concerning services or particular treatment at the shelter in a private meeting with the manager at which your concerns will be discussed and appropriate solutions identified.

I confirm that these rights have been explained to me.

Name

Signature

Date

Appendix 7

Residents' Rules

WHILE YOU ARE WITH US, PLEASE HELP US TO HELP YOU BY FOLLOWING THESE BASIC RULES

1. Behave with courtesy and consideration towards all other residents, staff and visitors.
2. Do not use or threaten to use violence against any other residents, children or staff.
3. Do not use bad language.
4. Do not bring any weapons onto the premises.
5. Do not disclose the location of the shelter or any information about other residents.
6. Keep your room clean and tidy and do your own laundry.
7. Do not damage or take away any shelter property.
8. Do not drink alcohol or take illegal drugs.
9. Do not smoke except on the balcony or patio or in the grounds and dispose of cigarette butts properly.
10. Do not take food to the upper level.
11. Play your part in the smooth running of the shelter by helping with cleaning the common areas, doing laundry, preparing meals etc. when requested.
12. Do not invite any males over 13 to visit you at the shelter.
13. Request approval from the manager on duty before inviting females or males under 14 to visit you at the shelter.
14. Entertain permitted visitors in the designated areas only.
15. Leave all valuables with the manager on duty for safe keeping. We will not be responsible for lost or stolen valuables that were not so left.
16. Participate in meetings and other activities when asked to do so.
17. Supervise your children at all times (special arrangements may be made with the manager on duty for supervision of your children if you work outside the shelter) and have them go to bed at a reasonable hour.
18. Obtain the manager on duty's permission before using the office phone.
19. Notify the manager on duty before leaving the premises and sign in and out. Every effort should be made to return by 9 pm.
20. Before moving out of the shelter, clean and tidy your room and wash the bed linen and towels.
21. Take all your belongings with you when moving out. Unless special arrangements are made with the manager on duty, any belongings left behind will be stored for one week and then disposed of.

WE BELIEVE THAT THESE RULES ARE FAIR AND REASONABLE.

IF YOU DON'T KEEP TO THEM WE MAY ASK YOU TO LEAVE.

I understand and agree to keep to these rules. I understand that if I fail to do so I may be asked to leave the shelter.

Name

Signature

Date

Appendix 8

Rights & Obligations of Unaccompanied Children under 16

(These will apply to children taken on emergency placement at the request of the Childcare & Protection Agency with such modifications as are necessary in view of age, level of understanding and other relevant circumstances.)

WHILE YOU ARE WITH US YOU HAVE THE FOLLOWING RIGHTS

1. To be treated with respect and cultural sensitivity.
2. To confidentiality.
3. To privacy.
4. To self determination, i.e. to have a role in identifying and setting your own service goals and plans.
5. To receive our services based on your full and informed consent.
6. To be fully informed about the services provided and their purpose in language you understand.
7. To have reasonable access to your personal records.

You can bring to the attention of the shelter staff any grievance concerning services or particular treatment at the shelter in a private meeting with the shelter manager at which your concerns will be discussed and appropriate solutions identified.

AND WE ASK THAT YOU HELP US TO HELP YOU BY FOLLOWING THESE RULES

1. Behave with courtesy and consideration towards all other residents, staff and visitors.
2. Do not use or threaten to use violence against any other residents, children or staff.
3. Do not use bad language.
4. Do not bring any weapons onto the premises.
5. Do not disclose the location of the shelter or any information about other residents.
6. Keep your room clean and tidy and do your own laundry.
7. Do not damage or take away any shelter property.
8. Do not smoke, drink alcohol or take illegal drugs.
9. Do not take food to the upper level.
10. Help with cleaning the common areas, doing laundry, preparing meals etc. when requested.
11. Obtain approval from the manager on duty before inviting anyone to visit you at the shelter.
12. Entertain permitted visitors in the designated areas only.
13. Leave all valuables with the manager on duty for safe keeping. We will not be responsible for lost or stolen valuables that were not so left.
14. Participate in meetings and other activities when asked to do so.
15. Obtain the manager on duty's permission before using the office phone.
16. Do not leave the premises without the manager on duty's permission and comply with all restrictions placed on any permission given.
17. Before moving out of the shelter, clean and tidy your room and wash the bed linen and towels.
18. Take all your belongings with you when moving out. Unless special arrangements are made with the manager on duty, any belongings left behind will be stored for one week and then disposed of.

**WE BELIEVE THAT THESE RULES ARE FAIR AND REASONABLE.
IF YOU DON'T KEEP TO THEM WE MAY ASK YOU TO LEAVE.**

I confirm that these rights and rules have been explained to me.

I understand and agree to keep to the rules and understand that if I do not do so I may be removed from the shelter.

Name

Signature

Date



HELP & SHELTER

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